Kafkaesque Systems and Draconian Treatment:

The Impact of Statelessness and Seeking Asylum on Mental Health.

Jessie Mulcaire

Dclin Psy (Volume 1)

2023

University College London

UCL Doctorate in Clinical Psychology

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.

Signature: ███████████████

Name: Jessie Mulcaire

Date: 30th June 2023

Overview

This thesis comprises three parts and explores how governmental policies impact the mental health of asylum seekers and individuals affected by statelessness.

Part one is a systematic review aiming to synthesise asylum seekers' experiences of asylum determination procedures and mental health in the United Kingdom and European Union+ (EU, Iceland, Liechtenstein, Norway and Switzerland). The synthesis reviews thirty-nine qualitative research studies with asylum seekers and refugees. They discussed their experiences with asylum determination procedures and the policies which govern asylum seekers' lives during the process.

Part two is a qualitative study using Interpretive Phenomenological Analysis (IPA) to explore experiences of statelessness and mental health in the UK. It aims to centre stateless individuals' voices, to understand their experiences of policies that govern statelessness and their perspective on how this influences mental health. The empirical paper was a joint project with Leah Holt and Sana Zard. Whilst each researcher conducted their study independently, we consulted with one another throughout the process and attended research meetings jointly.

Part three presents a critical appraisal, a reflective piece of my experiences throughout this thesis. It is based on my reflective log and discusses the challenges and dilemmas. I explore the decision-making process during the systematic review, methodological difficulties during the empirical research, and researcher reflexivity's importance. I then consider how this research will inform my clinical practice.

Impact Statement

This thesis explores the association between mental health and policies that govern access to rights for asylum seekers and people affected by statelessness.

A systematic qualitative review synthesised the findings of 984 participants' experiences of asylum determination procedures in the EU+ and UK. Whilst there has been a large body of research on post-migratory factors and asylum seekers' mental health, this research prioritised understanding asylum seekers' experiences and perspectives on the processes and policies that govern their time during the determination procedures through synthesising thirty-nine studies. It highlighted the critical mechanisms through which the procedures impact asylum seekers' mental health.

On a macro level, this research can support authorities when reviewing and considering policy changes regarding asylum seekers in the EU and UK. The finding from this research suggests that where authorities create policies which isolate and contribute to instability, this impacts asylum seekers' mental health and exacerbates any prior mental health difficulties. It recommends that authorities consider policies that cultivate security during the process, integrate asylum seekers into communities and support them with accessing meaningful activities or employment. This may reduce the psychological impact during procedures and support reducing longer-term impacts on mental health.

The review's findings can also inform clinical practice and approaches that mental health services adopt when supporting asylum seekers. It substantiates the previous recommendations for mental health services supporting asylum seekers, such as implementing practical support, helping asylum seekers to access meaningful activities alongside tailored interventions. Furthermore, it emphasises the value of clinicians being informed and knowledgeable regarding asylum determination procedures and tailoring interventions.

The empirical paper focused on the experiences of stateless individuals and how policies and procedures govern their lives and influence mental health. Whilst literature and research have focused on asylum seekers' experiences from a legal and general perspective, limited research has focused on understanding experiences of mental health and statelessness. The voices of stateless individuals have long been marginalised and overlooked; this research hoped to prioritise their perspective on statelessness and its role in mental health.

On a macro level, the outcome of this thesis has implications for international laws regarding statelessness, policies governing statelessness in the UK and services at a local level that support people who are impacted by statelessness.

The findings of the empirical study can be used to inform training for mental health professionals to support stateless individuals. Furthermore, it highlighted the importance of psychosocial and integrated approaches; focusing on cultivating a sense of belonging and building communities for stateless individuals.

The findings lead the way for future research, such as the role of statelessness on the impact on identity and sense of belonging resulting from stringent policies and systems. Furthermore, it highlights how further research is needed on how best to support stateless individuals with their mental health and the need for collaborative approaches with stateless individuals.

Contents

Acknowledgements

First, I want to acknowledge the generosity of all the participants who trusted me with their stories; it was a privilege to bear witness. Thank you for your strength, openness and willingness; it made this project possible.

To my research supervisors, Fran and Ciarán, a massive thank you for sharing your wisdom and knowledge. Your patience when I have emailed with frantic questions and your constant support have been invaluable and I have learnt so much from you both throughout this process. I feel grateful to have been part of this research team.

To my family, knowing I can come back home for swims, chats, and pints in O'Deas has gotten me through the doctorate. To my parents for sitting with me during my existential crises and distressed phone calls- thank you and I cannot wait to come home for celebrations.

Leah, I will be eternally grateful for having you as my croissant sharing, turtle neck wearing, library pal.

To the skinny jeans gals, for creating many moments of joy with me, not only through this process but from The Brandon's days; I am so fortunate to have funny, playful and compassionate friends like you.

Finally, Dom, thank you for the countless dinners, unwavering understanding and copious amounts of proofreading. You have been the Valtteri Bottas to my Lewis Hamilton. I cannot wait for the many adventures we will continue to have together (minus having the doctorate in our lives).

Part One: Literature Review

Thematic synthesis of UK and EU+ studies on the asylum determination process and mental health.

Abstract

Introduction: People seeking asylum are at increased risk of mental health difficulties due to pre- and post-migration experiences. This study aimed to explore and synthesise the findings of studies investigating asylum seekers' experiences of the asylum determination process in the EU+ and UK. The study also sought to understand how these procedures influence asylum seekers mental health during this time, helping inform efforts to support and reduce asylum seekers' distress. *Methods:* Following PRISMA guidelines, a systematic search of five databases was conducted. From a total of 4061 articles, duplicates were removed, 2588 abstracts were assessed, and of the remaining 67 articles, 39 relevant qualitative studies were retrieved. Thematic synthesis was used, and all studies were rated using a critical appraisal tool. *Results:* The results demonstrate high levels of psychological distress during and after the asylum process. This was associated with the hostile environments created by policies and procedures. Participants' mental health was also affected by being caught in a stalemate while awaiting the outcome of their claim. The procedures exacerbated previous mental health difficulties. External and internal protective factors were identified, such as NGOs, religion, and cognitive strategies. *Discussion:* The accumulation of each step of the asylum process contributes to psychological distress and exacerbates mental health difficulties. Furthermore, it contributed to longer-term consequences for asylum seekers and refugees. Preventative strategies and policy change is recommended.

Introduction

Worldwide, the number of forcibly displaced people is an estimated 80 million, with 4.9 million asylum seekers globally in 2022 (United Nations High Commissioner for Refugees (UNHCR), 2022). These figures have been on an upward trajectory (UNHCR, 2022; European Union Agency for Asylum (EUAA), 2023; 2022) as a result of conflict, ongoing, pervasive human right violations and severe political and social instability (European Asylum Support Office (EASO), 2020). Figures for the EU+[1] show that 106,900 asylum applications were received in October 2022 (EUAA, 2022). The Common European Asylum System (CEAS) was founded in 1999 and is responsible for welcoming people seeking asylum in a dignified manner, ensuring that they are treated fairly; their case is examined following uniform standards (EUAA, 2022). Recent figures show that waits for entering an asylum claim and a decision being issued are increasing and are the largest since 2015 within the EU; the figures on waits in the UK have more than doubled from 2020 (EUAA, 2022; Tyler-Todd et al., 2023).

To seek asylum is to ask for safety from a country which is not your own due to being persecuted for your race, religion, nationality, or membership in a social or political group (United Nations General Assembly (UN), 1951; UNHCR, 2021). It is a fundamental right of persons to seek asylum from persecution in another country, and those applying for asylum often do so due to persecution, conflict, human rights violations and climate change (UN, 1951; EUAA, 2022). Refugees are not only exposed to pre-migration traumatic events (Bogic et al., 2015) but can experience numerous events (Vukčević Marković et al., 2023; Steel et al., 2009), life-threatening journeys to safety (Vukčević Marković et al., 2023; Jowett et al., 2021) and post-migration traumatic events (Bogic et al., 2015; Ibrahim & Haslam,

---

[1] **EU+** refers to the 27 European Union Member States, plus Iceland, Liechtenstein Norway and Switzerland. The UK was included in the EU+ until December 31st 2020.

2017; Porter & Haslam, 2005). Youngmann and colleagues (2021) identified that 76.7% of refugees in their study had experienced at least one traumatic event. Individuals seeking asylum are at risk of exploitation, trafficking, and torture (European Union: European Agency for Fundamental Rights, 2017) and may experience the loss or separation from family (Griswold et al., 2021), with 92% reporting a loss of a loved one (Comtesse & Rosner, 2019).

The label 'asylum-seeker' categorises a group of people which can be unhelpful, dehumanising and contributing to negative attitudes directed towards people fleeing persecution and seeking safety. However, 'asylum seeker' is consistently used as a legal definition across literature and studies, reflecting the lack of viable alternatives (Jannesari et al., 2020a). The studies included in this review employed the term 'asylum-seeker'; therefore, this literature review has adopted this term for continuity and brevity.

Overview of the asylum determination process

Asylum seekers are subjected to a bureaucratic process that assesses their asylum claim's credibility (European Union Agency for Asylum (EASO), 2020). Within the UK and EU+, there are limited routes to seek asylum from overseas (Amnesty International UK, 2021; Asylum Information Database (AIDA), 2016a; 2020). Asylum seekers, therefore, often enter a country and will make themselves known to authorities and a screening interview is conducted commencing the application (refer to Appendix for flowchart A). Asylum seekers can be accommodated at an asylum reception facility or in the community, depending on each country's process (AIDA, 2019; EUAA, 2022). Some individuals may also be detained in immigration removal or detention centres or transferred suddenly during their asylum application process (AIDA, 2017; 2018; EUAA, 2022; von Werthern et al., 2018).

People seeking asylum face a lengthy and passive wait for decisions due to asylum policies (AIDA, 2016b; EUAA, 2022). There can be limited access to meaningful opportunities during this period, with most countries adopting policies that do not permit asylum seekers to work, meaning they may rely on low-level financial support from the host government (UNHCR, 2021; EUAA, 2022). There are notable differences between countries in the types of asylum procedures implemented, the reception conditions provided, the proportion of asylum claims resulting in refugee status given or leave to remain and the type of protection granted to asylum seekers; for example, some countries provide legal aid, accommodation and access to education (AIDA, 2016a; 2016b; EUAA, 2022). As asylum seekers can receive different forms of leave to remain, which may not result in being granted refugee status, throughout this thesis, leave to remain will be used.

Significant developments to address these differences have been made; for example, the CEAS was established to support designing similar systems within the member states. The UK was included in the CEAS until it left the EU in December 2021 (Overton, 2021). The contexts within the EU+ and UK discussed above, from the types of restrictions in place, for example, the ability to work or the structure of the asylum process are complex and multifaceted, and have been found to impact asylum seekers health (Khouani et al., 2022).

Mental health and the asylum determination process

Given the challenging and traumatic experiences asylum seekers can suffer, a significant percentage are at risk of developing psychological distress and mental health difficulties. Elevated levels of mental distress for asylum seekers have been well documented. Several systematic reviews conducted found that refugees and asylum seekers resettled in Western countries have higher rates of post-traumatic stress disorder and depression than age-matched general populations in those countries (Fazel et al., 2005; Patanè et al., 2022). A recent comprehensive review found 31% prevalence for PTSD and 31.5% for depression

(Blackmore et al., 2020). Whilst pre-migration experiences are clearly associated with high levels of mental health difficulties in this population, studies have also begun to highlight the role of post-migratory stressors.

Growing recognition of the role post-migratory conditions play has become a crucial part in mediating forcibly displaced populations' mental health (Laban et al., 2004; Laban et al., 2005; Lamkaddem et al., 2015; Mueller et al., 2011; Ryan et al., 2008; Ryan et al., 2009; Silove et al., 2007), particularly as mental distress has been found to persist for many asylum seekers years after resettlement (Bogic et al., 2015). Some studies have found that post-migration stressors partially mediate the impact of war trauma on psychological well-being (Miller & Rasmussen, 2010). It is clear from the research that there is an association between distress related to pre-migration trauma worsening due to post-migration stressors (Miller & Rasmussen, 2017). Nevertheless, researchers in this area acknowledge the importance of addressing post-migration stressors, unemployment, social isolation, housing and poverty (Mawani, 2014). A review on post-migratory factors' impact on asylum seekers identified immigration systems as a significant risk factor for poorer health (Jannesari et al., 2020b), and studies have found that having leave to remain or refugee status granted, improved mental health (Nickerson et al., 2011; Raghavan et al., 2013). It is, therefore, vital to understand the impact of processes, such as asylum procedures, by evaluating the quality and scope of existing research.

The socio-political context of the refugee experience is associated with refugee mental health (Hynie, 2018). After arrival in host countries, asylum seekers face numerous stressors, mainly navigating asylum procedures. Research has explored various aspects of the asylum process, shedding light on the impact associate with them (e.g. Mares, 2021; Hornfeck et al., 2022; Ryan et al., 2009; Robjant et al., 2009; Schock et al., 2015). For instance, asylum determination procedures have been linked to heightened levels of

psychological distress (Ryan et al., 2008; Ryan et al., 2009), elevated rates of depression

(Hajak et al., 2021), anxiety (Hajak et al., 2021; Ryan et al., 2009), and PTSD (Hajak et al.,

2021; Morgan et al., 2017). Furthermore, asylum assessments have been associated with

anxiety and shame (Schock et al., 2015; Bogner et al., 2007). A review of detention found

that prolonged detainment has adverse mental health and psychosocial impacts (Silove et al.,

2007). In addition, research has demonstrated that mental health deteriorates over time as

asylum seekers await an outcome, with high levels of depression and trauma associated with

the indefinite nature of asylum procedures (Mansouri & Cauchi, 2007). However,

improvements in mental health were observed once leave to remain was granted (Laban et al.,

2004). Some studies have also found that restrictive policies concerning access to

employment for asylum seekers are associated with increased feelings of isolation during the

process (Strijk et al., 2011).Whilst it is clear that asylum processes impact mental health,

contributing to continuing distress, the underlying mechanisms are less well established and

need further exploration (Miller & Rasmussen, 2017).

Asylum seekers must navigate these complex legal procedures that evoke fear and

uncertainty due to the processes in place throughout (Griffiths, 2014). Whilst the individual

elements of the processes have been examined, there needs to be more known about the

accumulating effects of the various policies and conditions asylum seekers have to tolerate

whilst seeking asylum. Systematic reviews have been conducted in this area, often focusing

on quantitative data such as prevalence rates (Giacco et al., 2018; Ryan et al., 2009) and a

focus on rates of mental health difficulties (Blackmore et al., 2020; Patanè et al., 2022).

Furthermore, research has begun to explore post-migratory effects, for example, a review

conducted by Gleeson and colleagues (2020) examined many aspects of resettlement (rather

than the impact of asylum procedures alone). As these studies and reviews indicate, asylum

procedures significantly impact mental health. However, there is a lack of synthesis of studies

exploring asylum seekers' experiences during the process and the significance of undergoing each step of the procedure. This is of value as there is limited consultation with asylum seekers in the design and implementation of policies (Hynie, 2018), and qualitative studies are often overlooked due to participant numbers.

Systematic reviews are essential for evidence-informed policy and practice, producing research which can inform decision-making (Thomas & Harden, 2008). A review synthesising qualitative studies focused on asylum seekers' experiences of asylum procedures and critically appraising the research would benefit future policies and interventions. To the author's knowledge, no systematic qualitative review has synthesised qualitative findings on the asylum determination process from the perspective of asylum seekers in the EU+ and UK and the accumulative effects of these policies on asylum seekers' mental health.

Objectives

This review aims to identify, synthesise, and appraise the evidence from published qualitative studies on the association of asylum determination process with mental health in asylum seekers.

Methods

Search strategy

An extensive search was conducted, following PRISMA guidelines (Moher et al., 2009) in the following databases: Web of Science, MEDLINE, PsycINFO, PsychArticles and Scopus. A librarian was consulted, and the chosen databases were agreed alongside search terms. Each database was searched to retrieve articles focused on (1) the asylum process and (2) experiences of mental health. In order to maximise the number of relevant articles retrieved, the search syntax included synonyms for these factors (see Table 1).

Table 1. Search Terms

Asylum system	AND	Mental Health
((immigration or asylum) NEAR/3 (Interview* or proceeding* or process* or procedure* or discussion* or system* or claim* or application* or assessment* or screening)		(experienc* or impact* or mental health or well-being))

Inclusion and Exclusion criteria

Inclusion and exclusion criteria (see Table 2) were developed in collaboration with the research team and informed by the literature. Terms were defined and operationalised with the research team (see Table 3).

Inclusion criteria.

Peer-reviewed studies were included in the review if they were qualitative research studies, including primary data (i.e. direct quotations from people seeking asylum) and mixed methodologies; however, only the qualitative section of the study was critically reviewed. In accordance with the aim of this review, only articles reporting on contextual factors associated with the mental health and well-being of adult asylum seekers were included. Studies conducted in the UK and EU+ were included in this review as member states of the EU+ are part of the CEAS, which the UK asylum system was also part of until December 2021. Therefore, many similarities and overlaps can be observed between these systems (EUAA, 2021). As the focus of the review was specifically on experiences of the asylum procedures, only studies interviewing asylum seekers and refugees who had either completed the asylum determination processes or were currently undergoing it were included.

Exclusion criteria.

As this review aimed to examine the experience of ongoing asylum determination processes rather than the impact of a refusal outcome, studies with a majority (≥50%) of refused asylum seekers were excluded. Furthermore, some studies suggest a difference in

mental health outcomes for refused asylum seekers, which warrants a separate review (Muller et al., 2011). For studies to meet inclusion criteria, data from asylum seekers or refugees and their experiences of the asylum procedures needed to be clearly labelled so it could be extracted separately. Studies that provided data focusing exclusively on children and adolescents seeking asylum were excluded, as alongside traumatic experiences of displacement and resettlement, they can also experience developmental stressors, potentially impeding their overall development and increasing their likelihood of mental health problems (von Werthern et al., 2019). Due to their specific characteristics, these most vulnerable subgroups within the population would need to be examined separately (Shivayogi, 2013). However, if a study examined families together and data for adults was clearly labelled, it was included in the review. Studies were excluded if no form of qualitative methodology or analysis was used.

Table 2. Inclusion and exclusion criteria

		Studies were included if:		Studies were excluded if:
Population	1)	Adult Asylum seekers and Refugees applying for asylum in the UK or EU+	1)	Unclear population or no specific mention of population
			2)	If mixed participants: if data from asylum seekers or refugees are not clearly labelled in order to extract separately **AND** asylum seekers/ refugees make up <50% of sample.
			3)	Refused asylum seekers, under 18 years old, or interviews with professionals rather than asylum seekers.
Phenomenon of interest	2)	Asylu' seekers' experiences of the asylum determination process in the UK and EU+.	4)	No reported evidence on wellbeing and mental health of asylum seekers during the determination process.
	3)	Reporting evidence on **wellbeing** and **mental health** of asylum seekers during the asylum determination process.	5)	Focus is broader than asylum determination procedure (e.g. immigration law) and cannot clearly separate participants experience from the various immigration processes.
	4)	The asylum determination process. This includes information received about the process, experiences of asylum interviews, detention and accommodation whilst waiting during the asylum claim, policies whilst waiting during the asylum claim, and wait times.	6)	Processes without indication of focus on asylum determination procedure or an indication that the majority of work is based on the asylum determination procedure or data cannot be separated.
Setting	5)	Any setting related to asylum determination procedures	6)	Any other setting,
			7)	Data related to detention centers which are post asylum determination process or related to crimes.
Study Designs / Publication Types	7)	Journal articles presenting primary data that were peer-reviewed and focused on qualitative data collected from participants through interviews or focus groups (rather than observational) which has been analyzed (e.g. thematic, IPA etc.)	9)	Case studies
	8)	Mixed methods that include qualitative data collected from participants through interviews or focus groups and analysed.	10)	Qualitative studies where methodology is only observational
			11)	Review articles (including systematic and narrative reviews)
			12)	Secondary literature (e.g. discussion papers, theoretical papers, conceptional papers, commentaries)
			13)	Articles which duplicate data from other research.
			14)	Qualitative data where there is no indication of type of analysisused.
Other	8)	Published in any language, if translation is available.	15)	Studies in other languages than English for which an adequate translation cannot be found

Table 3. Definitions

|	
Asylum Seekers	A person who has left their home country due to persecution or serious human rights violations, is seeking asylum in another country and awaiting an outcome on their asylum claim.
Asylum Procedures	The legal and administrative processes undertaken by a state to determine whether a person is an asylum seeker under international and regional law. Asylum procedures are associated with asylum interviews and policies governing asylum seekers while waiting for a decision, such as accommodation and employment rights.
Refused asylum seeker	If a claim for asylum or claim under Article 3 of the European Convention on Human Rights has been refused and any subsequent appeals have been unsuccessful.
Mental Health	All explicit references to mental health conditions or symptoms, such as "psychological problems," depression, anxiety, trauma or post-traumatic stress, nightmares, or trouble sleeping, were regarded as indicative of mental health problems pertinent to our analysis, as were statements by participants expressing significant negative emotional states or experiences, including expressions of deep or lasting sadness, worries or rumination, exhaustion or listlessness, apathy, anger, fear, frustration, hopelessness, emptiness, overwhelm, loss of self-esteem or self-worth, loss of motivation and social withdrawal. Furthermore, any reference to positive mental health experiences or outcomes were included.
Refugee	A person who has left and cannot return to their country of origin has been legally recognised due to a well-founded fear of persecution or serious threats to life or harm.

Study screening and selection

The search was conducted on 22/04/2022. A total of 4061 papers were found, duplicates were eliminated, and 2855 were abstract screened using the inclusion and exclusion criteria by the first author, with 67 identified for full screens and reasons for excluding studies after full-text review were documented and are stated in a PRISMA diagram (see Figure 1). The first author and a second independent screener screened all 67 studies. Any disagreements were sent to a third screener. A total of 29 papers were retrieved and met the inclusion criteria.

Pearl growing (citation mining or snowballing) was used, where all cited, and reference lists of papers meeting inclusion criteria were searched. One hundred sixty papers

were identified and abstract screened; ten additional papers were found. Any papers with queries about meeting criteria were sent to a second screener and discussed. If a decision could not be reached, the research supervisor was consulted.

Figure 1. PRISMA flowchart
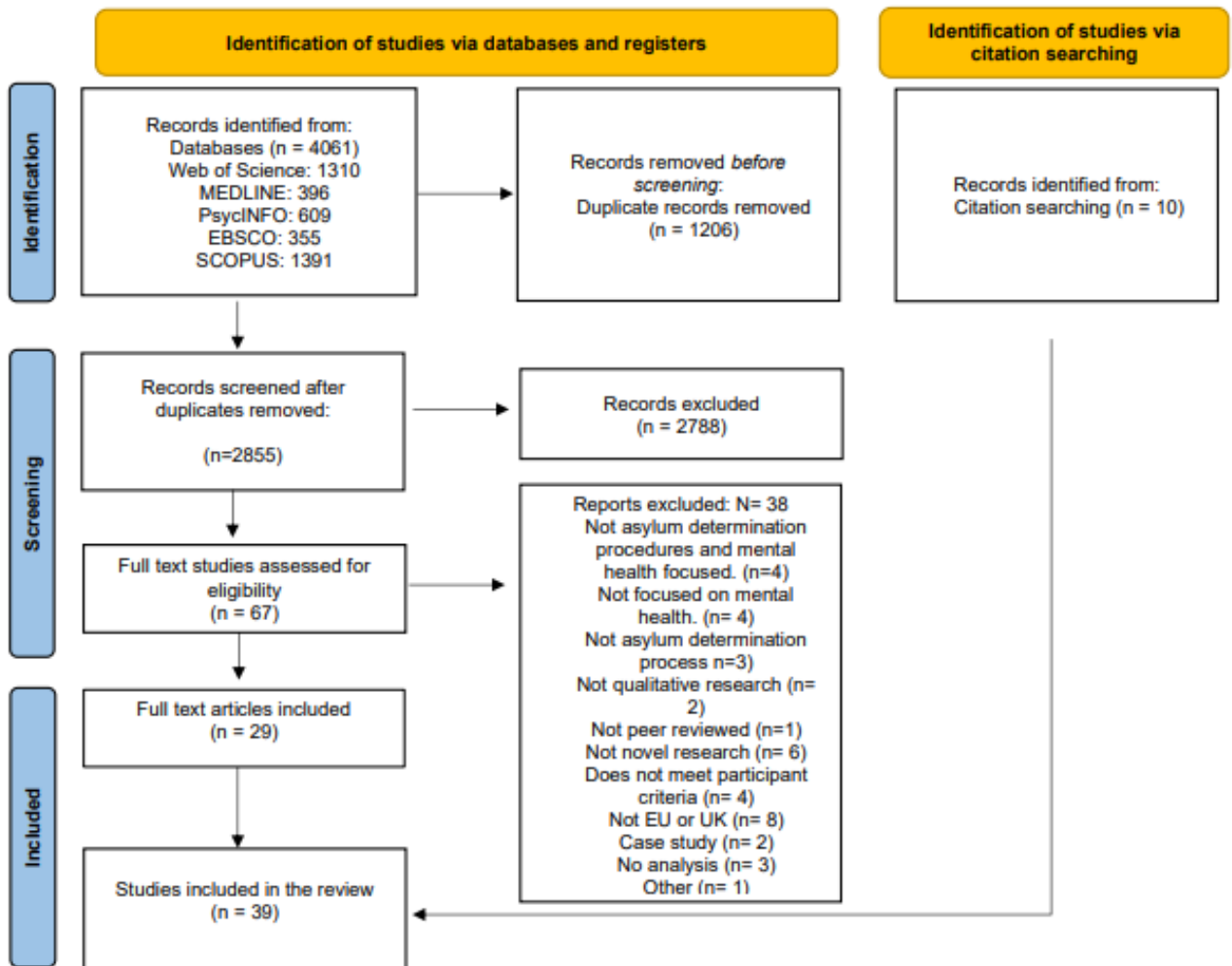
Data extraction

The data key extraction sheet included the first author, publication year, study design, sample (size, nationality, gender, age, status) , method (approach, analysis) and findings (see Table 4). The first author extracted the data from included studies and a second researcher checked all studies to ensure accuracy of extracted data.

Quality Appraisal

The Critical Appraisal Skills Programme (CASP, 2018) qualitative checklist was chosen as it has been widely used in similar reviews and allowed studies adopting a range of epistemological stances to be meaningfully appraised. It draws directly onto the Cochrane Group's specified domains and is the most used tool in qualitative evidence syntheses in Cochrane and World Health Organization (WHO) guideline processes (Noyes et al., 2018). CASP addresses the principles and assumptions underlying qualitative research but does not claim to be a definite guide (Tong et al., 2012).

Quality assessment of qualitative research is contentious, with little agreement regarding how it should be assessed (Spencer et al., 2003). Whilst there is little evidence on the association between robustness, trustworthiness and transferability of the findings of qualitative studies and the quality of reporting (Dixton-Woods et al., 2007), qualitative assessments must be used to avoid drawing unreliable conclusions (Thomas & Harden, 2008).

The CASP (2018) checklist allows for an appraisal of all types of qualitative data, and the tool contains ten questions, facilitating the rapid evaluation necessary for a review of 39 studies. It assessed included studies' methodological strengths and limitations. The presence of each criterion was rated as "yes", "partially reported or ambiguous", and "no". A colour coding system was designed to ease interpreting. Where articles used mixed methods, only the qualitative element was appraised.

The first author conducted the appraisal process, and if any uncertainties were present, the articles were discussed with a second researcher until a consensus was reached. A third researcher, external to the research group, rated the quality of 30% of randomly selected references, and discrepancies in scoring were discussed and resolved.

Analysis

The RETREAT framework (see Appendix B) was used to help decide on the qualitative synthesis method (Booth et al., 2018). Thematic synthesis uses a methodology less overtly dependent on the epistemology underpinning each respective method. It was chosen as the studies being reviewed had different methodologies and epistemological stances (Thomas & Harden, 2008), and as it produces findings that directly inform practitioners, policymakers and designers of interventions (Booth et al., 2018), it was deemed most appropriate for the aim of this review.

Thomas & Harden's (2008) three steps was used to synthesise the findings; an article considered data-rich was selected as an index article and uploaded to NVivo V.12 software (QSR International Pty Ltd, 2020). Any reference to mental health associated with the asylum procedures within the results and discussion sections was coded inductively, line by line. Participants' accounts (e.g. quotes), together with authors' interpretations (e.g. author's quotes) and comments, were coded from both the findings and discussion. At least one code was given to all statements (authors' quotes and comments and participants' quotes) relating to asylum determination proceedings and mental health. Codes were kept close to the text of the primary studies, not going beyond what the text said.

Following the index article, subsequent articles were coded using the same method, with concepts in each article coded to develop and refine the code book iteratively. The preliminary codes were discussed and refined by the research team. The final codebook comprised 230 codes which were reviewed for similarities and differences; groups of related

codes and patterns were identified and combined, creating themes. Themes were generated both inductively and deductively. Themes were discussed and agreed upon within the research team.

Results

Description of Included Studies.

Thirty-nine papers met the criteria for inclusion in the review; key characteristics of these studies are presented in Table 4 and summarised below. The 39 articles included were based on 38 primary studies, of which 36 were qualitative (92%), and three were mixed methods (8%). Sixteen of the 39 studies were conducted in the UK (43%), with three in each of the following countries Ireland (8%), Norway (8%), Denmark (8%), and Germany (8%). Four were conducted in Sweden (10%), two in Greece (5%) and four others in Belgium (2.5%), Scotland (2.5%), Italy (2.5%), and Switzerland (2.5%). All articles were published between 2004 and 2022. Overall, there were 984 participants, of which 5.4% were not reported as an asylum seeker or refugee (e.g. refused asylum seeker). Studies varied on their reporting of participants' gender.. Eight studies did not report gender and one study did not report gender for focus groups. Of those that provided figures 350 were females, and 413 were males. Length of stay in host countries greatly varied, and many studies did not report these figures. Furthermore, most of the papers did not specify the ethnicity of their participants.

As specified by this review's inclusion criteria, all participants were adults, with a wide range of ages (18 to 74); 12 studies did not report participants' age. The majority of the studies, 59% used semi-structured interviews (23) and 13% narrative interviews (5) and 15% used a combination of both focus groups and interviews for their data collection (6). One study used only focus groups (3%), and 10% used other interview methods (4). As per

inclusion criteria, all studies referred to analysis, with 54% using thematic analysis (21) and 8% using Interpretative Phenomenological Analysis (3), 13% using grounded theory (5), 2% choosing thematic analysis and grounded theory (1), 5% implemented content analysis (2) and 18% used other methods (7) (e.g. analytic process, framework method, qualitative inductive analysis, Stevick-Colliazzi-Keen method, structuration theory to analyse).

The studies' aims varied, and of the 39 studies, only 33% (13) specifically aimed to explore the asylum determination processes. Thirteen percent (5) studies included in the review focused on parenting and seeking asylum. Other studies had broader aims; for example, 18% (7) papers aimed to explore asylum seekers' and refugees' experiences during post-migration processes and 26% (10) specifically exploring asylum seekers' experiences of post-migration processes and mental health. Five percent (2) studies were interested in pre-migration and post-migration and 5% of studies focused on the health-related experiences of refugees and asylum seekers post-migration.

44% (17) studies discussed the impact of asylum procedures on participants' well-being. Five percent (2) studies also discussed in their finds how the asylum procedures could be re-traumatising. Three percent (1) study attributed the decline in mental health post-migration to the lack of structure and helplessness participants experienced during asylum procedures. In addition, 3% (1) study's finding stated that asylum policy resulted in uncertainty and lack of control over asylum seekers' current life and future, 3% (1) described how this uncertainty leads to distress, anxiety and fatigue and 3% (1) identified how the lack of access to legal information or assistance about asylum procedures contributed to the uncertainty, exacerbating anxiety.

Thirteen percent (5) studies found that policies regarding accommodation, insufficient money allowances, regular relocations and juridical status as asylum-seekers impacted their

self-reported ability to parent. Studies also identified specific steps in the asylum determination processes that have a negative impact 5% (2) screening interviews, 5% (2) detention centres, 3% (1) on the impact of undefined waits and 3% (1) study found that daily life at the centres affected mental health and resulted in long-lasting mental health consequences.

Furthermore, 5% (2) studies exploring asylum policy restrictions on occupations found that this policy impacted asylum seekers' well-being and sense of self-worth. Five percent (2) other studies with similar findings described how having access to daily occupation supported asylum seekers' well-being. Finally, 3% (1) study found that whilst living in asylum centres, waiting and disconnected from society, it may advantage reflection and imagination in asylum seekers potentially having implications for well-being. However, the researchers emphasised the severity of asylum procedures due to lack of access to resources, power and constraints of the structures.

Table 4. Descriptive features of studies included in the review.

	Authors	Country	Aim	Participants (number, age, gender, ethnicity, status)				Method	Part of asylum process and findings.
				Number	Gender	Age	Ethnicity/country of origin		
1	Barghadouch, (2022)	Denmark	To examine the capabilities of asylum-seeking parents to act on the support and advice provided by child health nurses in Danish asylum centres.	N= 15 asylum seeking parents	7 males 8 females	Not reported	5 Kuwait, 3 Syria, 3 Iraq, 2 Egypt, 1 Somalia, 1 Jordan	Design: A qualitative study approach Data collection: Semi-structured interviews Analysis: Thematic coding Software: NVivo 12	Overall experience of procedures e.g. Asylum centres, reallocations, uncertainty of outcome, waits. Findings: Asylum-seeking parents' bounded agency due to asylum accommodations and procedures was found to contribute to mental distress.
2	Ben Farhat et al. (2018) (Linked to study below)	Greece	This study aimed to document the types of violence experienced by migrants and refugees during their journey and while settled in Greece. It also aimed to measure the prevalence of anxiety disorders and access to legal information and procedures.	N= 42 refugees	11 males 7 females 3 couples 2 female focus groups 1 male focus group	Age: 18–70	All from Syria	Design: Mix methods cross-sectional population-based quantitative survey combined with an explanatory qualitative study. Data collection: 21 Interviews and 3 focus groups. Data analysis: Thematic analysis and grounded theory. Software: NVivo 11	Overall experience of procedures e.g. restrictions, uncertainty of outcome, access to information on the process. Findings: This study found high levels of distress caused by war, oppression, migration, resettlement, and uncertainty about the future experienced by Syrian refugees and asylum seekers.
3	Bjertrup et al., (2018)	Greece	This study aimed to understand refugees' mental health and narratives of social suffering in regard to experienced violence, the effect of border closures, and the lack of an onward journey.	N= 81 refugees	Focus group 3 females 2 males (27 participants) Interviews 21 males 17 females 8 pairs (couples, one father and son)	Age: 18-74	9 different nationalities (Kurdish Iraqis, Afghan, Algerian, Congolese, Kuwaiti, Iranian, Pakistani, Sudanese and Syrian.) 21 Syrian nationality	Design: Explanatory qualitative study. Data collection: 47 in-depth narrative interviews and 5 focus group discussions. Analysis: Thematic analysis Software: NVivo 11	Overall experience of procedures e.g. Camps, restrictions, cannot work, uncertainty of application outcome, separation from family, waits. Findings: This study found that asylum seekers felt their future was uncertain, and many experience a constant fear of being deported. The powerlessness and uncertainty they experienced concerning the asylum decision was often identified as the main cause of their current distress.
4	Bögner et al., (2010)	UK	To explore the factors involved in the disclosure of sensitive personal information during Home Office interviews in the UK.	N= 27 asylum seekers 17 other forms of leave to remain 10 asylum seekers	11 males 16 females	Age: 22-73 (mean 40.7, Sd. 12.6)	14 countries in Europe, Africa, the Middle East and Latin America	Design: A qualitative study approach Data collection: semi-structured interview. Analysis: thematic analysis approach Software: No	Asylum interviews. Findings: The study found asylum seekers had difficulties in asylum interviews, feeling fearful interviewers would negatively judge them and experienced feelings of shame resulting from reactions and comments of interviewers.
5	Chaffelson et al., (2022)	UK	This study explored how applicants experienced interviews with the Home Office and its effects.	N= 8 asylum seekers.	Not reported	Not reported	Not reported	Design: Explanatory qualitative study. Data collection: Semi-Structured interviews.	Asylum interviews. Findings: The study found asylum procedures, specifically Home Office interviews were experienced as

								Data analysis: Interpretive Phenomenological Analysis (IPA) Software: No	destructive, and the negative psychological impacts as enduring even once leave to remain had been granted. Home Office interviews and interviewers were viewed as unnecessarily cruel by participants.
6	Cortvriend, (2020)	UK	This research sought to understand how the asylum system in the UK fosters vulnerability and stress in male asylum applicants, and how individuals cope during this time.	N = 4 refugees	4 males	Not reported	2 Libya, 2 Iran	Design: A qualitative study. Data collection: Narrative interviews Data analysis: Thematic approach. Software: No	Overall experiences of procedures e.g. Accommodation, asylum interviews, uncertainty over asylum decision. Findings: The study showed asylum seekers were vulnerable to stress due to the insecurity and instability resulting from asylum procedures such as waits.
7	Fang et al., (2015)	UK	This paper aims to apply the social dynamics of 'normalized absence, pathologized presence' to the case of Somali and Iraqi asylum seekers, refugees and persons in precarious legal immigration positions residing in the UK.	N=97 asylum seekers and refugees	64 males 33 females	Age: 21-74	52 Somali , 10 Iraqi Other: Unknown	Design: A Qualitative study Data collection: 5 focus groups (N= 56 Somali, N= 10 Iraqi), 35 in-depth interviews. Data analysis: Thematic analysis Software: No	Overall experiences of procedures e.g. Interactions with authorities, long waits, location of accommodation, uncertainty of outcome. Findings: This study found that immigration systems and structures (such as transient legal statuses) prevented access to vital resources such employment, education, appropriate housing, health care and public funding. Asylum seeking processes were identified as predictors of health and well-being.
8	Flothmann & Josselin, (2021)	UK	This study endeavoured to give voice to asylum seekers and refugees, to inform accurately the discourse on how post-migration factors are experienced and believed to affect their psychological well-being.	N= 9 asylum seekers	8 males 1 female	Ages: 20 - 50	Africa, the Middle East and Central Asia	Design: A qualitative study. Data collection: semi-structured interviews. Data analysis: Thematic analysis Software: No	Overall experience of procedures e.g. uncertainty of outcome, detention. Findings: This research offers further insight into the experience of seeking asylum, showing how individuals are confronted by challenges due to asylum seeking procedures that acutely affect their mental health due to basic physical and psychological needs often not being met.
9	Gewalt et al., (2018)	Germany	The study aim was to investigate asylum seeking women's experiences and perceived needs during pregnancy and early motherhood whilst living in state-provided accommodation.	N=9 asylum seeking, pregnant or at early motherhood.	9 femaless	Age: 22 - 37	3 from Southeast Europe, 1 Western Asia, 1 South Asia, 4 from West Africa	Design: A qualitative study. Data collection: 21 open-ended semi-structured interviews Data analysis: A thematic approach Software: MAXQDA version 12	Living conditions, asylum accommodation, reallocations. Findings: This study found that uncertainty regarding the future was associated with waiting on asylum outcomes, stressful living conditions during the process, difficulties building social support due to reallocations and short stays and a lack of information and

									transparency concerning the asylum-seeking process.
10	Ghorashi et al., (2018)	Denmark	This study aims to grasp the reality of life in asylum centres and to enable a deeper understanding of asylum seekers' daily experiences.	N=23 asylum seekers 6 refugee status 14 were awaiting decision 3 refused asylum.	17 males 6 females	Age: 18-61	9 Iran, 3 Somalia, 2 Iraq, 2 Eritrea, 1 Sierra Leone, 1 Gambia , 3 Afghanistan, 1 Pakistan, 1 Angola	Design: A qualitative design. Data collection: combination of participant observation, in-depth interviews (formal and informal) Data analysis: Grounded theory. Software: No	Overall experience of procedures e.g. Asylum centres, restrictions, lack of legal status, long waits, lack of activity, restriction on work. Findings: The study found that asylum seekers' lack of knowledge (resulting from procedures) and limited resources during asylum procedures limits their opportunities.
11	Hart, (2019)	UK	The study aimed to explore the role of daily occupation in their country of origin and in the UK.	N= 10 asylum seekers and refugees 2 other forms of leave to remain 4 were awaiting a decision on an asylum claim. 4 refused	6 males 4 females	Age: 25 - 45 M 35	Africa the Middle East. Length of stay: 1 and 8 years (with a mean of 5.6 years).	Design: A Qualitative study. Data collection: Informal conversational interviews in-depth interviews. Data analysis: The adapted Stevick-Colliazzi-Keen method. Software: No	Restriction on work, limited opportunities, waits. Findings: The study demonstrates the importance of daily activities for asylum seekers. It showed that injustices were created for asylum seekers due to limited occupational opportunity due to hostile immigration procedures and practical barriers.
12	Healey, (2006)	UK	This study used ideas from Giddens' structuration theory as a conceptual framework to analyse the voices of a group of asylum seekers and refugees, drawing on the respondents' comments to examine societal structure.	N=18 asylum seekers and refugees.	8 males 10 females	Not reported	From Poland, Somalia, Kenya, Eritrea, and the Yemen	Design: A qualitative study. Data collection: semi-structured interviews Data analysis: Structuration theory. Software: No	Restrictions and asylum interviews. Findings: The study findings suggested that as structural forces (such as asylum procedures) had a stronger impact on asylum seekers experiences than factors which individual agency could address.
13	Hedstrom et al., (2021)	Sweden	This study aimed to understand parents' thoughts and feelings in the context of seeking asylum and difficulties they are currently experiencing, and how these influence parenting and the parent–child relationship.	N= 24 asylum seekers, parents. 22 awaiting 2 other forms of leave to remain	5 males 19 females	Age: 23-47	17 Afghanistan 2 Iraq 2 Somalia 1 Iran 1 Kenya 1 Pakistan.	Design: A qualitative study. Data collection: semi-structured interview, with 2 waves of interviews, wave 2 included a theoretical sampling approach that enabled the researcher to gain feedback from participants regarding the constructed theory. Data analysis: Grounded theory approach. Software: NVivo 12	Overall experiences of procedures e.g. Correspondence from authorities, policy on deportation, lack of financial autonomy, reallocations, restrictions, waits. Findings: The study found that post-migration stressors affected asylum seekers experiences of parenting, well-being and mental health such as living conditions, economic concerns, fear of deportation, complicated legal systems and restrictions.
14	Hoare et al., (2020)	UK	This study aimed to understand the ways people seeking asylum conceptualize and cope with their experiences across the asylum process.	N= 11 asylum seekers	7 males 4 females	Age: 18-65 Average 38	9 Middle East 1 Southern Asia 1 Central Africa	Design: A qualitative approach. Data collection: Semi- structured interviews were conducted. Data analysis: Constructivist Grounded Theory Software: No	Label of asylum seeker, uncertainty over asylum decision, restriction on work, voucher systems, legal status. Findings: This study found that asylum seekers experienced the asylum process depersonalizing, marginalizing,

									stigmatizing and sometimes retraumatising.
15	Hollis, (2019)	UK	The study aimed to explore and analyse the phenomenology of entering, living in and coping with life inside UK immigration removal centres.	N=9 7 asylum seekers 2 other	7 males 2 females	Age: Average 31	5 Iran 4 from Iraqi-Kurdistan, Pakistan, Yemen and Zimbabwe.	Design: Qualitative Data collection: In-depth, semi-structured interviews were conducted with nine people who had previously been held in UK IRCs. Data analysis: IPA. Software: No	Policy on finance, awaiting asylum decisions and detention. Findings: The study identified psychosocial stressors experienced during detention such as a lack of communication from the Home Office and neglect of healthcare needs, and as a result as a result, experience self-doubt, rumination and crises of worldview.
16	Hugelius et al., (2020)	Sweden	This study aimed to describe the perceived needs of adult asylum seekers in Sweden.	N= 14 asylum seekers	4 males 10 females	Age: 22-41, M 30	11 Eritrea 3 Syria	Design: A explanatory sequential mixed methods study design. Data collection: Focus group interviews. The same structure was used for all interviews, but no specific interview guide was used. Data analysis: Thematic analysis. Software: No	Restrictive policy, awaiting asylum decisions, accommodation. Findings: This study found the most prominent need was lack of income or livelihood, which was closely linked to the experiences of dependency and being in limbo.
17	Isaacs et al., (2020)	Scotland	This paper explores asylum seekers and refugees' experiences of health, wellbeing, and health practices in the context of their lived realities in Scotland.	N=24 asylum seekers	10 males 14 females	Not reported	9 participants originated from Zimbabwe, 8 from Eritrea, 2 from Ghana, 2 from Malawi, and 1 each from South Africa, Sudan, and Zambia.	Design: A qualitative study. Data collection: Ethnographically informed, semi-structured interviews. Data analysis: Thematic analysis. Software: NVivo 11	Understanding of being an asylum seeker in Scotland and experiences of accessing care. Findings: The study's findings indicated that the way in which the UK asylum system operates, with long-drawn out legal procedures, no rights to employment, and enforced poverty, renders asylum seekers vulnerable to poor long-term physical and mental health.
18	Jannesari et al., (2022)	UK	This study aims to understand how people seeking asylum make sense of their migration experience and how this influences mental health and well-being.	N = 3 asylum seekers	Not reported	Not reported	3 from African countries	Design: A qualitative study. Data collection: Narrative interviews Data analysis: Thematic analysis Software: No	Overall experience of asylum seekers' journey and experiences in the UK. Findings: This study highlighted asylum procedures impact on health and mental health, procedures such as Home Office decision making processes, surveillance, a lack of material support, and the inability to work.
19	Liebling et al., (2014)	UK	The aim of the current study is to investigate asylum seekers' experiences in the UK.	N = 9 asylum-seekers	Not reported	Not reported	Not reported	Design: A qualitative study. Data collection: semi-structured interviews. Data analysis: Thematic analysis. Software: No	Experiences of the Home Office and sources of support. Findings: The study found that the lack of stability during asylum procedures and the constant threat of potentially being made to return home led to considerable anxiety for asylum seekers.
20	Lintner & Elsen, (2018)	Italy	The aim of the study was to explore the role of social dimension of well-being in the context of asylum seekers and in what	N= 25 asylum seekers	Not reported	Age: 22-38	15 came from Nigeria, 5 from	Design: A qualitative analysis.	Overall asylum process. Findings: This study found an impact of lack of work as meaningful and valued

#	Author	Country	Aim	Sample/Length	Gender	Age	Origin	Method	Findings
			ways work in meaningful occupation is seen as a key element of social integration.				Gambia and 5 from Somalia.	Data collection: Narrative interviews, informal discussions and semi-structured interviews. Data analysis: Based on the grounded theory coding processes described by Strauss and Corbin. Software: MAXQDA	occupation. It was also associated with social exclusion, social isolation, loneliness, and poorer well-being. Spatial isolation due to housing further contributes to social exclusion.
21	Mangrio et al., (2020)	Sweden	The aim of the study was to explore the experience of adjustment amongst asylum and refugee parents in the resettlement process.	N=24 Length of time: 2-36 months.	Not reported	Age 21-65	24 Syrian refugee parents	Design: A qualitative study. Data: Semi-structured interviews. Data analysis: Thematically analysed using Attride- Stirling's approach. Software: No	Overall experiences of process. Findings: This study found that asylum seekers' stress was associated with long waiting times for residence permits and uncertain living conditions. However, in this study several participants mentioned feelings of gratitude toward Swedish society and its system.
22	Melamed et al., (2019)	Switzerland	This study aimed to explore social resilience toward migration related mental health challenges of Eritrean asylum-seekers and refugees living in Switzerland. Central to the aim of this study is to gain insights into (a) how asylum-seekers view mental health, (b) their pathways to mental health care, and (c) whether, how, and which capitals are leveraged by asylum-seekers.	N=10 asylum-seekers Length of stay: 18 – 36 months (Average: 23.0)	10 males	Age: 20–35 Average: 28.5	Eritrean	Design: A qualitative design. Data collection: In-depth semi-structured interviews Data analysis: Framework Method. Software: MAXQDA 12	Overall experiences of process. Findings: The study found that life uncertainty and barriers to work and education that accompany the status of asylum-seekers impacted asylum seekers mental health. Furthermore, post migration stressors such as uncontrollability compounded pervious trauma.
23	Morville & Erlandsson, (2013)	Denmark	The aim of this study was to explore how asylum-seeking men in a Danish asylum centre experienced occupational deprivation and how prior life experience formed and shaped their choice and value of current occupations.	N = 3 asylum seekers	3 males	Age: 25, 28, 30	2 Iran 1 Afghanistan	Design: A qualitative study. Data collection: In-depth narrative interviews. Data analysis: Thematic analysis. Software: no.	Daily living within asylum process, accommodation and occupation restrictions Findings: This study found that due to asylum procedure restrictions asylum seekers experienced a lack of meaning in current employment which impacted meaning in their lives. However, having an occupation was found to support with creating routine and this was identified as a coping during asylum procedures.
24	Murphy et al., (2019)	Ireland	The study aimed to explore the mental health and mental health care experiences of African asylum seekers in Ireland.	N= 16 asylum seekers Ranged from 15 months to 9 years and all awaiting decision	7 males 9 females	Not reported	Nigeria 2 Zimbabwe, Somalia, Ethiopia, Togo, South Africa, 6 Democratic Republic of Congo, 2 Sudan, Cameroon	Design: A qualitative narrative study. Data collection: face to face unstructured narrative interviews. Data analysis: Analytic process advised by Lieblich et al. (1998) Software: no	Overall experience of seeking asylum process and, interactions with mental health services. Findings: This study found that while asylum seekers awaited the outcome of their asylum application in Ireland, they experienced a diminishment of efficacy, purpose, value, and worth.

25	Murphy & Vieten, (2022)	Ireland	Everyday life experience of asylum seekers and refugees in Northern Ireland with view to understanding how service delivery and notions of integration/inclusion impact.	N = 47 asylum seekers and refugees (two with citizenship)	Not reported	Not reported	10 different countries (No further information reported)	Design: A qualitative design. Data collection: Semi-structured and focus group interviews. Data analysis: Grounded theory. Software: NVIVO	Experiences of accessing services e.g. health, housing, education and employment. Findings: This study found that post-migration stressors such as poor housing, a long process of trying to claim asylum and a local health system, which was not well equipped to give access to traumatised asylum seekers and refugees impacted the mental health of asylum seekers and refugees.
26	Ogbu et al., (2014)	Ireland	The study focuses on the participants' experiences of the challenges associated with parenting in a direct provision environment and explores their views regarding the supports available to them from various sources, including the state, community and voluntary groups and family and friends.	N=16 asylum seeking parents	Not reported	Not reported	Eastern Europe (Albania) and Africa (Liberia, Nigeria, Kenya, Uganda, Zimbabwe and Cameroon).	Design: A qualitative research study Data collection: Fourteen people took part in three focus group sessions and two people took part in one-to-one interviews. Data analysis: Thematic analysis. Software: No	Accommodation and sources of support for this (including state services and NGOs). Findings: This study raised concerns about the Irish system of Direct Provision for asylum seekers, as it was found to impact parent asylum seekers' mental health due to controlling environments.
27	Palmer, (2011)	UK	The study adopted a grounded theory approach to examine factors which impacted on, and contributed to, mental ill health for those forced migrants who participated.	N = 13 forced migrants. 7 refugees 4 asylum seekers 2 other years of residence in the UK ranged from 9 months to 12 years with a mean of 5 years.	7 males 6 females	Age: 18 -67 M 43.6	13 Ethiopian	Design: A qualitative study. Data collection: interviews Not specific Data analysis: Strauss and Corbin content analysis based on grounded theory. Software: No	Overall asylum process including accommodation, finances, status, support networks and employment. Findings: The study found that asylum procedures can exacerbate existing, as well as creating new, psychological stresses. Persistent anxiety over the possibility of deportation and dealing with complex immigration legislation resulted in mental distress and demoralisation.
28	Palmer & Ward, (2007)	UK	This research explores asylum seekers and refugees' perspectives as service users.	N= 21 refugees and asylum seekers 6 asylum seekers 12 refugees 1 refused asylum claim 1 other leave to remain granted 1 British citizenship	11 males 10 females	Age: 21-65	Azeri 1 Bosnian 1 Colombian 1 Congolese 1 Ethiopian 3 Iranian 3 Iraqi 1 Kosovan 1 Kurdish 1 Russian 1 Rwandan 1 Somali 5 Ukrainian 1	Design: A qualitative design. Data collection: Semi-structured interviews. Topic guides were developed by the researchers and were informed by the findings of a mapping exercise, and literature on the provision of mental health services for refugees and asylum seekers Data analysis: Thematic analysis Software: No	Overall experience of asylum process e.g. housing, employment, accessing services, waiting times. Findings: The study found that stresses and challenges at different stages of the asylum processes can lead to psychological distress and physical ailments.

#	Author	Country	Aim	Sample	Gender	Age	Nationality	Methods	Focus/Findings
29	Papadopoulos et al., (2004)	UK	The study explores Ethiopian refugees' and asylum seekers' experiences of migration, adaptation and settlement in the UK and their health beliefs and practices.	N = 106 refugees 7% refugee status 88% Other leave to remain 5% Other	48% males 52% females	Age: 10: 12–15 34: 16–25 60: 26–59 2: 60+	106 Ethiopian	Design: A qualitative design. Data collection: Data was collected using semi-structured depth interviews and a semi-structured questionnaire. Multi-method participatory model. Data analysis: Constant comparative process of defining and redefining emerging themes. Software: no	Experiences of state systems within UK, experiences with UK immigration department, employment. Findings: This study revealed that Ethiopian refugees' suffer the additional stress post-migration caused by their asylum status.
30	Rzepka et al., (2022)	Germany	To more closely analyse the relationship between the effects of traumatic events and the challenges they face upon entering a country of refuge.	N = 14 refugees 1 refugee status 6 asylum seekers 5 other forms of leave to remain 2 not specified Length of stay: 1-5 years.	8 males 6 females	Age: 22-53 M 36.1	7 Iran 2 Turkey 2 The Gambia 1 China 1 Morocco 1 Armenia	Design: A Mixed methods approach. The study was part of a broader study within the temporary shelters in the Rhine-Neckar district. Data collection: Semi-structured interviews. Data analysis: Inductive analysis described by Mayring Software: MAXQDA	Overall asylum process e.g. impact of procedure, uncertainty and accommodation. Findings: This study found that the uncertainty of the asylum process and its consequences for employment, housing or future planning were identified as significant stress factors for refugees and asylum seekers with PTSD. A negative interaction between traumatizing past experiences and living conditions and asylum procedures were identified.
31	Sagbakken et al., (2020)	Norway	The aim of this study is to explore in what way the experience of time influenced refugees' mental health and well-being during and after flight.	N=78 All participants had applied for asylum (47% application pending, 24% granted asylum, and 29% refused asylum). Length of stay in Norway varied (3 months to 10 years).	50 males 28 females	Age: M 29.9	38 Syria & Afghanistan 9 Iran, 9 Iraq, 3 Turkey, 2 Palestine, 1 Egypt, 1 Kuwait, 4 Eritrea, 2 Tunisia, 2 Ethiopia, 2 Congo, 1 Rwanda, 1 Egypt, 1 Zimbabwe, 2 not stated	Design: A qualitative study. Data collection: Semi-structured interviews. Data analysis: Based on the principles of Giorgi's phenomenological analysis as modified by Malterud. Software: no	Waiting, policy and accommodation. Findings: This study found that asylum seekers experienced insecurity and unpredictability due to the inherent passivity and undefined waiting in the asylum centres. This impacted asylum seekers mental well-being and self-worth. Furthermore, asylum seekers found it difficult to visualise the future and felt it was non-existent or unclear.
32	Schein et al., (2019)	Norway	This qualitative study aims to describe the health-related experiences of Ethiopian refugees and asylum seekers in Norway and discuss the barriers and facilitators of access to care in this community.	N = 10 asylum seekers. Length of time in Norway ranged from 3 to 10 years (mean 6.8 years).	5 males 5 females	Age: 20-54 years old M 30.3	10 Ethiopia	Design: A qualitative study. Data collection: Individual semi-structured interviews. Data analysis: Thematic analysis	Experiences of healthcare in asylum process. Including experiences accessing services and barriers to accessing services. Findings: This study demonstrated that the uncertainty inherent in the asylum-seeking process took a significant toll on those who seek protection in Norway. A

				9 refugees, 1 had been granted citizenship.				Software: NVivo 11	decline in mental health was attributed to the lack of structure and helplessness of seeking asylum.
33	Singer, (2019)	UK	This study aimed to draw on asylum seekers narratives to explore how detained asylum-seekers perceive and experience "law".	N = 22 asylum seekers. 3 days - 18 months spent in detention. 8 participants had been subject to the "detained fast-track" system.	Not reported	Not reported	11 countries in Asia, Africa and the Caribbean, plus one from Russia.	Design: A qualitative study. Data collection: In-depth semi-structured interviews were conducted with 22 asylum-seekers. Data analysis: Thematic analysis. Software: No	Experiences of waiting during the processes. Findings: The study found that asylum procedures were experienced as controlling, and contributed to mental distress caused by the uncertainty and indeterminacy of the asylum system itself.
34	Taylor et al., (2020)	UK	To understand experiences going through an asylum process, and what the well-being needs of asylum-seekers and refugees are as they negotiate this process.	N = 12 asylum-seekers and refugees. Length of stay in the UK ranged from 5 to 21 years.	3 males 9 females	Ages: 28-61	Countries of origin: 4 Nigeria 3 Guinea 1 Sierra Leone 1 Democratic Republic of Congo 1 Liberia 1 Zimbabwe 1 Iran	Design: A qualitative analysis. Data collection: Semi-structured interviews. Data analysis: IPA Software: no	Overall experiences of asylum procedures. Findings: The study found that asylum procedures were a source of further hardship and trauma for asylum seekers. The perceived hostility and lack of support of official bodies throughout the asylum-seeking process were a major source of ongoing stress, frustration and anxiety for asylum seekers.
35	Tsegay, (2021)	UK	This study aimed to explore the experiences of highly educated Eritrean refugees during their first year of settlement in the UK.	N= 24 refugees 2-10 years of residence	15 males 9 females	Age: 30-45.	24 Eritreans	Design: A qualitative study. Data collection: Phenomenological study informed by narrative interviews. Data analysis: Thematic analysis. Software: no	Overall experiences of asylum procedures e.g., uncertainty of asylum outcome, restrictions. Findings: The study found that long asylum application processes were found to impact well-being, with the hostile environment contributing to psychological problems.
36	van Eggermont Arwidson et al., (2022)	Sweden	The aim of this study to explore the experiences of asylum seekers and how they manage their mental wellbeing while living at accommodation centres in Sweden.	N = 14 asylum seekers	8 males 6 females	Age: 22–62	1 Sudan, 3 Iraq, 1 Syria, 2 Yemen, 4 Eritrea, 1 Ethiopia, 1 Pakistan, 1 Afghanistan	Design: A qualitative study Data collection: Semi-structured interviews Data analysis: Inductive qualitative content analysis Software: NVivo	Living conditions and accompany restrictions. Other: wait times, uncertainty over decisions. Findings: The findings of this study show that asylum seekers experienced a state of being whereby they described life as hardly any life at all, frozen in time and space contributing to psychological distress.
37	Walther et al., (2019)	Germany	The present study seeks to understand the relationship between integration processes and mental health problems or significant negative emotional	N=54 asylum seekers Length of stay	30 males 24 females	Age: 18-55	36 Syria, 9 Afghanistan, 4 Iran, 2 Pakistan, 1	Design: A qualitative design Data collection: Semi-structured interviews.	Overall experiences asylum procedures e.g. Uncertainty of asylum decision, asylum interviews, type of leave to

#	Author (Year)	Country	Aim	Sample	Gender	Age	Country of origin	Methodology	Findings
			experiences among adult refugees in Germany.	Arrived 2013-2018. 25 asylum Seekers/refugee 15 other forms of leave to remain given 11 unresolved 3 not specified			Palestine, 1 Libya, 1 Sudan	Data analysis: Thematic analysis. Software: MAXQDA	remain, restrictions, lack of activities, restrictions on work and living conditions. Findings: This study found that prolonged asylum procedures contributed to substantial distress for asylum seekers. Asylum seekers reported fear, anxiety, fatigue as a result from procedures. A loss of control was identified as a primary source of post-migration stress.
38	Whitehouse, (2021)	Belgium	To investigate the role of daily stressors in the well-being of asylum seekers in the Belgian reception system, a qualitative exploratory study design was selected.	N = 29 asylum seekers	15 males 14 females	Not reported	2 Venezuela, 4 DR Congo, 3 Cameroon, 5 Afghanistan, 1 Central African Republic, 3 Palestine, 2 Syria, 1 Ivory Coast, 2 Djibouti, 2 Iraq, 1 Angola, 1 Kosovo, 1 Guinea, 1 Senegal	Design: A qualitative study Data collection: In-depth interviews. IDI guides were developed, pre-tested and adapted prior to data collection. Data analysis: Thematic analysis. Software: no	Accommodation and living conditions, restrictions on work, restrictions and communications with authorities. Findings: The study identified daily stressors to which asylum seekers were continuously exposed to in asylum centres.
39	Willmann-Robleda, (2022)	Norway	The study aims to achieve is an in-depth understanding of the asylum-seeking experience in Norway and its relationship with mental health.	N = 9 asylum seekers	9 females	Age: 23-45	The majority were from countries in the Middle East or East Africa.	Design: A qualitative study. Data collection: In-depth semi-structured interview Data analysis: Thematic analysis Software: NVivo	Overall experiences of asylum procedures e.g. Long wait, uncertainty over asylum decision, lack of information regarding procedures, restrictions, lack of activities, difficulties in accessing employment. Findings: This study found that asylum and reception centres were associated with five elements; endless wait and uncertainty, limited ability to control their circumstances, the limitations to engage in meaningful activities, financial limitations and forced spatial (im)mobility.

Assessment of Methodological Quality

Application of the CASP critical appraisal tool revealed variable results across the 39 articles assessed. An a priori decision was made not to exclude papers based on the quality assessment but to use it to contextualise the extracted data, however, overall, the quality of the included references was good (see Table 5). The following section provides a detailed account of the ten CASP items in relation to all studies included in this review.

Aims of the research. All studies discussed aims, however, three studies lacked clarity in stating their aims (Healey 2006; Murphy et al., 2022; Singer, 2019).

Given that all studies took an exploratory approach, focusing on participants' subjective perspectives and experiences, such aims were considered congruent with qualitative approaches. All studies provided justification for the specific research design, with the exception of one (Healey, 2006); however, the level of information provided varied, and 8 of these gave limited information (Bogner et al., 2010; Liebling et al., 2014; Morville & Erlandsson, 2013; Murphy et al., 2022; Sagbakken et al.,2020; Schein et al., 2019; Singer, 2019; Willmann-Robleda, 2022).

Discussions on how methods were chosen varied greatly, with three studies not explaining a rationale for the chosen approach (Bögner et al., 2010; Healey, 2006; Hollis, 2019) and of the 36 that did, 12 had limited information (Ghorashi et al., 2018; Hart, 2019; Hugelius et al., 2020; Liebling et al., 2014; Melamed, 2019; Morville & Erlandsson, 2013; Murphy & Vieten, 2022; Papadopoulos et al., 2004; Sagbakken et al., 2020; Schein et al., 2019; Walther et al., 2019; Willmann-Robleda, 2022).

Table 5. CASP ratings for included studies.

		(Barghadouch, 2022)	(Ben Ferhat et al., 2018)	(Bjertrup et al., 2018)	(Bögner, 2010)	(Chaffelson et al., 2022)	(Cortvriend, 2020)	(Fang et al., 2015)	(Flothmann et al., 2021)	(Gewalt et al., 2018)	(Ghorashi et al., 2018)	(Hart, 2019)	(Healey, 2006)	(Hedstrom et al., 2020)	(Hoare et al., 2020)	(Hollis, 2019)	(Hugelius et al., 2020)	(Isaacs et al., 2020)	(Jannesari et al., 2022)	(Liebling et al., 2014)	(Lintner et al., 2018)	(Mangrio et al., 2020)	(Melamed et al., 2019)	(Morville et al., 2013).	(Murphy et al., 2022)	(Murphy et al., 2019)	(Ogbu et al., 2014)	(Palmer, 2011)	(Palmer & Ward, 2007)	(Papadopoulos et al., 2004)	(Rzepka et al., 2022)	(Sagbakken et al., 2020)	(Schien et al., 2019)	(Singer, 2019)	(Taylor et al., 2020)	(Tsegay S. M., 2021)	(Walther et al., 2019)	(Whitehouse et al., 2021)	(Willmann-Robleda, 2022)	(van Eggermont Arwidson et al., 2022)
1.	Statement of aim												Partial												Partial									Partial						
2.	Appropriateness of qualitative method																																							
3.	Appropriateness of design			Partial									Partial											Partial									Partial	Partial						Partial
4.	Appropriateness of recruitment strategy	Partial					Partial		Partial				Partial							Partial					Partial									Partial						
a.	minimum demographics					Partial			Partial				Partial							Partial			Partial			Partial				Partial				Partial						
5.	Appropriateness of data collection method in relation to research issue												Partial							Partial														Partial						
6.	Consideration of relationship	No		No	No		No	No	No		No	No	No		Partial	No	No		No	No	No	No	No	Partial	No	Partial	No	Partial	No	No	No		No	No		No		No		No
7.	Consideration of ethical issues			No		Partial		No			No		No		Partial		Partial		No		Partial		Partial			No			Partial			Partial		No	Partial		Partial			Partial
8.	Rigor of data analysis												No		Partial				No					Partial		Partial		Partial			Partial			No	Partial		Partial			Partial
9.	Clear statement of findings						Partial						Partial																					Partial						
10.	Value of research												Partial																											

Key 1. Yes   Partially reported   No

Participant identification, sampling and recruitment. The majority of studies included in this review reported sampling techniques however, eight studies did not state their recruitment and sampling approach (Cortvriend, 2020; Flothmann & Josselin, 2021; Hart, 2019; Healey, 2006; Hedstron et al., 2021; Jannesari et al., 2022; Singer, 2019; Taylor et al., 2020). Most of the studies chosen in this review discussed how recruitment was carried out to varying levels, aside from five studies which did not state how participants were recruited (Flothmann & Josselin, 2021; Healey, 2006; Hedstron et al., 2021; Jannesari et al., 2022; Singer, 2019).

Studies varied on inclusion and exclusion criteria, with only ten studies describing both (Barghadouch, 2022; Chaffelson et al., 2022; Gewalt et al., 2018; Hollis, 2019; Mangrio et al., 2020; Murphy et al., 2019; Sagbakken et al., 2020; Walther et al., 2019; Whitehouse, 2021; Willmann-Robleda, 2022) and ten discussing inclusion criteria (Hart, 2019; Hedstron et al., 2021; Hoare et al., 2020; Hugelius et al., 2020; Morville & Erlandsson, 2013; Palmer & Ward, 2007; Rzepka et al., 2022; Schein et al., 2019; Taylor et al., 2020; Tsegay, 2021). Furthermore, only four studies documented and reflected on participants who declined to participate in the study (Ghorashi et al., 2018; Morville & Erlandsson, 2013; Whitehouse, 2021; Willmann-Robleda, 2022).

Data collection. All selected studies in this review used interviews as method of data collection aside from one study that used focus groups (Hugelius et al., 2020). Of the 39 studies six studies used both interviews and focus groups (Ben Farhat et al., 2018; Bjertrup et al., 2018; Fang et al.,2015; Isaacs et al., 2020; Murphy & Vieten, 2022; Ogbu et al., 2014).

Nearly half of the studies, 18 did not justify the location of interviews and focus groups (Bögner et al., 2010; Fang et al., 2015; Cortvriend, 2020; Flothmann & Josselin, 2021; Hart, 2019; Healey, 2006; Hoare et al., 2020; Hollis, 2019; Hugelius et al., 2020; Isaacs et al., 2020; Jannesari et al., 2022; Lintner & Elsen, 2018; Mangrio et al., 2020; Melamed, 2019;

Murphy & Vieten, 2022; Schein et al., 2019; Singer, 2019; Taylor et al., 2020) and only

seven studies discussed data saturation (Gewalt et al., 2018; Lintner & Elsen, 2018; Palmer,

2011; Rzepka et al.,2022; Schein et al., 2019; Walther et al., 2019; Whitehouse et al., 2021).

Data analysis. All studies used qualitative analysis, in line with inclusion criteria,

with all using quotes to support the findings. Many of the studies included reported on the

different stages of the analysis and how categories were organised and derived. However, the

amount of detail and information on this process varied significantly. Whilst most studies

described how themes were found by sharing initial codes or presenting how groupings were

created, five studies gave no details about this (Hart, 2019; Liebling et al., 2014; Palmer &

Ward, 2007; Singer, 2019; Whitehouse, 2021).

In 25 of the studies multiple researchers were used in the analysis process; however,

in 14, it was unclear or not stated (Ben Farhat et al., 2018; Chaffelson et al., 2022;

Cortvriend, 2020; Hart, 2019; Healey, 2006; Hoare et al., 2020; Hollis, 2019; Liebling et al.,

2014; Lintner & Elsen, 2018; Ogbu et al., 2014; Palmer & Ward, 2007; Singer, 2019; Tsegay,

2021; Willmann-Robleda, 2022) and only 17 of the papers discuss themes being checked by

fellow researchers (Bjertrup, 2018; Bögner et al., 2010; Gewalt et al., 2018; Hedstron et al.,

2021; Hugelius et al., 2020; Isaacs et al., 2020; Jannesari et al., 2022; Mangrio et al., 2020;

Melamed, 2019; Murphy et al., 2019; Palmer, 2011; Papadopoulos et al., 2004; Sagbakken et

al., 2020; Schein et al., 2019; Taylor et al., 2020; van Eggermont Arwidson, 2022; Walther et

al., 2019).

Findings. All studies included a statement of findings; however, one study's

description of findings lacked clarity (Healey, 2006).

Value of research. All studies were deemed to be research of value, most studies

shared an account of the findings implications, emphasising the value of future research and

suggesting ways to improve policies. Seventeen studies recommended that policies governing asylum procedures be reviewed (Chaffelson et al., 2022; Cortvriend, 2020; Fang et al., 2015; Flothmann & Josselin, 2021; Ghorashi et al., 2018; Hart, 2019; Healey, 2006; Hoare et al., 2020; Hollis, 2019; Isaacs et al., 2020; Jannesari et al., 2022; Liebling et al., 2014; Melamed, 2019; Mangrio et al., 2020; Murphy et al., 2019; Walther et al., 2019; Whitehouse, 2021).

Three studies argued for reduced waiting times and easier asylum processes, as this was deemed beneficial in reducing stressors associated with a post-migration context (Bjertrup et al., 2018; Hedstrom et al., 2021; van Eggermont Arwidson et al., 2022). Other recommendations highlighted the need to provide care and compassion to asylum seekers (Ben Farhat et al., 2018) and the need to ensure mental health service provision (Walther et al., 2019).

Researcher reflexivity. Only nine of the studies, considered the relationship between the researcher and participants adequately (Fang et al.,2015; Gewalt et al., 2018; Ghorashi et al., 2018; Hart, 2019; Hedstron et al., 2021; Jannesari et al., 2022; Schein et al., 2019; Walther et al., 2019; Willmann-Robleda, 2022). Several studies mentioned the power dynamic but did not discuss it in detail; for example, Papadopoulos and colleagues (2004) mentioned it when discussing limitations; however, reflection on the impact was limited. Sagbakken and colleagues (2020) state the researchers' background but do not explore the impact on data collection. Seven other studies take a similar approach (Bjertrup, 2018; Palmer, 2011; Hart, 2019; Hoare et al., 2020; Morville & Erlandsson, 2013; Taylor et al., 2020; van Eggermont Arwidson et al., 2022).

Ethical considerations. Most studies considered in the review stated they had ethics approval, except for six papers (Ghorashi et al., 2018; Healey, 2006; Liebling et al., 2014; Ogbu et al., 2014; Papadopoulos et al., 2004; Singer, 2019). Studies greatly varied in the

extent they discussed this, twenty-six studies discussed ethical considerations to some extent

however, seven stating they had ethical approval without discussing it further (Flothmann &

Josselin, 2021; Hart, 2019; Isaacs et al., 2020; Jannesari et al., 2022; Schein et al., 2019;

Walther et al., 2019; Willmann-Robleda, 2022).

Table 6. Presence of each theme in each paper

Column headers (papers):
(Barghadouch, 2022); (Ben Ferhat et al., 2018); (Bjertrup et al., 2018); (Bögner et al., 2010); (Chaffelson et al., 2022); (Cortvriend, 2020); (Fang et al., 2015); (Flothmann et al., 2021); (Gewalt et al., 2018); (Ghorashi, et al., 2018); (Hart, 2019); (Healey, 2006); (Hedstrom, et al., 2020); (Hoare et al., 2020); (Hollis, 2019); (Hugelius, et al., 2020); (Isaacs et al., 2020); (Jannesari et al.,2022); (Liebling, et al., 2014); (Lintner et al., 2018); (Mangrio et al., 2020); (Melamed et al., 2019); (Morville et al., 2013); (Murphy et al., 2022); (Murphy et al., 2019); (Ogbu, et al., 2014); (Palmer, 2011); (Palmer & Ward, 2007); (Papadopoulos et al., 2004); (Rzepka et al., 2022); (Sagbakken et al., 2020); (Schien et al., 2019); (Singer, 2019); (Taylor et al., 2020); (Tsegay, 2021); (van Eggermont Arvidson et al. 2022); (Wathret et al., 2019); (Whitehouse et al. 2021); (Willmann-Robleda, 2022)

Row labels (themes):
- Hostile Environment
- Dehumanization
- Eradicating a sense of autonomy
- Fear facilitated by ambiguity
- Stalemate
- Eliminating meaning
- Frozen
- Alienated from society
- Mental health
- Accumulated distress
- Future impact
- Exacerbating prior mental health difficulties
- Impact on identity
- Protective factors
- Internal
- External

Country labels (bottom, per paper):
Denmark; Greece; Greece; UK; UK; UK; UK; UK; Germany; Denmark; UK; UK; Sweden; UK; UK; Sweden; Scotland; UK; UK; Italy; Sweden; Switzerland; Denmark; Ireland; Ireland; Ireland; UK; UK; UK; Germany; Norway; Norway; UK; UK; UK; Sweden; Germany; Belgium; Norway

Key. Hostile Environment | Stalemate | Mental Health | Protective Factors

Table 7. Structure of themes

Superordinate Themes	Subthemes
1. Hostile Environment	*1.1 De-humanisation*
	1.2 A system eradicating autonomy and agency
	1.3 Fear facilitated by ambiguity
2. Stalemate	*2.1 Eliminating meaning*
	2.2 Frozen in time
	2.3 Alienated from society
3. Impact on Mental Health	*3.1 Accumulated psychological distress*
	3.2 Exacerbating prior mental health difficulties
	3.3 Impact on identity
	3.4 Long-term psychological effects
4. Protective factors	*4.1 Internal factors*
	4.2 External factors

Thematic synthesis results

Four superordinate themes and 12 subthemes are presented in Table 7. These thematic areas are explored below. As depicted in Figure 2, the superordinate themes are not occurring in isolation, they interact and feed into one another. This diagram does not represent causality, it demonstrates the influence of the Hostile Environment on the themes 'Stalemate' and 'Impact on Mental Health'. Furthermore, it highlights the interaction between the themes 'Stalemate', 'Impact on Mental Health' and protective factors.

Figure 2. Visual representation of superordinate themes and subthemes interactions.
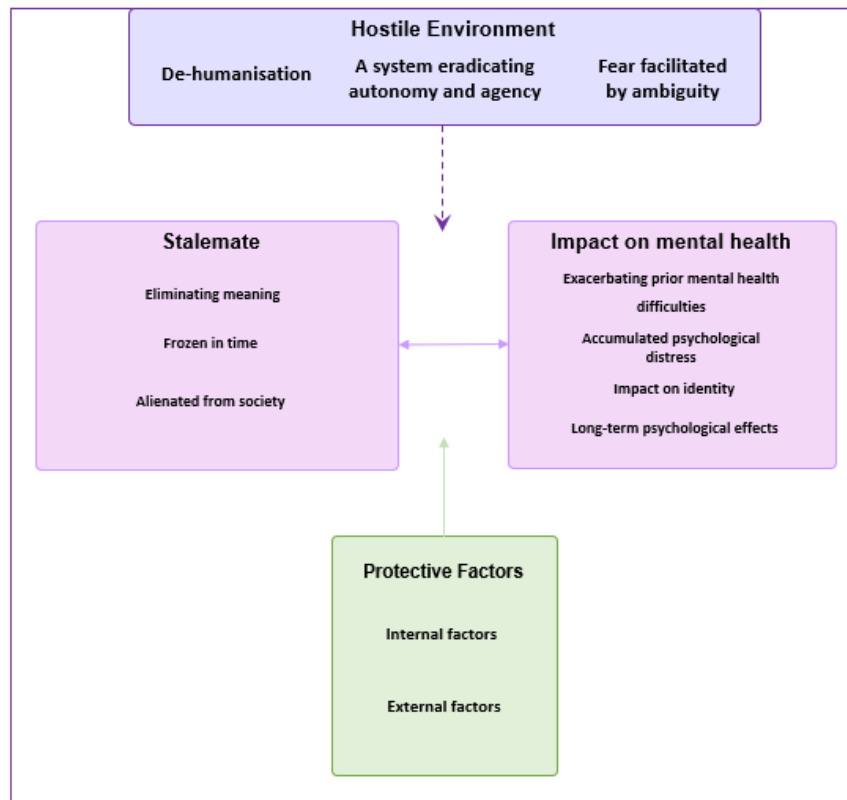
Superordinate theme 1. Hostile environment.

The first superordinate theme, present in all 39 studies, depicts participants'
experiences of the asylum determination processes as hostile, perpetuating extreme distress
for asylum seekers. Participants reported a system that was experienced as being designed to
intimidate and disbelieve them, teeming with uncertainty, all factors that participants linked
to the anxiety and distress they experienced. Key characteristics that contributed to creating
this hostile environment were identified as a lack of communication regarding the status of
participants' applications and inimical interactions from authorities. In conjunction with the
void of information on the process, participants reported rumours of harsh policies and
limited resources to support them in navigating the asylum systems.

I know that some people get detained. Knowing this made me feel stressed in the

interview. So the system has to change, not only the interview. You hear stories from

people saying that they were arrested. I feel scared all the time. (Bogner et al., 2010)

Upon arrival in a host country, many participants had undergone screening interviews, where they had to legitimize their claims and adjust to the many restrictions they faced in asylum centres. These central circumstances resulted in asylum seekers feeling humiliated and ashamed, further generating a hostile environment.

Home Office, the way they treat you [...]it makes you feel worthless you know like

"I'm just nobody, I'm just a piece of a shit" and this shit is waiting for Home Office

to be, you know picked up, or thrown away, you know whatever, it's up to them. So,

this is one thing [...]it's still in me, even though I am strong [...], that helplessness

was, there is a big part in my heart that feels like, "I was so helpless". It's still in me,

that like at times I feel like I'm worthless. Yeah, this process makes you that.

(Chaffelson et al., 2022)

Three studies referred to participants who had fewer negative experiences. One participant shared that they had a generally positive experience of the asylum system focusing on many positive aspects of his situation; however, he then compared the asylum system to imprisonment.

Subtheme 1.1 De-humanization. Across 23 studies, the theme of dehumanisation was present. Participants described a system that was perceived as treating asylum seekers "inhumanly" (Liebling et al., 2014); participants wondered if it was designed to "humiliate" (Ben Farhat et al., 2018) and "break" (Bogner et al., 2010) them through the use of restrictive policies and "oppressive" environments (Jannesari et al., 2019). The asylum systems were described as comparable to prison, and participants referred to the processes as a "diplomatic form of torture" (Jannesari et al., 2019). There was a sense across the 23 studies that participants perceived authorities as suspicious and disbelieving of asylum-seekers, treating

them without dignity and denying them the same rights as the surrounding society, leaving them feeling discriminated against.

> *Anything you tell them, they always say it's a lie…And you can't force them to believe*
> *you…I don't explain this to the Home Office. I will never explain, because they will*
> *never take it. They will never believe it.* (Taylor et al., 2020)

Some participants spoke of the shock of expecting respect for their human rights from authorities and having unexpected experiences such as being detained without explanation.

Five studies explored aspects of asylum interviews, where asylum seekers provided evidence to legitimise their claims, and participants perceived the environment as hostile and reported feeling judged by the interviewers when they disclosed traumatic experiences. Participants described feeling disbelieved as they shared their stories, which elicited shame and mental distress. Mistakes in reports were used to discredit asylum seekers' claims, resulting in participants feeling distrusted and frustrated.

> *When I started talking I felt like I was dying. You tell them everything, you feel naked.*
> *But once I saw that they were not really interested and ignorant I stopped talking.*
> (Bogner et al., 2007)

> *They didn't believe me; terrible things happen me in my country. Terrible things*
> *happen me on the way here and then they just end up not believing anything I say. I*
> *end up getting put into detention.* (Murphy & Vieten, 2022)

Six studies highlighted how the system's restrictions impacted participants' ability to cultivate feelings of independence and contributed to a "loss of dignity" (Ben Farhat et al., 2018). These restrictions were attributed to not feeling "legitimate", contributing to further humiliation, and this was particularly highlighted across studies with parent asylum seekers.

> *All these restrictions and regimented lifestyle have knock-on effects… you are like a*

moron. You have no direction, like a zombie, waiting for the next instruction from the

management or the Justice people. How can you be a good parent, when you don't

have control over your life, and cannot control your children's life, you have

everything, power, control taken over from you; who is parenting who? (Ogbu et al.,

2014)

Across these studies, the theme of dehumanisation was observed through references

from participants who described not feeling human due to the processes, and this was also

emphasised through a comparison of their treatment to the treatment of animals in two

studies.

In the centres, they are just protecting your life, not to die. That's it. But, to be honest,

it kills your emotions inside [...] You don't feel your value [...] When you see a dog

worth more than you. (Whitehouse, 2021)

One participant shared a contrasting experience, finding that their screening interview

reduced their fear of the system and enabled them to share their experience, reducing the

shame.

talking to the Home Office, I am no longer afraid of them. Open up all that I have

gone through, I have been able to voice out my situation, [...] it makes me feel very

happy. So, I am no longer that kind of shameless person anymore, in the midst of the

Home Office, in the midst of, except my friends I have not told them anything about

myself. (Chaffelson et al., 2022)

Subtheme 1.2 A system eradicating autonomy and agency. Twenty-nine studies set

in Belgium, Denmark, Germany, Greece, Ireland, Italy, Norway, Switzerland, Sweden and

the UK revealed a system that reportedly controlled asylum seekers and limited their sense of

autonomy. The uncontrollability participants endured was linked with worry and anxiety,

having to tolerate feeling limited in the influence they had over their futures. Whilst a lack of control over the outcome of the asylum claim was a key element of this theme, the impact of restrictive policies throughout the process was highlighted across many studies, and some participants spoke of how increases in controlling measures (e.g. reallocations, detention, strict rules in asylum accommodation) exacerbated the emotional effect and hopelessness.

In a few studies, participants made comparisons of their treatment as asylum seekers to the treatment of prisoners, depicting images of a lack of choice daily, holding little control over when and what to eat, the inability to have friends visit, and having no choice in where they could live in the host countries. The level of restrictiveness could also be observed through examples where participants with medical conditions or pregnancy spoke to the difficulties of having no choice in food intake due to policies in asylum centres.

A key factor to a lack of autonomy was linked to a lack of financial independence across most studies, with some participants comparing themselves to being treated as children. Participants spoke of the shame that was associated with this.

> *I think that most adults would like to be able to earn one's living by themselves. I think it is a general need among most of us. I don´t feel very proud of being dependent on others*. (Hugelisus et al., 2020)

In addition, the use of detention and reallocations further facilitated a perceived eradication of autonomy, as participants reported they could suddenly and without clear rationale be detained or moved by authorities. Participants conveyed the sense of powerlessness and helplessness that they experienced as a result. This contributed to post-migratory distress for asylum seekers.

A few studies also compared asylum seekers experiences in their home countries, where despite the traumatic situations often participants felt they had more agency compared to being in the asylum system.

Subtheme 1.3 Fear facilitated by ambiguity. Thirty-four studies described a system that was difficult to navigate, ambiguous and confusing. This subtheme was present in each country included in the study. The uncontrollability that asylum seekers experienced was worsened by the uncertainty they felt throughout the process. Studies described how ambiguity was cultivated through policies which impacted asylum seekers' sense of stability or knowledge about their future. Across studies, a lack of clarity on rights, uncertainty about when claims would be decided, uncertainty over legal status, a lack of communication from authorities and complex asylum processes were all identified as processes that created a sense of uncertainty and anxiety. The ambiguity present across the system negatively affected psychological well-being.

A lack of information and consistency regarding the entire process was associated with fear and frustration. Some participants described the ambiguity as all-consuming, resulting in worry and rumination, for example, worries regarding being detained or declined asylum. Participants spoke of how this made it difficult to engage in pleasurable activities, with some participants across several studies linking it to feeling demoralized or de-motivated.

> *You don't feel safe, you don't know how long you are able to stay for, you don't know when your interview will be, you don't know whether you will get granted or not. So the feeling of being unsafe gets worse... If you get a negative [asylum] result, what will happen? This makes you worry… you feel unsafe.* (Hoare et al., 2020)

In one study, participants were asked what would support them with emotional distress from the processes and the most frequent suggestion was having advice on the processes. Support from NGOs in navigating the process was also identified as a positive factor across several studies.

Many participants emphasized that waiting without a known timeframe or information

regarding progress was the source of extreme frustration. Participants in some studies

perceived the uncertainty and the unpredictability as the system's attempts at the assertion of

control and a technique to facilitate mental distress, therefore encouraging people to leave the

host country.

> *To live in this uncertainty is killing, it is extremely painful... And not being of any use.*
>
> *Get up in the morning, drink coffee, and then you wait for a whole day, and then you*
>
> *go to bed... [...] And the uncertainty... [...] I get tired of not knowing [...] I am afraid*
>
> *they will not approve my application. . . combined with the waiting... [...] The waiting*
>
> *is killing because it reminds me a lot of the waiting in Greece. Even though it is not*
>
> *the same type of waiting, it is waiting for something uncertain. I get flashback from*
>
> *the past, the journey, from all the waiting…* (Sagbakken et al., 2020)

Superordinate theme 2. Stalemate.

Throughout all but one study and found in all countries included in the review, the

superordinate theme of stalemate was present. It was characterised by asylum seekers feeling

frozen in time and unable to progress with their lives, constraining their sense of meaning

whilst alienating them from society. The studies in this review illustrated the stagnation and

confinement asylum seekers endured, which participants associated with psychological

distress. The loss of time, through long waits and the postponement of future plans and

dreams, was described by many participants as a source of anger and sorrow.

> *The moment you come here you are a prisoner [...] you don't have freedom of basic*
>
> *needs.* (Flothmann & Josselin, 2021)

Subtheme 2.1 Eliminating meaning. In 25 of the studies, the impact of policies on

asylum seekers being able to engage in meaningful activities was highlighted. Studies

showed how this undermined participants' sense of purpose and led to feelings of

hopelessness, depression and rumination. While waiting on decisions regarding asylum claims, participants discussed how daily life was restricted and affected their well-being.

> *Everything I wish could happen is so many people who are sitting doing nothing in the camp … I wish if Norwegian people or government can help them to get to allow them to get a job... Everyone has lived by working and doing something in their lives.... If you sit all the time, all the year, 2 years, 3 years, in one camp … you will be mad. You will be sick.* (Schein et al., 2019)

Fifteen studies highlighted the impact of policies regarding restrictions on work for asylum seekers and the consequences; many participants spoke of the suppression of meaningful activities and loss of skills, reducing a sense of purpose and self-confidence. Furthermore, the passivity and de-motivation participants experienced due to restrictions were attributed to participants' feelings of diminished self-value, with some comparing themselves to nothing.

> *It gives me a very bad feeling … I feel I am nothing, I am nothing. I feel I am nothing now.* (Ghorashi et al., 2018)

The benefits of working during the process were also highlighted, participants reported it not only helped to distract but created a sense of purpose and personal independence, and some participants spoke about the importance of feeling able to contribute to something. It was also identified as a factor in supporting asylum seekers adjusting and integrating into communities.

> *When you are working you'll gain more experience. You will be meeting foreign people. You always go out. You always learn more. You improve in a language. You improve in a respect. You improve in a manner.* (Linter et al., 2018)

In addition, studies also identified that asylum centres' policies contributed to the

suppression of building a meaningful life through reallocations and rigid rules. Asylum centres were often in remote environments, making it difficult for participants to access local communities. A lack of finical funds compounded this.

> *[…] anyone can go crazy in a hostel because you are not free to do free things and you do not choose the way you want, you are here to be under someone [...]. You are not that free.* (Murphy et al., 2018)

Subtheme 2.2 Alienated from society. In 25 studies, participants described feeling emotionally, psychologically and spatially separated from society and attributed this to feelings of shame, depression and anxiety. In some of these studies, the asylum process was often compared to prison, where participants described awaiting an outcome of asylum application so they could "come out in the society" and begin living again (Sagbakken et al., 2020).

The exclusionary nature of asylum policy was specifically linked to the felt sense of 'othering' of asylum seekers by participants. In some studies, participants discussed feeling marginalized, not feeling as though they are part of the society and able to access the same rights as those living in the host society. Participants also discussed the loss or lack of status they experienced, some described feeling rejected by the host society, further alienating them. This was exacerbated for participants who were separated from family in host countries.

> *…[asylum] status affects everything. You can't plan, you can't study, and you don't feel part of society. It affects every aspect of daily living.* (Palmer, 2011)

The social isolation participants experienced was attributed to restrictive policies and a lack of rights, resulting in not feeling fully included in society and finding it challenging to make community connections. This was particularly emphasised regarding relocation and remote locations; in one study, the use of physical barriers around asylum centres, such as fences that separated asylum seekers from local communities, was discussed.

You'll be completely isolated and that can trigger mental health problems [...] if you

keep being moved you cannot join a community. (Flothmann & Josselin, 2021)

Subtheme 2.3 Frozen in time. The theme 'frozen in time' came up in 32 studies and

was characterised as feeling trapped and unable to move forward whilst awaiting to hear

about the decision on participants' applications, often enduring multiple postponements and

protracted waits. In several studies, participants described the process as "limbo" and

"wasting time", where they could not make plans for the future due to restrictive policies and

control mechanisms, creating barriers to adjustment in the host society. Some participants

also reported that the asylum procedures froze them in time through the use of uncertainty as

perceived mental control and suggested that this was accomplished through policies on

detainment, deportation and a lack of information.

the Home Office they take away my normality, my independence, they take away my

life. I am in some invisible chain and shackles right now, I am stagnant, I can't move.

(Singer, 2019)

In several studies, participants spoke about the loss of time they experienced whilst

waiting and longer waits were associated with psychological fatigue. For example,

participants spoke of de-motivation and despondency that they began to feel as wait times

increased. Some studies suggested that the undefined waiting times in asylum centres and the

restrictions on how participants lead their day-to-day life resulted in difficulties in planning

for the future and having a sense of direction.

Participants linked the sense of being in limbo and the agony of waiting to a

deterioration in their mental health. In several studies, the 'waiting' for asylum decisions was

identified as the factor which impacted their mental health most significantly.

For me to be out of work affects me psychologically and I'm starting for the first time to experience depression and I'm afraid to stay for another 1 year, because I can't return back penniless and I might be in danger also so I've seen some people like me, they've maybe been here two more years than me so I'm just afraid the longer to stay the more I will be depressed. The more I will delay getting indefinite leave to remain, the more I will be depressed. I'm afraid of my health if I don't see my family soon. (Fang et al., 2015)

Superordinate theme 3. Impact on Mental Health.

In all studies included in this review, the asylum determination process was associated with the superordinate theme 'Impact on mental health', with studies identifying the distress elicited by each step of the asylum determination process. Anxiety, depression, psychological distress, humiliation, suicidal ideation, psychological fatigue, insomnia, traumatisation and impact on identity were attributed to the asylum process.

It's the surroundings. It's what you're in. You are in a place with 250 other people – and of the 250, there's 10 happy ones. And the rest are just really at various stages. From really desperate, to suicidal, to depressed. It's not a place to be for any length of time. (Hollis et al., 2019)

Subtheme 3.1. Accumulated psychological distress. Across all studies, mental health deterioration of asylum seekers was attributed to asylum determination procedures, with personal suffering for participants inextricable from political and institutional conditions and processes. In several studies, the term torture was used by participants as a metaphor to illuminate what asylum seekers experience during the process; the extreme distress perpetuated by the asylum procedures.

The safety is just physical safety, any other, psychological, emotional, there is nothing

else, there is no safety. It is constant [...]. How can I describe it [...] torture, it is

constant torture. (Flothmann & Josselin, 2021)

Steps of the process were often described as accumulating, leading to loss of hope,

and this was associated with suicidal ideation in ten studies. Furthermore, the processes were

linked with experiences of nightmares, insomnia, rumination, and worry, with some

participants sharing their perspectives that the processes were designed to impact their mental

health negatively.

Studies which focused on interviews described them as traumatic, distressing,

uncomfortable and humiliating, participants continued to experience nightmares after it.

However, in one study, one participant spoke of interviews having a positive psychological

impact.

Participants also often spoke to the physical effects linked to their mental health, such

as experiencing headaches and impacts on appetite and sleep.

I am very scared, even of my own shadow... All the time I stay in my room… I sleep only with

medication… I've got tablets to take, otherwise I cannot sleep. Every night I get nightmares

that they are coming to arrest me… Usually I was very active [at home]. I am [young], but I

feel very old and very tired. (Hoare et al., 2020)

In some studies, participants stated that practical support such as changes in policy to

support faster asylum decisions and receiving refugee status would better support their mental

health in the immediate than psychological support, however, some participants in contrast

highlighted the lack of and the need for mental health provisions.

Subtheme 3.2. Exacerbation of prior mental health difficulties. In 18 studies, the

psychological effects of the determination process on asylum seekers' previous mental health

difficulties were discussed. Participants spoke about the exacerbating effects of the processes on their mental health difficulties. Restrictive policies were identified as a factor in participants ruminating about the past, particularly traumatic events. Participants raised how the process exacerbated their symptoms of PTSD, experiencing increases in flashbacks and nightmares, which they linked to numerous phases of the process. These were interviews with hostile authorities, protracted waits with restrictions on activities, a culture of disbelief, encounters with immigration officials, and policies which elicited anxiety and insecurity, such as detention and deportation.

>*I am still not secure… Because they haven't accepted me staying here yet… I'm scared all the time that they will deport me back to [country of origin]. All the time, all the tortures, prisons, hanging, tying on the bed, lashings on the foot, that all comes back.* (Hoare et al., 2020)

Several studies exploring interviews as part of the process highlighted their re-traumatising effect on participants, describing them as "intimidating" and "traumatising" (Murphy & Vieten, 2022). Participants attributed this in part to the judgement and disbelief of authorities when they recounted traumatic events.

Subtheme 3.3 Impact on identity. In 17 studies, participants spoke of the impact of processes on their identity, which was characterized by a reduction in self-confidence, self-esteem and negative self-image. Participants spoke of experiencing more self-critical thoughts, the loss of status they experienced by the label of asylum seeker and the limitations that come with this in host countries. Participants addressed the impact on their dignity, with some speaking of the self-hatred and sense of failure they experienced due to the asylum procedures. In many studies the sense of 'worthlessness' participants felt was stressed.

>*I just ask myself 'why did people getting positive in the life and you are not getting positive in life', 'what happened to you?', 'what is going on?', you ask yourself. So*

sometimes you hate yourself...you don't have anything, you are not helping, you are still surviving, you are nothing. (Murphy et al., 2018)

Participants described shame attached to the changes in identity, which some studies associated with the powerlessness and lack of control asylum seekers experience during the process. Studies which explored parenting during the process highlighted how restrictions disempower them and impact their identities as parents.

3.4. Long-term psychological effects. In 17 studies, the long-term psychological effects of the asylum determination process were described, even after asylum seekers' have received refugee status. Distress due to loss during the process was described in some studies, from a loss of skill in occupation to a loss of relationships.

> *even if I get the residence permit, we missed a long time, we cannot adapt back to life.* (Willmann-Robleda, 2022)

Some participants also highlighted that they could not forget what they had experienced during the process, with some continuing to experience nightmares and others reporting that their mental health did not recover after the asylum procedures.

> *I had friends who were so motivated when they first arrived in Germany. But they were isolated in camps for about 6 months until they got the residency. They were totally devastated by then. It took them a while to regain their mental health and be able to start again. But unfortunately, not all of them were capable of getting over it.* (Walther et al., 2019)

Superordinate theme 5. Protective factors

Twenty-five papers discussed how asylum seekers attempted to cope during the asylum determination process. Internal and external coping strategies asylum seekers possessed were described. It is imperative to note that some studies suggested prolonged

waits lessen the effectiveness of these coping strategies in reducing the negative impact on participants' mental health.

Subtheme 5.1 External. NGOs were among the most commonly cited protective factors against the asylum system, being named in 9 papers, alongside having access to classes, a shared experience with others and volunteering. Participants also spoke of receiving support from family, friends and healthcare professionals.

Religion was identified in ten papers as an external and internal factor. Participants spoke of building communities and friendships through their faith, alongside having a physical safe space to attend. Participants' beliefs contributed to a sense of hope and belonging.

You fear integrating because you don't know who really wants you and who doesn't want you. So I go to the church; they had a course where you could meet people. (Healey, 2006)

Many participants spoke of attending classes, having distraction strategies, and using routines to support coping. However, it varied depending on what was offered in asylum centres and what classes were accessible. Furthermore, as waits increased, participants spoke of a reduction in the ability to use positive coping strategies such as accessing activities due to increases in de-motivation and exhaustion.

I'm cleaning the centre every day for one hour. I'd rather do voluntary work than stay at home. I don't attend classes, but in my spare time I educate myself. I study the Dutch language. ... During the nights, I can't sleep, I read books or do my studies. I've lived here for 10 months now, a long time. Keeping yourself busy is the best. ... Next week I start cycling. I don't have a bike yet. I asked COA, but they told me we don't pay for that, you have to pay for it yourself. Now I saved money over three

months, so I can pay for it myself. Next week I get my bike. I'm excited! (Ghorashi et al., 2018)

Subtheme 5.2. Internal. Internal protective factors were recognised as a coping strategy in 13 studies. This subtheme is characterised by cognitive strategies such as imagination, present-moment focus and comparisons of the current experience to the past.

Asylum seekers used imagination and creativity to retain some sense of control over their lives. While participants reported lacking agency due to legal structures, some used this time for reflection and imagined change for themselves and their future. However, many participants across the studies shared that the excessive time to think resulted in rumination and worry at times and that these processes were difficult to disengage with.

Other strategies drawn upon were the use of philosophy and stories, which enabled participants to reframe their experiences and draw meaning from them to help endure and keep a sense of autonomy. Participants spoke of the use of imagery to support them in coping.

If you want to be strong ... if your mind is strong, your body feels strong. That's why, every day, I imagine myself as superman. I tell myself, 'You can do it'. (Ghorashi et al., 2018)

Some studies, however, highlighted that these cognitive coping strategies became more challenging to engage with the longer the wait.

Religion was also used as an internalised method of coping, through praying for change facilitating hope, through the belief that god would give them strength to endure the process, and for some, their faith reassured them that they would be helped.

When you are alone, and there isn't anyone to help you, but God is with you. And he will help you. In detention I prayed every night before sleeping. It gives you a good

feeling. A feeling that good things will happen. (Hollis, 2019)

Discussion

This review synthesises qualitative first-hand accounts of asylum seekers' experiences of asylum determination procedures in the EU+ and UK with the aim of examining links between these processes and asylum seekers' mental health. Thirty-nine qualitative studies which examined the asylum determination procedures focused on the overall experience, with a minority exploring an individual section of the process in isolation (e.g. interviews, accommodation, wait times). Furthermore, all 39 studies varied in quality ratings on the CASP criteria, ranging from medium to high quality. Studies were of particularly low levels in reporting and reflecting on researcher and participant relationships. Numerous studies also lacked in their reporting and consideration of ethical issues. However, all studies described chosen data analysis methods and used quotes to support their findings, with most studies having multiple researchers as part of the process, and nearly all studies clearly describing their findings. The synthesis yielded four core themes and 12 sub-themes.

Across studies, the majority of asylum seekers reported that asylum determination procedures felt restrictive and hostile. Experiences of the asylum determination procedures were described as accumulating, with studies indicating this had a negative 'impact on mental health'. Asylum seekers also described the asylum determination procedures as creating a 'stalemate' dilemma; asylum seekers shared that they felt 'frozen' and in limbo, unable to return home due to fearing for their lives whilst being unable to move forward.

As described above, the themes are visually represented below (Figure 2.). The figure is not intended to represent a definitive pathway from what was described as the 'Hostile Environment' of the asylum determination procedure to the deterioration of asylum seekers' mental health but to illustrate the links between processes and how they may influence their

well-being. Furthermore, the 'Protective Factors' do not prevent the impact of the asylum determination procedures but rather are strategies asylum seekers implement to cope.

Asylum seekers are a heterogenous group with individual experiences and other factors such as peri and pre-migration traumatic events (Gleeson et al., 2020). Furthermore, asylum seekers and refugees can face multiple intersecting forms of discrimination and challenges navigating post-migration (Sarkin & Morais, 2021). These factors would need to be considered in models explaining asylum seekers' experiences of mental health.

The asylum determination procedures were described by asylum seekers as hostile and de-humanising and issues such as feeling disbelieved and judged by authorities were identified as contributing factors to this experience. "Oppressive" environments were reported, with limits on asylum seekers' freedom described (Jannesari et al., 2022, p. 9); policies were perceived as restricting autonomy and prolonging pervasive uncertainty, resulting in psychological distress. Furthermore, the impact of uncertainty about the outcome of legal proceedings, fear of deportation and a lack of control in these processes were identified across studies as accumulating and negatively impacting asylum seekers' mental health. These findings are similar to Hajak and colleagues' (2021) systematic review of asylum seekers' experiences in Germany. Moreover, previous systematic reviews have found prolonged waits are an important contributing factor in asylum seekers distress (Hajak et al., 2021; Gleeson et al., 2020), which is supported by this review.

The current review also revealed the role of housing, accommodation or asylum centres in contributing to asylum seekers perceived lack of autonomy and agency. Interestingly previous quantitative studies have highlighted that good living conditions were associated with lower prevalence of anxiety, depression and PTSD (Georgiadou et al., 2018). The lack of control experienced by asylum seekers in relation to accommodation was

associated with sudden reallocations, rules or restrictions in the accommodation, and the lack of choice throughout the accommodation process. This was reportedly compounded by complex and ambiguous bureaucratic systems, due to the lack of access to official information. Features such as being unable to gather any information about asylum claim decisions, sudden changes such as being detained and delays in asylum decisions were raised by asylum seekers. Under the Asylum Procedures Directive, countries in the CEAS need to ensure that relevant information is made available to asylum seekers undergoing the process or in detention centres (EASO, 2020); however, studies included in this synthesis suggest that processes were deemed to be confusing, and ambiguous, and this was associated with significant distress and anxiety. These findings are similar to a previous meta-synthesis which explored displaced peoples' experiences of liminality, which proposed that the nature of limbo is characterised by excessive fear and ambiguity (Hartonen et al., 2022).

The restrictions associated with the hostile environment were identified as a contributing factor by asylum seekers to creating a sense of stalemate, where it was difficult to cultivate a sense of meaning or feel able to progress forward with their lives. Studies described the impact of being unable to enter the workforce or access meaningful activities, supporting previous findings (Hajak et al., 2021; Ryan et al., 2009). A 2022 systematic review found that employment positively affected mental health, particularly in reducing psychological distress and depression for asylum seekers and refugees (Lai et al., 2022). Studies included in the current review reported that restrictions on employment were associated with limited opportunities (Hart, 2021) and social exclusion (Flothmann & Josselin, 2021), whilst employment was identified as increasing well-being, personal independence and social integration (Lintner & Elsen, 2018; Rzepka et al., 2022). Furthermore, some studies in the current review reported that restrictions on employment could mean asylum seekers rely on informal labour markets in an attempt to gain some

economic independence (Hartonen et al., 2022); however, this can put them at risk of exploitation and may jeopardize their asylum claim (The Organisation for Economic Co-operation (OECD) & UNHCR, 2018).

In addition to restrictions on employment, this review identified further factors in the asylum procedures that contribute to the alienation of asylum seekers from host societies, such as remote locations, multiple reallocations, and interactions with authorities. Participants described not only being physically alienated but psychologically and socially. Experiences of being judged and disbelieved by authorities were reported by asylum seekers, resulting in feelings of being unwanted and humiliated. Experiencing social exclusion has been associated with poor mental health outcomes (Lecerof et al., 2015; Social Exclusion Unit, 2004), increased depression and anxiety symptoms in immigrants (Saasa et al., 2021) and reduced self-esteem (Mawani, 2014). This is in line with the synthesis findings, as participants experienced a reduction in their self-esteem and self-confidence.

Notably, this synthesis supports previous findings of asylum determination procedures' role in mental health deterioration (e.g. Bogic et al., 2015; Carswell et al., 2011; Gleeson et al., 2020; Jannesari et al., 2020b; Priebe, 2012). Across studies, experiences of anxiety were reported whilst asylum seekers waited on the outcome of their asylum claims. Studies reported fears of deportation, detainment, and postponed decisions exacerbated anxiety during these waits. Experiences of depression and suicidal ideation were associated with restrictions and lengthy asylum procedures. Furthermore, shame and humiliation were also raised by asylum seekers and attributed to the experience of asylum interviews and loss of rights. In addition, this review highlights the exacerbation of prior mental health difficulties (for example, related to pre-or peri-migration traumatic events) during the procedures. It supports existing findings that PTSD symptoms may become exacerbated during asylum determination procedures (Lie, 2002). It is important to note in the

interpretation of these results that asylum seekers may face broader inequalities and discrimination (Jannesari et al., 2020b; Jaspere et al., 2012), which can impact psychological well-being and exacerbate mental health difficulties (Schmitt et al., 2014).

The findings of this review also highlight the impact of asylum procedures on self-identity, specifically a reduction in self-esteem and self-confidence. High self-esteem is associated with a wide range of positive outcomes from better social relationships, success in school and work, to improved mental and physical health (Orth & Robins, 2022). Furthermore, previous research indicates that having a sense of connection to identity for asylum seekers and refugees is linked to well-being (Whittaker et al., 2005).

The resilience asylum seekers exhibit in the face of the asylum procedure was observed with asylum seekers citing internal and external coping strategies. Internal coping resources such as cognitive strategies appeared to be an important factor for participants, such as the use of stories and imagery; however, these were often used in combination with external strategies and many participants raised difficulties with disengaging with rumination and worry due to the structure of asylum procedure. This is supported by Solberg and colleagues (2021) findings that there was no evidence that internal coping strategies, of problem solving and cognitive restructuring, modified the impact of post-migratory stressors and well-being, during asylum determination procedures.

Religion was raised across many studies as both an external and internal coping strategy, protecting against feelings of isolation and increasing feelings and thoughts that one would cope with the procedures. Jasperse and colleagues (2011) found that engaging in faith practices despite experiencing discrimination, buffered the impact. A qualitative study undertaken with immigrant and refugee women suggested that their Muslim identity was linked to subjective well-being (Jasperse et al., 2011). Alongside religion, external factors such as access to classes and activities, support from NGOs and other refugees, and

volunteering were frequently distinguished as important factors to enable participants to cope during the system. The findings are supported by the literature which highlight the importance of the development of broad social networks (Whittaker et al., 2005). Moreover, the findings are in line with previous research, that asylum seekers tend to seek help from non-governmental organisations rather than governmental agencies and valued peer-led support groups (Quinn & Knifton, 2012).

The current review supports previous findings, whilst prioritising asylum seekers and refugees' perspectives and lived experiences of asylum procedures, contributing to an in-depth understanding of how procedures effect mental health. The findings of this study add to current systematic reviews in the area (Jannesari et al., 2020; Gleeson et al., 2020; Hajak et al., 2021), as it focuses specifically on the post-migratory stressors of asylum determination procedures and highlights how different policies and processes (e.g. interviews, waits, access to information, interactions with authorities, housing, not having the right to work and policies on detention, deportation and reallocation) may interact and influence asylum seekers' well-being. Furthermore, it supports findings on the role of length of asylum procedures. It helps contribute to understanding the mechanisms contributing to distress during these waits, exploring the mechanisms that increase psychological distress for asylum seekers caught in a stalemate as they wait. Studies included in this review highlighted asylum seekers' feelings of being 'frozen' in protracted procedures, with limited opportunities for meaningful activities and alienated physically and psychologically from society, without any control over their circumstances. These findings are important to consider in the context of recent figures which show that waits from entering an asylum claim and a decision being issued are increasing and is the largest since 2015 in the EU+ and UK (EUAA, 2022; Walsh, 2021).

Previous reviews have found that mental health difficulties continue many years after settlement for refugees, not only a consequence of pre-migration factors but of post migration socio-economic factors (unemployment, low income, poor host language proficiency, and lack of social support) and post-migratory stress (Blackmore et al., 2020; Bogic et al., 2015). The current review concentrates on the role of asylum determination procedures in contributing to prolonged distress for asylum seekers and refugees. Asylum seekers struggled to plan for the future due to the restrictive policies and the protracted nature of the process and due to long waits asylum seekers reported a loss of skill, fearing difficulties in returning to work. Asylum seekers reported an impact on sense of identity and described a reduction in self-worth and self-efficacy. In longitudinal studies low self-esteem has been associated with increased symptoms of anxiety and depression (Henriksen et al., 2017; Park & Yang, 2017). However, further research is needed to understand the impact of asylum determination procedures on identity, self-esteem and longer-term consequences such as integration and employment.

In light of the findings discussed above it is recommended that future research focuses on the development of multimodal interventions, where social, economic, and political conditions are used in combination with psychological approaches (Hynie, 2017). This is in line with previous recommendations for a specialized mental health treatment for asylum seekers and refugees that include advocacy, collaboration with lawyers and non-governmental organisations (Kronick, 2018). The review may provide some guidance on the development of evidence-based approaches that target feelings of isolation and alienation through integrating social support during asylum determination procedures. Furthermore, future research focusing on interventions which explore the impact of systemic changes regarding asylum determination procedures and policies may be beneficial.

Clinical and policy Implications

The findings from this review can be used to inform services and support delivered to asylum seekers and refugees. The following recommendations are based on the findings from the synthesis of thirty-nine on asylum seekers experiences of asylum determination procedures. The current synthesis findings highlight the deterioration of mental health linked to processes such as loss of autonomy, sense of alienation during the asylum process and limits on engagement in meaningful activities. In light of the findings, if asylum seekers seek support due to the psychological distress during asylum determination proceedings it would be recommended mental health services offer support. In line with previous recommendations this review suggests mental health services consider integrated approaches, utilising psychosocial interventions targeting the isolation asylum seekers experience during the process and build a sense of belonging, as this may positively benefit well-being (Alessi, 2016; Beiser & Hou, 2017; Schick et al., 2018). Psychosocial approaches which draw upon asylum seekers own strengths such as integrating religion, attending community activities, volunteering and peer lead groups should be considered by clinicians when delivering interventions. Furthermore, the importance of community organisations such as NGOS were emphasised, and it may be beneficial for mental health services to consult with these organisations when delivering care to asylum seekers and refugees. As a result of the de-humanisation experienced during asylum determination procedures it would be advised that clinicians and services adopt human rights-based approaches (e.g. non-discrimination, upholding rights of all humans) to ensure asylum seekers do not feel judged, in line with British Psychological Society (2018) guidance (Patel et al., 2018). Furthermore, as discussed, asylum seekers face many practical difficulties, as highlighted in this review, such as reallocations, poor living conditions and having to evidence their asylum claims, all factors attributed to psychological distress; it may be beneficial for clinicians to provide support

through not only liaison with other organisations but through comprehensive assessments and letter writing when requested.

Finally, the findings of this study suggest a review of provisions that support with navigating asylum claims (Cleveland et al., 2013), for example support with adequate housing, meaningful employment, and the re-establishment of meaningful roles in the host countries (Silove, 2013). Only 14 of the 39 studies included in this review specifically aimed to explore the impact on mental health of the asylum determination processes, yet the impact of the asylum system was raised in all 39 studies included in this review, which may reflect the importance and significance of the impact for asylum seekers. Furthermore, 21 of the 39 studies recommended policy changes to the asylum procedures due to the negative impact on mental health. In light of the synthesis findings, we suggest that across EU+ and UK, policies governing the asylum procedures may need reviewing. In addition, several studies included in this review recommended that policy changes where possible are driven and informed by the research evidence and consider the well-being of asylum seekers. The current review indicates that shorter and more transparent processes may be less likely to have a detrimental impact on mental health and that specific aspects of processes (e.g, reception centres, current approach to asylum interviews) should be revised in light of the impact these have, supporting the recent recommendations by the EUAA (2022).

Limitations

There are a number of limitations to consider when interpreting the current review. A core finding of the current review and a limitation of the studies reviewed, is the absence of transparent consideration of the impact of researcher bias and the role of the individual research in the process. Researcher bias has been well documented in the literature and the importance of research reflexivity has been stressed in qualitative research (Dodgson, 2019; Smith et al., 2009; Braun & Clark, 2019; Olmos-Vega et al., 2023).

Furthermore, thematic synthesis is reliant on interpreting and condensing concepts across studies into a theme (Thomas & Harden, 2008). Whilst methods were used to increase the trustworthiness of the results (e.g. cross coding, checks and reflective logs), it should be noted that the data analysis process is highly dependent on the decisions and understandings of the researchers. The research team of the current review are white European clinical psychologists all working in healthcare and have experience with supporting asylum seekers. The clinical psychology training and past experiences of supporting asylum seekers may bias us towards interpretation of the data that fit with our values and beliefs (Berger, 2015; Dodgson, 2019; Ponterotto, 2002).

Further methodological limitations of the current may also influence studies selected and included in this review. The pragmatic exclusion of studies for which an English-translated version was not available may have further biased the data available, for example 41% of the studies had been conducted in the UK. Moreover, participant inclusion and exclusion criteria may influence the current reviews findings. Rider (2014) suggests that when asylum seekers are undergoing the asylum process and are unsure of the outcome it may impact how they experience and perceive asylum determination procedures; they recommended a focus on asylum seekers who have received refugee status. However, the researchers in the current review included both asylum seekers (those going through procedures) and refugees or asylum seekers with leave to remain. Rationale was based on an aim to gather a comprehensive understanding of the asylum determination procedure. However due to the nature of studies in this area, with many using mixed participants pools, only 50% of participants needed to meet this criterion.

Moreover, a limitation of the search methods for this review was the choice of search terms. Whilst a librarian was consulted this review did not include the search term "post-migration". Studies that focus on post-migratory factors often include a focus on asylum

determination procedures however may not include these terms in their abstracts. Whilst snowballing was completed to ensure no studies were missed, future studies on the asylum determination procedures should include post-migration.

In the interpretation of the results it is important to note whilst qualitative studies, centring and prioritizing asylum seekers voices are important and necessary (Palmer & Ward 2007; Quinn & Knifton, 2012), studies in the review could not control for additional factors which may have influenced the impact on mental health during asylum determination procedures (e.g. discrimination, economic class, social networks, access to healthcare, racism) (Jannesari et al., 2020; Gleeson et al., 2020). Furthermore, studies included in this review had poor levels of reporting participant demographics such as age, social class and education level. This meant it was difficult to account for the role these factors may have had on the experiences of asylum determination procedures. For example, Gleeson and colleagues found that there may be a role of age in experiences of post-migration stressors such as acculturation.

Finally, this review specifically focused on experiences during the asylum determination procedures, however, often after asylum has been granted many asylum seekers and refugees experience homelessness and or destitution as support stops 28 days after the decision.

Conclusion

This review synthesises qualitative studies related to asylum seekers' experiences of asylum procedures and highlights the effects it has on asylum seekers' mental health. Processes that contribute to creating a hostile environment were identified, such as ambiguity over procedures, policies that contributed to a loss of autonomy and resulted in asylum seekers feeling frozen in time. These circumstances both distinctly and combined, were

reported as contributing to psychological distress, exacerbating previous mental health difficulties and impacting on individuals' sense of identity.

Based on the findings of this review it is suggested that policy changes in the EU+ and UK would be beneficial for asylum seekers well-being. The reduction of restrictions on asylum seekers should be considered, alongside additional support, practical and emotional, whilst navigating asylum determination procedures. Finally, it is recommended that a focus on the inclusion and integration of asylum seekers when developing policies is considered.

References

Asylum Information Database (AIDA). (2016a). *Admissibility, responsibility and safety in European asylum procedures.* https://asylumineurope.org/wpcontent/uploads/2020/11/admissibility_responsibility_and_safety_in_european_asylum_procedures.pdf

Asylum Information Database (AIDA). (2016b). *The length of asylum procedures in Europe.* https://www.ecre.org/wp-content/uploads/2016/10/AIDA-Brief-DurationProcedures.pdf

Asylum Information Database (AIDA). (2017). *Accelerated, prioritised and fast-track asylum procedures Legal frameworks and practice in Europe.* Accessed 06/04/2023 https://www.ecre.org/wp-content/uploads/2017/05/AIDA-Brief_AcceleratedProcedures.pdf

Asylum Information Database (AIDA). (2018). *Boundaries of liberty Asylum and de facto detention in Europe.* https://asylumineurope.org/wp-content/uploads/2020/11/boundariesliberty.pdf

Asylum Information Database (AIDA). (2020). *Access to protection in Europe Borders and entry into the territory.* aida_accessi_territory.pdf (asylumineurope.org)

Asylum Information Database (AIDA). (2019). *Housing out of reach? The reception of refugees and asylum seekers in Europe.* https://asylumineurope.org/wp content/uploads/2020/11/aida_housing_out_of_reach.pdf

Alessi, E. J. (2016). Resilience in sexual and gender minority forced migrants: A qualitative exploration. *Traumatology*, *22*(3), 203.

Barghadouch, A., Skovdal, M., Norredam, M., & Vitus, K. (2022). 'This is not what I want for my children': agency and parenting in Danish asylum centres. *European Journal of Public Health*, *32*(3), 379-383.

Beiser, M., & Hou, F. (2017). Predictors of positive mental health among refugees: Results from Canada's General Social Survey. *Transcultural psychiatry*, *54*(5-6), 675-695.

Ben Farhat, J., Blanchet, K., Juul Bjertrup, P., Veizis, A., Perrin, C., Coulborn, R. M., ... & Cohuet, S. (2018). Syrian refugees in Greece: experience with violence, mental health status, and access to information during the journey and while in Greece. *BMC medicine*, *16*, 1-12. https://doi.org/10.1186/s12916-018-1028-4

Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Booth, A., Noyes, J., Flemming, K., Gerhardus, A., Wahlster, P., van der Wilt, G. J., ... & Rehfuess, E. (2018). Structured methodology review identified seven (RETREAT) criteria for selecting qualitative evidence synthesis approaches. *Journal of clinical epidemiology*, *99*, 41-52.

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC international health and human rights*, *15*(1), 1-41.

Bögner, D., Brewin, C., & Herlihy, J. (2010). Refugees' experiences of Home Office interviews: A qualitative study on the disclosure of sensitive personal information. *Journal of Ethnic and Migration Studies*, *36*(3), 519-535.

Bögner, D., Herlihy, J., & Brewin, C. R. (2007). Impact of sexual violence on disclosure during Home Office interviews. *The British Journal of Psychiatry*, *191*(1), 75-81.

Bjertrup, P. J., Bouhenia, M., Mayaud, P., Perrin, C., Farhat, J. B., & Blanchet, K. (2018). A life in waiting: Refugees' mental health and narratives of social suffering after European Union border closures in March 2016. *Social Science & Medicine*, *215*, 53-60.

Blackmore, R., Boyle, J. A., Fazel, M., Ranasinha, S., Gray, K. M., Fitzgerald, G., ... & Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLoS medicine*, *17*(9), e1003337.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, *11*(4), 589-597.

Critical Appraisal Skills Programme UK. (2018). *CASP qualitative checklist*. https://casp-uk.net/casp-tools-checklists/

Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International journal of social psychiatry*, *57*(2), 107-119.

Chaffelson, R., Smith, J. A., Katona, C., & Clements, H. (2022). The challenges faced during home office interview when seeking asylum in the United Kingdom: an interpretative phenomenological analysis. *Ethnic and Racial Studies*, 1-21.

Cleveland, J., Rousseau, C., & Guzder, J. (2013). Cultural consultation for refugees. In *Cultural consultation: Encountering the other in mental health care* (pp. 245-268). New York, NY: Springer New York.

Comtesse, H., & Rosner, R. (2019). Prolonged grief disorder among asylum seekers in Germany: the influence of losses and residence status. *European Journal of Psychotraumatology*, *10*(1), 1591330.

Cortvriend, A. (2020). Coping with vulnerability: The limbo created by the UK asylum system. *International Journal for Crime, Justice and Social Democracy*, *9*(3), 61.

Dixon-Woods, M., Booth, A., & Sutton, A. J. (2007). Synthesizing qualitative research: a review of published reports. *Qualitative Research*, *7*(3), 375-422.

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220-222.

European Union Agency for Asylum (EUAA). (2021). Latest Asylum Trends - Annual Overview 2021. Latest Asylum Trends - Annual Overview 2021 | European Union Agency for Asylum (europa.eu)

European Union Agency for Asylum (EUAA). (2022). Asylum Report 2022. Asylum Report 2022 | European Union Agency for Asylum (europa.eu)

European Union Agency for Asylum (EUAA). (2023). Latest Asylum Trends. https://euaa.europa.eu/latest-asylum-trends-asylum

European Asylum Support Office (EASO). (2020) EASO Asylum Report 2020. *Annual Report on the Situation of Asylum in the European Union.* DOI 10.2847/531878 EASO-Asylum-Report-2020.pdf (europa.eu)

European Union: European Agency for Fundamental Rights. (2017) *Current migration situation in the EU: Torture, trauma and its possible impact on drug use*, available at: https://www.refworld.org/docid/58b6dc814.html [accessed 15 June 2023]

Fang, M. L., Sixsmith, J., Lawthom, R., Mountian, I., & Shahrin, A. (2015). Experiencing 'pathologized presence and normalized absence'; understanding health related experiences and access to health care among Iraqi and Somali asylum seekers, refugees and persons without legal status. *BMC public health*, *15*(1), 1-12.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet, 365*(9467), 1309-1314.

Flothmann, C., & Josselin, D. (2021). Seeking asylum in Bristol: insights into psychological needs and resilience. *International Journal of Migration, Health and Social Care*.

Georgiadou, E., Zbidat, A., Schmitt, G. M., & Erim, Y. (2018). Prevalence of mental distress among Syrian refugees with residence permission in Germany: a registry-based study. *Frontiers in psychiatry*, *9*, 393.

Gewalt, S. C., Berger, S., Ziegler, S., Szecsenyi, J., & Bozorgmehr, K. (2018). Psychosocial health of asylum seeking women living in state-provided accommodation in Germany during pregnancy and early motherhood: A case study exploring the role of social determinants of health. *PloS one*, *13*(12), e0208007.

Ghorashi, H., De Boer, M., & Ten Holder, F. (2018). Unexpected agency on the threshold: Asylum seekers narrating from an asylum seeker centre. *Current Sociology*, *66*(3), 373-391.

Giacco, D., Laxhman, N., & Priebe, S. (2018, May). Prevalence of and risk factors for mental disorders in refugees. In *Seminars in cell & developmental biology* (Vol. 77, pp. 144-152). Academic Press.

Gleeson, C., Frost, R., Sherwood, L., Shevlin, M., Hyland, P., Halpin, R., ... & Silove, D. (2020). Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: a systematic review. *European Journal of Psychotraumatology*, *11*(1), 1793567.

Griffiths, M. B. (2014). Out of time: The temporal uncertainties of refused asylum seekers and immigration detainees. *Journal of Ethnic and Migration Studies*, *40*(12), 1991-2009.

Griswold, K. S., Vest, B. M., Lynch-Jiles, A., Sawch, D., Kolesnikova, K., Byimana, L., & Kefi, P. (2021). "I just need to be with my family": resettlement experiences of asylum seeker and refugee survivors of torture. *Globalization and Health, 17*(1). https://doi.org/10.1186/s12992-021-00681-9

Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A systematic review of factors affecting mental health and well-being of asylum seekers and refugees in Germany. *Frontiers in Psychiatry*, *12*, 643704.

Hart, H. C. (2021). 'Keeping busy with purpose': How meaningful occupation can shape the experience of forced migration. *Migration Studies*, *9*(3), 1322-1342.

Hartonen, V. R., Väisänen, P., Karlsson, L., & Pöllänen, S. (2022). A stage of limbo: A meta-synthesis of refugees' liminality. *Applied Psychology*, *71*(3), 1132-1167.

Healey, R. L. (2006). Asylum-seekers and refugees: a structuration theory analysis of their experiences in the UK. *Population, Space and Place*, *12*(4), 257-271.

Hedstrom, E., Kovshoff, H., Hadwin, J. A., & Kreppner, J. (2021). Exploring parenting narratives in asylum seeking populations in Sweden: examining the effect of post-migration stress on families through grounded theory. *Journal of Refugee Studies*, *34*(3), 3381-3398.

Henriksen IO, Ranøyen I, Indredavik MS, Stenseng F. The role of self-esteem in the development of psychiatric problems: a three-year prospective study in a clinical

sample of adolescents. *Child Adolesc Psychiatry Ment Health*. 2017 Dec 29;11:68.
doi: 10.1186/s13034-017-0207-y. PMID: 29299058; PMCID: PMC5747942.

Hoare, T., Vidgen, A., & Roberts, N. P. (2020). How do people seeking asylum in the United
Kingdom conceptualize and cope with the asylum journey?. *Medicine, Conflict and
Survival*, *36*(4), 333-358.

Hollis, J. (2019). The psychosocial experience of UK immigration detention. *International
Journal of Migration, Health and Social Care*.

Hornfeck, F., Sowade, C., & Bovenschen, I. (2022). Effects of the asylum process on the
mental health of unaccompanied young refugees–A scoping review. *Children and
Youth Services Review*, 106490.

Hugelius, K., Semrau, M., & Holmefur, M. (2020). Perceived needs among asylum seekers in
Sweden: a mixed methods study. *International Journal of Environmental Research
and Public Health*, *17*(14), 4983.

Hynie, M. (2018). Refugee integration: Research and policy. *Peace and Conflict: Journal of
Peace Psychology*, *24*(3), 265.

Isaacs, A., Burns, N., Macdonald, S., & O'Donnell, C. A. (2022). 'I don't think there's
anything I can do which can keep me healthy': how the UK immigration and asylum
system shapes the health & wellbeing of refugees and asylum seekers in
Scotland. *Critical public health*, *32*(3), 422-432.

Ibrahim, H., & Hassan, C. Q. (2017). Post-traumatic stress disorder symptoms resulting from
torture and other traumatic events among Syrian Kurdish refugees in Kurdistan
Region, Iraq. *Frontiers in Psychology, 8*, 241.

Jannesari S, Hatch S, Oram S (2020a). Seeking sanctuary: rethinking asylum and mental
health. *Epidemiology and Psychiatric Sciences 29*, e154, 1–6. https://
doi.org/10.1017/S2045796020000669

Jannesari, S., Hatch, S., Prina, M., & Oram, S. (2020b). Post-migration social–environmental
factors associated with mental health problems among asylum seekers: A systematic
review. *Journal of immigrant and minority health*, *22*, 1055-1064.

Jannesari, S., Molyneaux, E., & Lawrence, V. (2022). What affects the mental health of
people seeking asylum in the UK? A narrative analysis of migration
stories. *Qualitative Research in Psychology*, *19*(2), 295-315.

Jasperse, M., Ward, C., & Jose, P. E. (2012). Identity, perceived religious discrimination, and
psychological well-being in Muslim immigrant women. *Applied Psychology*, *61*(2),
250-271.

Jowett, S., Argyriou, A., Scherrer, O., Karatzias, T., & Katona, C. (2021). Complex post-
traumatic stress disorder in asylum seekers and victims of trafficking: treatment
considerations. *BJPsych open*, *7*(6), e181.

Khouani, J., Blatrix, L., Tinland, A., Jego, M., Gentile, G., Fond, G., ... & Auquier, P. (2022).
Health status of recently arrived asylum seekers in their host country: results of a
cross-sectional observational study. *BMC Public Health*, *22*(1), 1688.

Kronick, R. (2018). Mental health of refugees and asylum seekers: assessment and
intervention. *The Canadian Journal of Psychiatry*, *63*(5), 290-296.

Laban, C. J., Gernaat, H. B., Komproe, I. H., Schreuders, B. A., & De Jong, J. T. (2004).
Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi

asylum seekers in The Netherlands. *The Journal of nervous and mental disease*, *192*(12), 843-851.

Laban, C. J., Gernaat, H. B., Komproe, I. H., Van der Tweel, I., & De Jong, J. T. (2005). Postmigration living problems and common psychiatric disorders in Iraqi asylum seekers in the Netherlands. *The Journal of nervous and mental disease*, *193*(12), 825-832.

Lai H, Due C, Ziersch A. The relationship between employment and health for people from refugee and asylum-seeking backgrounds: A systematic review of quantitative studies. *SSM Popul Health*. 2022 Mar 30;18:101075. doi: 10.1016/j.ssmph.2022.101075. PMID: 35601219; PMCID: PMC9118911.

Lamkaddem, M., Essink-Bot, M. L., Deville, W., Gerritsen, A., & Stronks, K. (2015). Health changes of refugees from Afghanistan, Iran and Somalia: the role of residence status and experienced living difficulties in the resettlement process. *The European Journal of Public Health*, *25*(6), 917-922.

Lecerof, S. S., Stafström, M., Westerling, R., & Östergren, P. O. (2015). Does social capital protect mental health among migrants in Sweden?. *Health promotion international*, *31*(3), 644-652.

Liebling, H., Burke, S., Goodman, S., & Zasada, D. (2014). Understanding the experiences of asylum seekers. *International Journal of Migration, Health and Social Care*, *10*(4), 207-219.

Lintner, C., & Elsen, S. (2018). Getting out of the seclusion trap? Work as meaningful occupation for the subjective well-being of asylum seekers in South Tyrol, Italy. *Journal of Occupational Science*, *25*(1), 76-86.

Mangrio, E., Carlson, E., & Zdravkovic, S. (2020). Newly arrived refugee parents in Sweden and their experience of the resettlement process: A qualitative study. *Scandinavian Journal of Public Health*, *48*(7), 699-706.

Mansouri, F., & Cauchi, S. (2007). A psychological perspective on Australia's asylum policies 1. *International Migration*, *45*(1), 123-150.

Mawani, F. N. (2014). Social Determinants of Refugee Mental Health. In *Transnational Activities and Immigrant Integration in Germany* (pp. 27–50). *Transnational Activities and Immigrant Integration in Germany.* https://doi.org/10.1007/978-94-007-7923-5_3

Mares, S. (2021). Mental health consequences of detaining children and families who seek asylum: a scoping review. *European child & adolescent psychiatry*, *30*(10), 1615-1639.

Melamed, S., Chernet, A., Labhardt, N. D., Probst-Hensch, N., & Pfeiffer, C. (2019). Social resilience and mental health among Eritrean asylum-seekers in Switzerland. *Qualitative Health Research*, *29*(2), 222-236.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social science & medicine*, *70*(1), 7-16.

Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiology and psychiatric sciences*, *26*(2), 129-138.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*, T. (2009). Preferred

reporting items for systematic reviews and meta-analyses: the PRISMA

statement. *Annals of internal medicine*, *151*(4), 264-269.

Morville, A. L., & Erlandsson, L. K. (2013). The experience of occupational deprivation in

an asylum centre: The narratives of three men. *Journal of Occupational*

Science, *20*(3), 212-223.

Morgan, G., Melluish, S., & Welham, A. (2017). Exploring the relationship between

postmigratory stressors and mental health for asylum seekers and refused asylum

seekers in the UK. *Transcultural Psychiatry*, *54*(5-6), 653-674.

Mueller, J., Schmidt, M., Staeheli, A., & Maier, T. (2011). Mental health of failed asylum

seekers as compared with pending and temporarily accepted asylum

seekers. *European Journal of Public Health*, *21*(2), 184-189.

Murphy, R., Keogh, B., & Higgins, A. (2019). Erosion of meaning in life: African asylum

seekers' experiences of seeking asylum in Ireland. *Journal of Refugee Studies*, *32*(2),

278-301.

Murphy, F., & Vieten, U. M. (2022). Asylum seekers and refugees in Northern Ireland: the

impact of post-migration stressors on mental health. *Irish journal of psychological*

medicine, *39*(2), 163-172.

Nickerson, A., Steel, Z., Bryant, R., Brooks, R., & Silove, D. (2011). Change in visa status

amongst Mandaean refugees: Relationship to psychological symptoms and living

difficulties. *Psychiatry research, 187*(1-2), 267-274.

Noyes, J., Booth, A., Cargo, M., Flemming, K., Garside, R., Hannes, K., ... & Thomas, J. (2018). Cochrane Qualitative and Implementation Methods Group guidance series—paper 1: introduction. *Journal of clinical epidemiology*, *97*, 35-38.

OECD and UNHCR. (2018). Engaging with employers in the hiring of refugees. *A 10-point multi-stakeholder action plan for employers, refugees, governments and civil society*. https://www.oecd.org/els/mig/OECD-UNHCR-Action-Plan.pdf

Ogbu, H. U., Brady, B., & Kinlen, L. (2014). Parenting in direct provision: Parents' perspectives regarding stresses and supports. *Child Care in Practice*, *20*(3), 256-269.

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical teacher*, 1-11.

Orth, U., & Robins, R. W. (2022). Is high self-esteem beneficial? Revisiting a classic question. *American Psychologist, 77*(1), 5–17. https://doi.org/10.1037/amp0000922

Overton, S. (2021). UK asylum policy after Brexit. UK in a Changing Europe. https://ukandeu.ac.uk/explainers/asylum-policy-after-brexit/

Ponterotto, J. G. (2002). Qualitative research methods: The fifth force in psychology. *The Counseling Psychologist*, *30*(3), 394-406.

Palmer, D. (2011). A content analysis of oral narratives exploring factors which impact on, and contribute to, the mental ill health of the Ethiopian diaspora in London, UK. *African Identities*, *9*(01), 49-66.

Palmer, D., & Ward, K. (2007). 'Lost': listening to the voices and mental health needs of forced migrants in London. *Medicine, Conflict and Survival*, *23*(3), 198-212.

Papadopoulos, I., Lees, S., Lay, M., & Gebrehiwot, A. (2004). Ethiopian refugees in the UK: migration, adaptation and settlement experiences and their relevance to health. *Ethnicity & health*, *9*(1), 55-73.

Park, K., & Yang, T. C. (2017). The long-term effects of self-esteem on depression: The roles of alcohol and substance use during young adulthood. The Sociological Quarterly, 58(3), 429-446.

Patanè, M., Ghane, S., Karyotaki, E., Cuijpers, P., Schoonmade, L., Tarsitani, L., & Sijbrandij, M. (2022). Prevalence of mental disorders in refugees and asylum seekers: a systematic review and meta-analysis. *Global Mental Health*, 1-14.

Patel, N., Tribe, R., & Yule, B. (2018). Guidelines for Psychologists working with Refugees and Asylum-seekers in the UK: Extended version. The British Psychological Society. Retrieved from https://explore.bps.org.uk/binary/bpsworks/f377946eed81f792/a417e198fbc4e29387b70e1c600cda3a456162dd0b04813d041ecd0ca6d8d0d7/inf300b_2018.pdf

Porter, M., & Haslam, N. (2005). Pre-displacement and post-displacement factors associated with mental health of refugees.

Priebe, S., Jankovic Gavrilovic, J., Bremner, S., Ajdukovic, D., Franciskovic, T., Galeazzi, G. M., ... & Bogic, M. (2012). Psychological symptoms as long-term consequences of war experiences. *Psychopathology*, *46*(1), 45-54.

QSR International Pty Ltd (2020) NVivo 12 [Computer software]. (2020). Retrieved from https://swdb.ucl.ac.uk.

Quinn, N., & Knifton, L. (2012). Sanctuary-addressing mental health inequalities with asylum seekers and refugees in Scotland. In *2012 Joint World Conference on Social Work and Social Development: Action and Impact*.

Raghavan, S., Rasmussen, A., Rosenfeld, B., & Keller, A. S. (2013). Correlates of symptom reduction in treatment-seeking survivors of torture. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(4), 377.

Rider, E. (2014). Asylum seekers' credibility burden: Managing trauma in the asylum process without collective support. *Journal of Sociology and Social Work*, *2*(2), 263-284.

Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: systematic review. *The British Journal of Psychiatry*, *194*(4), 306-312.

Ryan, D. A., Benson, C. A., & Dooley, B. A. (2008). Psychological distress and the asylum process: A longitudinal study of forced migrants in Ireland. *The Journal of nervous and mental disease*, *196*(1), 37-45.

Ryan, D. A., Kelly, F. E., & Kelly, B. D. (2009). Mental health among persons awaiting an asylum outcome in Western countries: A literature review. *International Journal of Mental Health*, *38*(3), 88-111.

Rzepka, I., Zehetmair, C., Roether, E., Kindermann, D., Cranz, A., Junne, F., ... & Nikendei, C. (2022). Impact of and Coping with Post-Traumatic Symptoms of Refugees in Temporary Accommodations in Germany: A Qualitative Analysis. *International Journal of Environmental Research and Public Health*, *19*(17), 10893.

Saasa, S., Okech, D., Choi, Y. J., Nackerud, L., & Littleton, T. (2022). Social exclusion, mental health, and social well-being among African immigrants in the United States. *International Social Work*, *65*(4), 787-803.

Sagbakken, M., Bregård, I. M., & Varvin, S. (2020). The past, the present, and the future: a qualitative study exploring how refugees' experience of time influences their mental health and well-being. *Frontiers in Sociology*, *5*, 46.

Sarkin, J. J., & Morais, T. (2022). The importance of adopting an intersectionality approach to refugee status determination procedures: lessons from Greece, Israel and Uganda. *International Journal of Migration, Health and Social Care*, (ahead-of-print).

Schein, Y. L., Winje, B. A., Myhre, S. L., Nordstoga, I., & Straiton, M. L. (2019). A qualitative study of health experiences of Ethiopian asylum seekers in Norway. *BMC Health Services Research*, *19*, 1-12.

Schick, M., Morina, N., Mistridis, P., Schnyder, U., Bryant, R. A., & Nickerson, A. (2018). Changes in post-migration living difficulties predict treatment outcome in traumatized refugees. *Frontiers in Psychiatry*, *9*, 476.

Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: a meta-analytic review. *Psychological bulletin, 140*(4), 921.

Schock, K., Rosner, R., & Knaevelsrud, C. (2015). Impact of asylum interviews on the mental health of traumatized asylum seekers. *European journal of psychotraumatology*, *6*(1), 26286.

Shivayogi, P. (2013). Vulnerable population and methods for their safeguard. *Perspectives in clinical research*, *4*(1), 53.

Singer, S. (2019). 'Desert Island'Detention: Detainees' Understandings of 'Law'in the UK's Immigration Detention System. *Refugee Survey Quarterly*, *38*(1), 1-29.

Silove, D. (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention*, *11*(3), 237-248.

Silove, D.; Austin, P.; & Steel, Z. (2007). No refuge from terror: The impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia. *Transcultural Psychiatry, 44*(3), 359–393

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. London, United Kingdom: Sage.

Social Exclusion Unit. (2004). The social exclusion unit. *Report from Office of the Deputy Prime Minister*.

Solberg, Ø., Sengoelge, M., Nissen, A., & Saboonchi, F. (2021). Coping in limbo? The moderating role of coping strategies in the relationship between post-migration stress and well-being during the asylum-seeking process. *International Journal of Environmental Research and Public Health, 18*(3), 1004.

Spencer L, Ritchie J, Lewis J, Dillon L. (2003) Quality in Qualitative Evaluation: A framework for assessing research evidence London: Cabinet Office.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *Journal of the American Medical Association, 302*, 537–549.

Strijk, P. J., van Meijel, B., & Gamel, C. J. (2011). Health and social needs of traumatized refugees and asylum seekers: An exploratory study. *Perspectives in psychiatric care*, *47*(1), 48-55.

Taylor, S., Charura, D., Williams, G., Shaw, M., Allan, J., Cohen, E., ... & O'Dwyer, L.

    (2020). Loss, grief, and growth: An interpretative phenomenological analysis of

    experiences of trauma in asylum seekers and refugees. *Traumatology*.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research

    in systematic reviews. *BMC medical research methodology*, *8*(1), 1-10.

Tong, A., Flemming, K., McInnes, E., Oliver, S., & Craig, J. (2012). Enhancing transparency

    in reporting the synthesis of qualitative research: ENTREQ. *BMC medical research*

    methodology, *12*(1), 1-8.

Tsegay, S. M. (2022). Hope Springs Eternal: Exploring the Early Settlement Experiences of

    Highly Educated Eritrean Refugees in the UK. *Journal of International Migration and*

    Integration, *23*(3), 1235-1255.

Tyler-Todd, J., Sturge, G., & McKinney C. (2023). *Delays to Processing Asylum Claims in*

    the UK. House of Commons Library.

    https://researchbriefings.files.parliament.uk/documents/CBP-9737/CBP-9737.pdf

United Nations High Commissioner for Refugees (UNHCR). (1951). *Convention relating to*

    the status of refugees. Geneva: United Nations.

    https://www.unhcr.org/media/convention-and-protocol-relating-status-refugees

United Nations High Commissioner for Refugees (UNHCR). (2021). *I am Human*. UNHCR,

    I Am Human (Apr 2021).pdf (statelessness.eu)

United Nations High Commissioner for Refugees (UNHCR). (2022). *Global Trends: Forced*

    Displacement in 2022. Global Trends 2022 report (unhcr.org)

Walsh, P. W. (2021). Migration to the UK: Asylum and resettled refugees. *Migration*

    Observatory.

Walther, L., Rayes, D., Amann, J., Flick, U., Ta, T. M. T., Hahn, E., & Bajbouj, M. (2021). Mental health and integration: A qualitative study on the struggles of recently arrived refugees in Germany. *Frontiers in Public Health*, *9*, 576481. https://doi.org/10.3389/fpubh.2021.576481.

Whitehouse, K., Lambe, E., Rodriguez, S., Pellecchia, U., Ponthieu, A., Van den Bergh, R., & Besselink, D. (2021). A qualitative exploration of post-migration stressors and psychosocial well-being in two asylum reception centres in Belgium. *International Journal of Migration, Health and Social Care*, *17*(3), 241-258.

Whittaker, S., Hardy, G., Lewis, K., & Buchan, L. (2005). An exploration of psychological well-being with young Somali refugee and asylum-seeker women. *Clinical Child Psychology and Psychiatry*, *10*(2), 177-196.

Willmann-Robleda, Z. (2022). Uncertainty, Existential Immobility and Well-Being: Experiences of Women Seeking Asylum in Norway. *International Journal of Environmental Research and Public Health*, *19*(22), 15239.

van Eggermont Arwidson, C., Holmgren, J., Gottberg, K., Tinghög, P., & Eriksson, H. (2022). Living a frozen life: a qualitative study on asylum seekers' experiences and care practices at accommodation centers in Sweden. *Conflict and Health*, *16*(1), 1-14.

von Werthern, M., Grigorakis, G., & Vizard, E. (2019). The mental health and wellbeing of Unaccompanied Refugee Minors (URMs). *Child abuse & neglect*, *98*, 104146.

Vukčević Marković, M., Bobić, A., & Živanović, M. (2023). The effects of traumatic experiences during transit and pushback on the mental health of refugees, asylum seekers, and migrants. *European Journal of Psychotraumatology, 14*(1), 2163064.

Youngmann, R., Bachner-Melman, R., Lev-Ari, L., Tzur, H., Hileli, R., & Lurie, I. (2021).

Trauma, post-traumatic stress disorder, and mental health care of asylum seekers.

International journal of environmental research and public health, 18(20), 10

Part Two. Empirical Paper

Kafkaesque systems: An Interpretative Phenomenological Analysis of lived experiences of statelessness.

Abstract

Introduction: Current figures estimate there are between 4.3 and 10 million people impacted by statelessness worldwide (UNHCR, 2021). To be considered stateless is to be denied access to fundamental rights. The study aimed to explore experiences of statelessness and mental health from the perspective of stateless individuals. *Methods:* Semi-structured interviews were conducted with seven participants affected by statelessness and living in the UK. Interpretive Phenomenological Analysis (IPA) was used to analyse the interview data. *Results:* The analysis generated six main themes and 21 sub-themes. The six main themes identified were 'Kafkaesque systems', 'Psychological harm', 'Frozen in time', 'Segregated and alienated', 'Finding ways to cope' and 'Seeking support'. *Discussion:* The findings illustrate the complex and hostile systems that contribute to psychological difficulties for participants in this study. It gained insight into the psychological harm that can result from statelessness. However, it also highlights participants' resilience and coping strategies, such as engagement in meaningful activities, practising their faith and peer support.

Introduction

Overview of Statelessness

Nationality, in 1948, was declared a universal human right, yet, despite this, statelessness remains a pervasive global problem (United Nations, (UN) 1948; Leclerc & Colville, 2007; Kosinski, 2009). People affected by statelessness do not have a nationality and are not recognised as belonging to any country, i.e. "a person who is not considered a national by any state under the operation of its law" (Article 1 of UN Convention, 1954; UN, 2010, p4).

In the discussion on statelessness, it is important to note the use of language, Benswait (2021 pp. 87-97) argues that language is a form of social action through which social relations, ideologies, and identities are constructed and illustrates how dominant discourses create and maintain social inequality of marginalised people, more specifically those affected by statelessness. The label of 'stateless' has been rejected by many affected individuals, with communities such as the Rohingya highlighting the role of terminology in erasing their identity (Brinham, 2021, p. 346). Throughout this thesis, person-first language (e.g. people affected by statelessness) has been used where possible; however, for brevity, there may be instances where language such as 'stateless communities' or 'stateless individuals' is used.

The number of stateless individuals worldwide is difficult to determine due to inconsistent statistical reporting and disagreement on who should be included in the count (UNHCR, 2019; Institute of Statelessness Inclusion (ISI), 2020a p.13-15). Whilst there is agreement that *de jure* statelessness, people who do not meet nationality under the laws of any country, are included, there is no consensus on whether *de facto* statelessness should be included in the numbers (Chen et al., 2019; ISI, 2020b). *De facto* statelessness has been

defined as when a person has nationality but cannot access recourse to protection of that country, and, as a result, their nationality is functionally ineffective (Massey, 2010; Batchelor et al., 2005). People impacted by either *de facto* or *de jure* statelessness are unable to access the privileges, services, protections, and rights that citizens can demand from their governments (Massey, 2010; De Chickera & Van Waas, 2017).

Current figures reported range between 4.3 and 10 million residing in 95 countries (UNHCR, 2022a; Belton, 2016; UNHCR, 2021). Globally it is accepted that there is an increasing number of persons who are stateless or at risk of becoming stateless (ISI, 2020c). Despite campaigns such as 'IBelong', which aims to eliminate statelessness by 2024, a growing number of states worldwide have introduced legislation allowing for the deprivation of nationality (ISI, 2020a; 2020c; UNHCR, 2022b). Alongside this, the increasing number of conflicts and the impact of climate change on migration also continue to cause disruptions in communities and families, leading to more displacement and more people at risk of statelessness (Halaimzai et al., 2022; UNHCR, 2019).

Statelessness can occur for a multitude of complex reasons (ISI, 2020a; 2020c; Kingston, 2017, p. 21) from birth or later in life, with discrimination most frequently cited as a major contributing factor (Peter McMullin Centre on Statelessness, 2023; ISI, 2020a; Kingston, 2017). That is, most stateless populations are deprived of nationality because they are part of a marginalised group facing systemic discrimination. For example, prejudice against religious or ethnic groups, or race, underlies exclusionary citizenship laws and denationalisation. Kingston (2017) argues that discrimination in nationality laws is a crucial contributing factor in creating and perpetuating statelessness. In 27 countries worldwide, women are not allowed to pass on their nationality to their children on the same basis as men. This can result in children becoming stateless if their father is stateless or otherwise unable to

register the child's birth (Goris et al., 2009; UNHCR, 2015). Another key underlying cause is the intergenerational cycle of statelessness, reflected in the estimated 70,000 children born yearly, where statelessness is passed on from parents (Gregg et al., 2011; UNHRC, 2021).

In some cases, statelessness can arise solely from a lack of birth registration, with an estimated 230 million children under the age of five having never been registered (Kingston, 2017; Goris et al., 2015). Individuals can also face revocation of citizenship, which may particularly affect human rights defenders, journalists, and political opponents (ISI, 2020c). Worryingly, a resurgence of denationalisation has been observed over recent years under the guise of the securitisation of citizenship policy, where countries offer the justification of its use under national security concerns (ISI, 2020c).

Impact of statelessness

There is an emergence of an international drive by national, regional, and UN-level initiatives, with reports and research on statelessness being conducted which highlight the very severe impact statelessness can have on the life of the individuals concerned (Bloom et al., 2017). People affected by statelessness face further discrimination if reasonable accommodations, such as access to rights, are not made. Chief Justice Warren (Trop v. Dulles, 1958, p. 783) argued statelessness is a "*A form of punishment more primitive than torture, for it destroys for the individual the political existence that was centuries in the development*".

The 1954 UN Convention relating to the Status of Stateless Persons was designed to ensure that stateless people enjoy a minimum set of human rights (UN, 1945), and the 1961 UN Convention on the Reduction of Statelessness expanded upon this (UN, 1961). It aimed to prevent statelessness and reduce it over time, creating a framework which ensured nationality laws prevented statelessness and revocation of nationality; however, many

countries continue to disregard this guidance (ISI, 2020c; UNHCR, 2020). People without

nationality experience difficulties in accessing education, employment, healthcare, owning

property, marrying legally, travelling and registering the birth of a child (Peter McMullin

Centre on Statelessness, 2023; Asylum Aid, 2016; Kingston, 2017).

Literature (Bloom et al., 2017; Blitz & Lynch, 2009; Blitz & Otero-Iglesias, 2011;

ISI, 2020c) highlights the lack of protection for stateless individuals, leaving them vulnerable

to destitution from unemployment and financial assistance. (Asylum Aid, 2011; Asylum Aid,

2016). Stateless people are vulnerable to arbitrary detention for extended periods (De Groot

et al., 2015; ENS, 2017; UNHCR, 2021), as well as exploitation and trafficking due to strict

restrictions and lack of financial aid (Asylum Aid, 2016; Bianchini, 2020; De Chickera &

Whiteman, 2016; UNHCR, 2014). Those without documentation or classified as stateless are

particularly at risk of exploitation during their journey for safety (Stateless Journeys, 2019).

Statelessness, therefore, creates a vicious cycle of discrimination and harm, as once a person

is affected by statelessness, this status becomes a justification for continued stigmatisation

(De Chickera & Whiteman, 2016).

It is apparent from the literature that human rights violations and discrimination are

associated with experiences of statelessness and can result in significant experiences of

trauma and increased risk of exposure to traumatic situations such as exploitation, trafficking,

family separation, insecurity, and violence (De Chickera & Whiteman, 2016; Warria &

Chikadzi, 2023; Riley et al., 2020). According to reports, stateless children can also suffer

adverse early life experiences (Halaimzai et al., 2022). A recent study on the Rohingya

community in Bangladesh found high levels of physical violence, including torture and

sexual assault (Riley et al., 2020). Trauma history and human rights violations were found to

be significant predictors of post-traumatic stress disorder and emotional distress (Priebe,

2012; Riley et al., 2020; Steel et al., 2009). As such, it is crucial to understand the experiences of individuals affected by statelessness to mitigate their mental health issues caused by the deprivation of their rights.

Statelessness determination procedures (SDP) in the United Kingdom

The current study will focus on statelessness in the UK. A recent estimate suggests there are currently 5,483 persons considered stateless in the UK (UNHCR, 2022a); however, some conclude that it is not currently possible to estimate the total number of people affected by statelessness in the UK (Asylum Aid, 2011; Carter & Bezzano, 2018; Liverpool Law Clinic & Asylum Aid, 2020).

The UK implemented the 1961 Convention on the Prevention of Statelessness, a framework for preventing statelessness, placing a responsibility on states to hold nationality laws and practices where states may not deprive persons of citizenship arbitrarily or in such a way as to cause statelessness (Asylum Aid, 2011; Goris et al., 2009; UN, 1961). Citizenship laws in the UK allow children born in the UK or abroad to a British parent to qualify for British citizenship limiting causes of statelessness (Asylum Aid, 2011; ENS, 2020). As a result, many people considered stateless in the UK resided in another country initially (or their parents were born in another country) (Asylum Aid, 2011). Nevertheless, gaps remain in the UK nationality law, with some children at risk of statelessness, for example, children of the Windrush generation (ENS, 2020; 2023; ISI, 2020c; Wardle & Obermuller, 2019).

In 2013 the UK introduced specific stateless determination procedures (SDP), through which people who are considered stateless can be eligible for leave to remain in the UK due to their statelessness under part 14 of the Immigration Rules (Asylum Aid, 2016). However, it departs from the 1954 Convention Relating to the Status of Stateless Persons due to the inclusion of practices that enable grounds for refusal and policy on 'admissibility' when an

applicant is determined to be stateless but is deemed 'admissible' to a former country of residence (Asylum Aid, 2016; Bianchini, 2017; UNHCR, 2020). Furthermore, people awaiting statelessness determination proceedings should have protection against human rights violations and arbitrary detention whilst also receiving assistance to meet basic needs (ISI, 2020c). Yet in the UK, as applicants go through the processes, they are restricted from working whilst being ineligible for any governmental financial assistance and are at risk of indefinite detention during this time (Carter & Bezzano, 2018; UNHCR, 2020).

The SDP provides access to some rights in the UK for successful applications; an initial renewable right to reside in the UK for five years is issued, and it is possible to later apply for British citizenship (UNHCR, 2020). Similarities can be drawn with asylum determination procedures; however, it diverges in many ways. A significant distinction is the higher burden of proof necessary for statelessness claims, as the Home Office argue it is factual issues being decided rather than establishing a well-founded fear of persecution, where the issue may be the threat to life, liberty and person, such as in asylum claims (UNHCR, 2020).

The UK SDP has been questioned and critiqued by non-governmental organisations (UNHCR, 2020; ISI, 2020a; Carter & Bezzano, 2018). For example, the onus is placed on the individual making the application to obtain evidence to support their claims, which can present significant evidentiary and practical challenges (UNHCR, 2020). In addition, an applicant must show that it is more likely than not that they are stateless and not admissible to any other country, alongside providing evidence that they have made every effort to acquire a nationality or right of admissibility to another country (UNHCR, 2020; Carter & Bezzano, 2018). This can be challenging for applicants to substantiate, in UNHCR's (2020) audit, despite applicants' efforts to gather evidence through attempts to visit or contact relevant

foreign authorities they had limited or no success in obtaining information regarding their citizenship status. Applicants of stateless claims are not generally eligible for legal aid, making it difficult to access legal representation to support navigating these complex processes (Carter & Bezzano, 2018).

Furthermore, if an application for statelessness leave is refused, there is no statutory right to appeal against the decision; an individual can only apply for an administrative review or judicial review (UNHCR, 2020). This is both time-consuming and costly. If their statelessness application is denied, individuals may be left destitute and stateless, without access to rights, and cannot easily travel or make statelessness applications within another country (Asylum Aid, 2016; UNHCR, 2020). The UNHCR (2020) report critiques the existing SDPs and recommends the introduction of the right to appeal decisions, access to legal aid during the application process, and the development of a quality assurance framework to monitor statelessness leave decisions. These critical factors of SDPs underscore how restrictive it can be to navigate these processes. They highlight how the SDPs have led to mental health deterioration for stateless individuals (UNHCR, 2020; UNHCR, 2021).

Statelessness and mental health

People who experience human rights violations or discrimination have elevated mental health difficulties (Hajak et al., 2021), and the World Health Organisation (WHO) (2014) identify human rights violations and discrimination as determinants of mental health. Discrimination also produces significantly heightened stress responses (Pascoe & Smart Richman, 2009). It is clear that statelessness creates psychosocial challenges for the individual and their families as they face discrimination and hardship; if it remains unchallenged and unresolved, this could contribute to an impact on well-being (Warria & Chikadzi, 2023; Cotterill, 2021).

In recent years, published reports have noted concerns regarding the impact of statelessness on mental health, such as depression and suicidal ideation (Asylum Aid, 2011; UNHCR, 2020; UNHCR, 2021). Stateless individuals have highlighted the impact of statelessness on mental health, such as depression, alcoholism, and suicide (Sokoloff & Lewis, 2005), and reports by UNHCR raised the psychological impact where participants have reported depression or suicidal ideation; however, these have not been explored further (UNHCR, 2015; UNHCR, 2021).

Statelessness may affect belonging and identity, as nationality can be crucial in developing one's community and sense of self (Brinham, 2021, pp. 342-351; Leclerc & Colville, 2007). The Rohingya community in Myanmar resisted the term 'stateless' on the basis that it contributed to erasure of identity and alienated their community (Brinham, 2021, pp. 342-351). Literature positions belonging as a fundamental human need (Allen et al., 2021; Maslow, 1954) and studies have shown that a lack of sense of belonging has been associated with depression, anxiety and poorer quality of life (Leigh-Hunt et al., 2017; Jones & Randall, 2018), yet this has not been explored in research on effects of statelessness. Despite the reports (ISI, 2020; UNHCR, 2020; UNHCR, 2021) carried out by NGOs on statelessness which touch upon the impact on mental health, there is limited research in this area.

Current research suggests that statelessness might be associated with poorer mental health outcomes attributed to the many stressors people face (Cotterill, 2021; Herberholz, 2022). West Papuan refugees reported that a lack of legal rights and access to citizenship was a daily stressor (Tay et al., 2015). Furthermore, stressors such as navigating immigration procedures (Jannesari et al., 2020; McColl, et al., 2008; UNHCR, 2021), lack of access to employment (Mawani, 2014), and anxiety and worry regarding immigration status (Asylum

Aid, 2011; Warria & Chikadzi, 2022) have been associated with psychological distress. Studies on specific populations at risk of statelessness have found poorer mental health outcomes for individuals in these communities (Riley et al., 2017; Tay et al., 2015). For example, studies of the Rohingya stateless community in refugee camps in Bangladesh indicate high levels of mental health concerns, including posttraumatic stress disorder (PTSD), depression and somatic complaints associated with daily stressors as a result of statelessness (Riley et al., 2017; Riley et al., 2020; Tay et al., 2019). Comparative studies have also indicated some evidence to suggest that statelessness impacts on mental health; a quantitative comparative analysis found that holding citizenship had higher happiness levels than stateless participants in three out of four countries (Blitz & colleagues, 2011). Herberholz's (2022) findings supported this; they posit that people affected by statelessness are more likely to have poorer mental health outcomes than those with nationality, however, this association was weak. The limited available research suggests statelessness negatively impacts well-being; however, these reports lack any in-depth analysis that is specifically focused on understanding the psychological impact of statelessness.

Rationale

Scholarly work on citizenship has, to a surprisingly small extent, engaged in empirical studies (Nordberg, 2006), with research exploring the impact of statelessness on mental health almost non-existent (Cotterill, 2021). In particular, there is a lack of empirical evidence around the needs, experiences and health disparities of people affected by statelessness (Van Hout, Bigland & Murray, 2021). Most studies do not explicitly focus on stateless persons; instead, many studies in this area examine vulnerable and marginalised groups in a migratory context, which may include persons with and without legal nationality (Herberholz, 2022). Studies on statelessness and its effects on mental health are missing from

the literature. Further research is, therefore, necessary to explore the effects on the mental health of those affected by statelessness (UNHCR, 2021). Reports produced by ENS (2021) and UNHCR's global plan to end statelessness call for an improvement of research in this area, particularly highlighting the benefit of qualitative research and the need to engage the affected population itself (ISI, 2020c; UNHCR, 2021; UNHCR, 2019). There are many ways to amplify voices in research, policy and practice; however, marginalised groups face many challenges and barriers to having their voices heard (Bochel et al., 2008). Scholars call for explicit representation, for voices that have long been marginalised to be centred, enabling those oppressed groups to undermine oppression (Young, 1998; Nordberg, 2006). It is, therefore, necessary in the discourse of statelessness to centre the voice of those affected by it.

Research aims

Statelessness and the experience of stateless individuals in the UK is a highly under-researched subject (Cotterill, 2021)**.** Recommendations for future research have centred on exploring how experiences of statelessness may impact the individual and exploring support that could implemented (Warria & Chikadzi, 2023). Qualitative methods have been deemed appropriate and essential to further understanding statelessness and its role in mitigating mental health (UNHCR, 2021).

Broad research questions were agreed upon to maximise the extent to which the interviews were open to what the participants brought. The current study aimed to explore and understand the effects of statelessness on mental health, including the specific issues that impact stateless individuals' mental health concerning legal procedures and their legal status. In addition, the study wanted to understand current experiences of accessing support for any mental health difficulties.

Method

Design

A qualitative approach was employed to address the primary object of this study: to explore and gain an in-depth understanding of the effects of statelessness on mental health. Qualitative methodologies have an exploratory capability, enabling researchers to access rich, detailed and descriptive insights into a phenomenon (Alase, 2017). IPA's epistemological stance supposes that access to individuals' cognitive internal world is conceivable through the cautious and openly interpretive methodology (Smith et al., 2009); however, it acknowledges that this will always have an interpretive component (Smith et al., 2009). The drive to understand the lived experiences of people affected by statelessness underpinned the decision to use qualitative design, specifically Interpretive Phenomenological Analysis (IPA).

IPA is a valuable methodology for examining topics which are multifaceted, emotionally charged, and ambiguous, such as statelessness (Smith & Osborn, 2015), as it is an established qualitative method that elicits detailed stories, thoughts and feelings from the participants (Nizza et al., 2021). Furthermore, IPA is recommended for experiences of existential or experiential importance that happened to the individual, as it is 'participant-oriented' (Nizza et al., 2021). Utilising IPA reiterates the fact that the main objective of the study is to explore the lived experience of statelessness.

Participants and Recruitment

Inclusion and Exclusion Criteria. Participants included in this study were adults over 18 years of age who have experienced being considered stateless in the UK. Participants who have been legally defined or who self-defined as stateless were included irrespective of the legal avenues they have pursued to regularise their status in the UK (i.e. we did not choose only to include people who have been through the UK legal statelessness procedures,

given the minimal number of people this relates to). Language spoken was not an exclusion criterion, and interpreters were offered to ensure as many people could be included as possible.

In order to ensure participant safety, people were excluded from the study if there were concerns from professionals at the recruiting organisation that talking about their experiences of statelessness might cause a significant deterioration in their mental health.

Creswell & Creswell (2017) suggests that it is important to determine the size of the sample needed (p.146). People affected by statelessness experience the same phenomenon, but it is a heterogeneous and diverse group and therefore, data saturation was not considered an appropriate guide for sample size. Instead, it was based upon a combination of factors, such as the mode of data collection, diversity of sample size and pragmatic constraints (Malterud et al., 2016). Malterud and colleagues' (2016) guidance on sample size for sufficient information power was consulted in conjunction with phenomenological research guidelines to enable the detailed analysis of the individual experience (Smith et al., 2009). Information power refers to the quality and depth of the data gathered and is dependent on the knowledge, insights, and expertise of the participants (Malterud et al., 2016). The sample's diversity, including participants with unique lived experiences, requires a sample size of ten. This should provide sufficient interviews to develop meaningful points of similarity and difference between participants (Smith et al., 2009). Pragmatic constraints such as time limitations, the difficulty building trust with stateless communities and funding influenced the recruitment of participants. Considering these factors, the study aimed to recruit ten participants, however, only seven participants ultimately took part. Nine participants expressed interest, and seven scheduled interviews, with all attending. One participant contacted the researcher to express interest. However, they did not respond to schedule the

interview, while one participant gave permission to be contacted by the researcher but did not respond to the follow-up email.

Participants were given the option of providing demographic details at the beginning of each interview, with an option to decline any questions. To protect the identity of the individuals participating, particularly given the ongoing immigration applications for some participants, minimal demographic information was gathered, and specific demographic details are not linked to specific participants. Five participants were male, and two were female. Two participants have received Indefinite Leave to Remain and then British citizenship. One participant held five years' leave to remain. Four participants were awaiting the outcome of asylum or stateless determination claims, with three having previously declined asylum or stateless determination claims. Ages ranged from 23 to 62. One participant was born in the UK, three in the Middle East, one in West Africa, one in Asia and one in South Asia. All participants spoke English, for 6 participants it was a second language.

Recruitment procedures. Recruitment was carried out in collaboration with NGOs working with people affected by statelessness. Purposive sampling and snowballing methods were used to identify participants who would be eligible for the study in line with recommendations by Smith and colleagues (2009).

Organisations collaborating with the study were asked to identify people accessing their service and affected by statelessness and share information and a poster about the study with them (see Appendix C). For people who expressed interest in participating, permission was sought for the researcher to contact them, or they were given contact details of the researcher to make contact directly if they preferred.

Data collection

Prior to the interview, all participants were provided with information sheets and consent forms before participation, which included the aims of the study, confidentiality procedures and data protection methods (see Appendix D and Appendix E). Whilst interpreters were offered all interviews were conducted in English without the use of interpreters. Participants were given the opportunity to ask any remaining questions about the study before providing consent. Recorded verbal consent was accepted in lieu of written consent if participants had concerns regarding confidentiality and anonymity or if there were any difficulties with literacy.

An overview of the interview schedule was provided to participants at the beginning of the interview in line with recommendations (Smith et al., 2009). The issue of consent was revisited at the beginning of the interview, and participants were reminded that they could withdraw from the study up until the point of analysis commencing.

Participants took part in one semi-structured interview between June 2022 and May 2023. An interview schedule was designed in collaboration with a stateless individual (expert by experience) and clinical psychologists working with refugees and other vulnerable migrants (see Appendix F). The interview schedule was flexible, and participants' responses guided the interview.

Interviews took place primarily online, with two conducted over the phone and one in person. All interviews were audio-recorded using an encrypted audio recorder and lasted approximately 90 minutes. At the end of the interviews, participants were de-briefed and received post-interview information sheets (see Appendix G). Participants were offered the opportunity to review the overarching themes and provide feedback to validate preliminary understandings. Three participants agreed to provide feedback. All participants were

compensated for their time in the form of a gift voucher for both interviews and time spent providing feedback on overarching themes.

Ethical Considerations

The study received ethical approval from the UCL Research Ethics Committee (see Appendix H). No further approval was necessary for this study.

Informed consent was obtained prior to interviews from all participants for data collection and the likely outcome of data analysis, particularly the inclusion of verbatim extracts in published reports.

As participants recruited to this study may have had previous negative experiences with other professionals or authorities, care was given to remind participants of their right to withdraw from the study until the point of data analysis. Furthermore, participants were assured of anonymity and that any identifiable information would be removed from the transcripts. It was stressed that participating in the study would not impact the support they receive and/or the outcome of their legal processes.

It was explained to participants that if there were any concerns about the risk to themselves or others, this information would have to be handed over to appropriate parties (such as organisations or healthcare services supporting the individual). Ultimately, however, such concerns did not arise, so these procedures did not need to be enacted.

Data Analysis

Guidelines set by Smith and colleagues (2009; 2022) were followed step by step in data analysis, and NVivo 12 was used to aid the coding and organisation of themes.

Transcription. Microsoft Word generated initial transcripts, which were amended manually with nonverbal utterances and pauses transcribed; I immersed myself in the data by

listening, reading and re-reading the interviews. I kept a reflective journal throughout the process of data transcription and analysis.

Idiographic Analysis. In line with IPA's idiographic commitment, individual interviews were initially analysed in depth separately (Smith et al., 2009; 2021). Transcriptions were read multiple times, line by line, in conjunction with noting initial reflections and reviewing transcripts again. The transcripts and notes were revisiting and re-read, and experiential statements were formulated. These statements succinctly and vividly captured the core facets of participants' experiences through the researcher's interpretive lens. These were then used in combination with textual data to produce *personal experiential themes* by clustering experiential statements into those identified as being related to one another. This process was completed in NVivo (see Appendix I for example) and pursued for all participants, thus holding the idiographic commitment of IPA.

Once the *personal experiential themes* had been extracted, the next stage involved independent examination of each participant's experiential themes for connections and patterns, creating *group experiential themes*.

Validity and Quality

There is a consensus on the merits of evaluating the quality and validity of qualitative research within qualitative psychology (Nizza et al., 2021). Guidelines were consulted when designing the research (e.g. Nizza et al., 2021; Yardley, 2000) to inform the quality of the study. Yardley's framework for assessing validity and quality was chosen in line with recommendations by Smith and colleagues (2009). Yardley's (2000; 2008) four core principles for evaluating qualitative research were consulted and discussed below.

Sensitivity to Context. Sensitivity to context was demonstrated through attentiveness to the existing literature, analysis sensitive to the data, participants' perspectives, and awareness of ethical issues and power relations between researcher and participant (Yardley, 2000; Smith et al., 2009). Researchers sought to understand the socio-cultural settings of experiences of statelessness, for example, becoming familiar with the legal processes people affected by statelessness need to navigate. Moreover, power relations between the researcher and participant were considered and attention was given to the interactional nature of the interviews; as a trainee clinical psychologist with experience working with marginalised and vulnerable groups, I am practised in discussing sensitive topics in a compassionate and non-judgmental manner. Moreover, an expert by experience was consulted throughout the process. In addition, researchers engaged with a panel of stateless individuals to further discuss the subject matter.

Commitment and Rigour. Commitment and rigour are observed through in-comprehensive engagement with the topic and developing proficiency in the method.

Commitment was illustrated through prolonged engagement with the topic as during the process I began working in a mental health service for asylum seekers and refugees who can have overlapping and similar experiences to people affected by statelessness, such as human rights violations and had to navigate legal processes in the UK.

Completeness of data is challenging to achieve with such a heterogenous group as people affected by statelessness. Despite practical restraints such as the time and funding, I ensured I was thorough throughout each step of the process. Thoughtful and empathic data exploration was conducted with the research team to transcend superficial understandings.

Transparency and Coherence. Transparency and Coherence refer to the researcher's reflexivity, transparent method, data presentation, and clarity of descriptions. This study

aimed to explore the lived experiences of people affected by statelessness and the thorough phenomenological analysis conducted of the interviews where participants were able to share their perspectives provided clear descriptions. Transparency was evidenced by detailing each aspect of the data collection process and the excerpts of the textual data provided. Member-checking (Cresswell & Miller, 2000) was implemented, where all participants were invited to give feedback on analysis. Only one participant of the three who agreed responded at the time of this thesis submission. The participant stated that they felt the themes represented their experiences of statelessness.

Researcher reflexivity. I am a white, working-class Irish woman who grew up on the west coast of Ireland and immigrated to the UK for work, eventually having the privilege of being a trainee clinical psychologist in the UK. I, therefore, experienced the benefits of being able to immigrate legally to the UK. Furthermore, through my undergraduate training in sociology and psychology and through the nature of this degree and training as a clinical psychologist, I was aware of the beliefs and assumptions I hold regarding not only the importance of access to rights when immigrating but the importance of policies which support inclusion and well-being. I knew this would inform my perspective on accessing rights and citizenship in the UK, which was reflected on throughout data collection and analysis. Before conducting interviews, I completed bracketing interviews and kept a reflective journal throughout the process (see appendix J for abstract). These techniques were essential due to a coincidental increase in media coverage of migration and governmental changes to policies associated with seeking asylum and citizenship in the UK. Furthermore, during analysis, I began working in a service supporting refugees.

Reflective groups supported reflection on my position as an Irish white woman who has been socialised to white Western ideals, which are privileged within psychology and

research, harming marginalised groups throughout history. I paid particular attention to this, mindful of the harm researchers can do and attended participatory research workshops to support my reflection and consideration of inclusive and collaborative research.

My experiences, beliefs and factors, such as societal influences, will have inevitably shaped how I conducted interviews and analysed the data. The findings reflect IPA's double hermeneutic, where the researcher interprets the participants trying to make sense of what is happening to them (Smith et al., 2009). Whilst strategies such as reflection and bracketing were implemented, a researcher cannot wholly bracket beliefs and assumptions; they allow the reader in on the researcher's subjectivity, acknowledging that the researcher is not a 'blank slate' (Rennir, 1999). Furthermore, the reader forms another 'layer' to the hermeneutic process in IPA by interpreting my account through the prism of their experiences (Smith et al., 2009).

Impact and Importance. A key method of evaluating qualitative research is to assess its value, considering its importance and practical implications for communities. It is of incredible value to understand the lived experiences of stateless individuals. It is evident from the results section and discussion section that the study shares valuable and informative information that can be used in practice. This research can help inform policymakers on the experiences of people affected by statelessness and their experiences of procedures and policies in the UK.

Results

Six superordinate themes were identified that brought together the data from the seven participants (see Table 1) and 21 sub-themes. The themes are visually depicted in Figure 1, showcasing the intricate interplay between them. This diagram portrays how the environment and system impact the individual, while also revealing the connections between 'Psychological harm', 'Frozen in time', 'Segregated and alienated' and 'Finding ways to

cope'. Additionally, the interaction between the theme 'Seeking support' and the individual experience is shown.

Figure 1. Visual representation of themes.
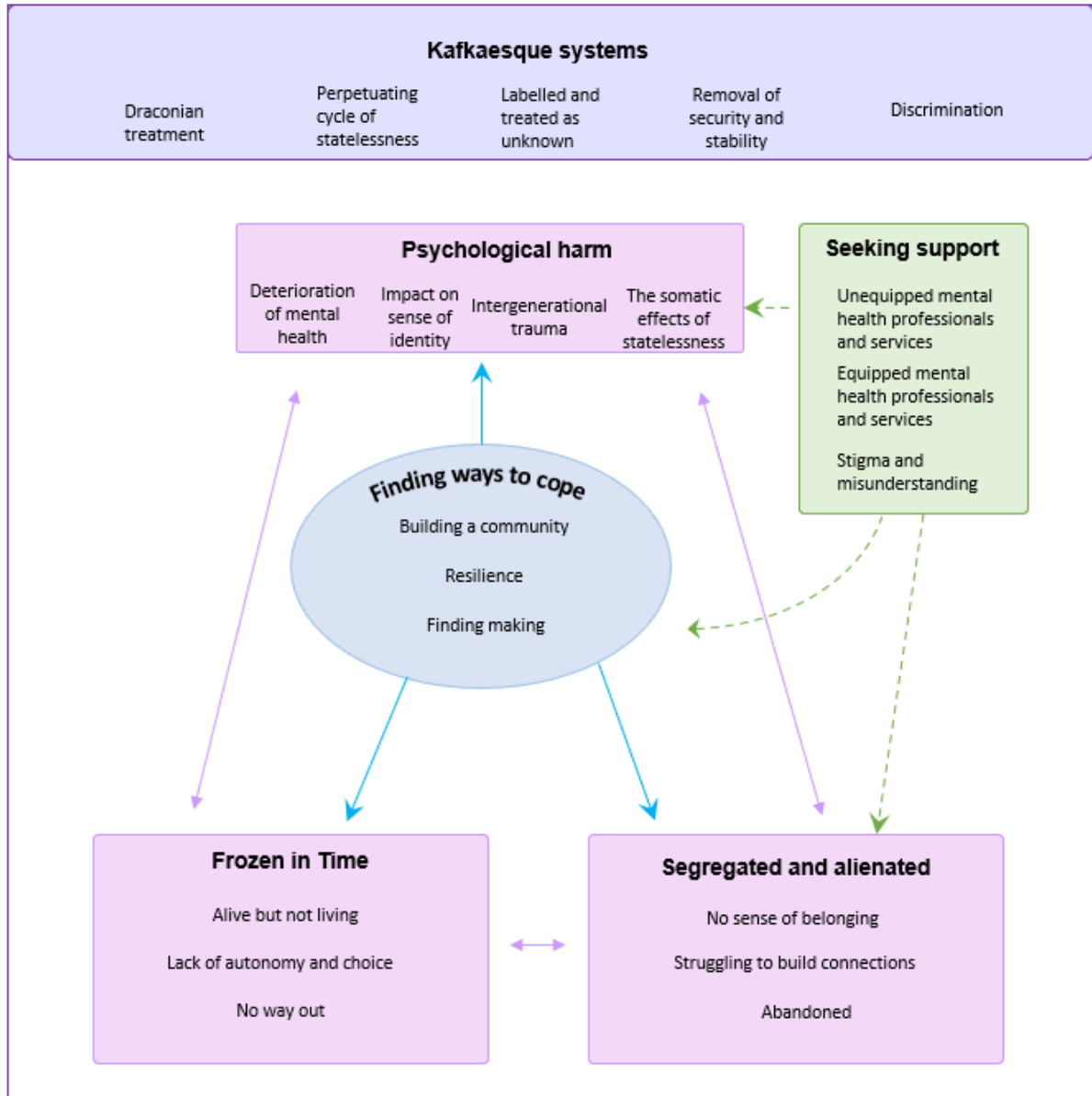
Table 1. Superordinate and subthemes.

Superordinate theme	Subthemes
1. Kafkaesque System	1.1 Draconian treatment
	1.2 Labelled and treated as 'unknown'
	1.3 Removal of security and stability
	1.4 Perpetuating cycle of statelessness
	1.5 Discrimination
2. Psychological Harm	2.1 Deterioration of mental
	2.2 Impact on sense of identity
	2.3 Intergenerational trauma
	2.4 The somatic effects of statelessness
3. Feeling frozen in time	3.1 Alive but not living
	3.2 Lack of autonomy and choice
	3.3 No way out
4. Segregated and alienated	4.1 No sense of belonging
	4.2 Struggling to build connection
	4.3 Abandoned
5. Finding ways to cope	5.1 Building a community
	5.2 Resilience
	5.3 Meaning making
6. Seeking support	6.1 Unequipped professionals and services
	6.2 Equipped professionals and services
	6.3 Stigma and misunderstanding

1. Kafkaesque systems

Kafkaesque systems are characterised by the complex, illogical and "nightmarish" (P1) procedures and policies participants described. It highlights the lack of transparency and sense of futility reported. This superordinate theme explores the impact that systemic influences have on stateless individuals. It explores the issues experienced when living without citizenship and the challenges in navigating legal routes to accessing rights, such as SDPs, while simultaneously coping with environments created by authorities and governments that are experienced as hostile.

> *It's sort of like there is no way out of this, it's very Kafkaesque. It's like I just keep going round and round in circles and that's the problem with statelessness having to prove a negative. How are you proving a negative?* (P1)

1.1 Draconian treatment

All participants spoke of their experiences of mistreatment and injustice by governments and governmental bodies across differing stages of statelessness; governments that contributed to their statelessness and the UK Home Office.

> *It's more than hostile, draconian is actually the correct word. Draconian environment that they've* [Home Office] *established around which allows everyday people to mistreat you…* P(1)

A hostile and stringent environment towards people affected by statelessness was described. Four participants expressed a sentiment of feeling under scrutiny by the Home Office, whom participants perceived had an attitude of scepticism towards their accounts of statelessness. One participant described negative interactions with Home Office employees,

sharing that they felt judged by a caseworker who had told them to return to their country of birth.

> *The lady was so angry [employee at the Home Office] you know... the Home Office where you need to give the name [she said] you have no request to public funds or nothing, so you shouldn't go to charity, you should go back to your home, this was madly rude.* (P4)

One participant reflected on the shock they experienced at the treatment they received from the UK Home Office.

> *...I was like I was shocked because like, how can they not care about like people like me... they literally said that there is no law for people like you. As long as like your like your life wasn't in danger in [name of home country] we don't care basically. That's what they said...* (P6)

Systemic ignorance and hostility were described, where experiences of judgement and feeling disbelieved by the Home Office and authorities were reported by four participants, resulting in psychological harm.

In addition, the unfairness and injustice people experience when citizenship is deprived or revoked were reported. The unjust and sudden removal of citizenship without being given a rationale was described by participant three.

> *...by sudden you will lose it [rights], without... knowing the reason behind it for that, it becomes so much worrying at the same time it be so much shock.* (P3)

The strict and stringent systems governing statelessness were also attributed to the risk of exploitation and modern slavery by three participants. Two participants explained that the deprivation and restrictions of rights experienced by stateless individuals and the lack of legal routes to change resulted in them working illegally.

...they deny you the most basic human being things, you're not eligible to work, you're not eligible to study, I believe if you're not strong like me people they use us to do bad things you know... (P7)

1.2 Labelled and treated as "unknown"

Another prominent aspect of participants' experience pertained to the labels ascribed to them. Four participants discussed the dehumanising labels placed upon them, such as "unknown" (P3).

...being you know, in my opinion mistreated... not allowed to work, not allowed to study, not allowed to do anything because I don't exist in their eyes, they referred to me as X unknown. That is very hurtful and degrading to referrer to somebody you know with those terms (P1)

This feeling of being "unknown" was exacerbated by the lack of awareness regarding statelessness, with no specific processes for three participants when they first arrived in the UK. One participant reported difficulties in accessing professionals who understood and were willing to support people affected by statelessness.

First of all, during that time, even the issue was stateless was not much being given attention... [by] any services... [it was] unknown, you know to be identified as a stateless and there was a lot of practical challenges that I used to face I (P3)

One participant stated that the label of unknown and lack of awareness in society regarding statelessness resulted in their being demonised.

1.3 Removal of security and stability

Participants reported that statelessness exposed them to a lack of stability and security and attributed to deterioration in mental health. Security was seen as integrally linked to

citizenship, and all participants explained the importance, stability and benefits of receiving leave to remain or citizenship.

> *never, never, never in our entire life for the first decade of my life, I did not have that security.* (P5)

Insecurity was experienced by all five participants currently undergoing asylum and SDPs in the UK and attributed to; the uncertainty of their situation and future, not having access to rights, and enduring what was perceived as an unpredictable application procedure through the Home Office. One participant who had received Indefinite Leave to Remain and then citizenship compared their experience with the insecurity felt by family members who were not provided with this.

> *the difference is that they never have a sense of security that people with nationalities enjoy and there's something that we enjoy as… recipients of these Indefinite Leave to Remain, travel documents and… identity in the UK… but these people [those still in asylum or stateless determination procedures], they don't enjoy that and they're still that fear and constant anxiety that surrounding them they entire life.* (To preserve anonymity, no participant number is attributed to this quote)

The lack of access to security and stability felt by stateless individuals is reflected in the experience of revocation of citizenship, where life can be irrevocably changed with a sudden loss of access to rights and uncertainty regarding the future. Two participants reported the sudden loss of access to the lives they had built, not only to their communities and their possessions but to the stability they provided.

1.4 Perpetuating cycles of statelessness

Perpetuating cycles of statelessness contributed to the complex and oppressive systems participants experienced. Five participants described how lacking documentation or citizenship caught them in "vicious cycles" (P4). One participant explained that throughout their life, they were told to wait until age 18 to apply for citizenship; however, when they attempted to apply, authorities requested documentation that those affected by statelessness would not hold, making them ineligible for citizenship.

> *…when I turned 18 I went to that like to the organisation to get the application going, but then then I saw the certificate and everything* [the government sought] *and it hit me like a truck, I can't even get that and so after that it it's it just was even worse.* (P6)

Noticeably all but one participant raised concerns about having children who would then also be considered stateless. Two of the six participants had children. One participant's children were born in the UK but were also considered stateless. Participants shared their fears of the life their child would endure. In contrast, the other participant received Indefinite Leave to Remain, and their children were brought to the UK under a family reunification scheme.

Perpetuating cycles of statelessness were maintained through difficult to navigate systems and lack of access to legal aid for statelessness applications. Four participants reported difficulties in accessing legal aid, participant four spoke of only finding out about SDPs relatively recently, and having to wait on a list for support through a NGO.

> *…legal aid they couldn't do that and I didn't have money to pay for the application and so like they put me on [a] waiting list…* (P6)

1.5 *Discrimination*

Five participants described experiences of discrimination in their interactions with the UK Home Office, from prejudicial attitudes held by authorities to policies and laws. One participant had a lengthy wait for a decision in their immigration case and wondered if their race was a barrier to accessing citizenship.

I'm saying I'm British and people are looking at me like [I am] crazy… it's sort of like it has opened the door for the government to be very discriminatory. You know, because I have no doubt honestly speaking if I was white, we would not be having discussion, they're like please give [them] our passport and let [them] go. (P1)

Discrimination was identified as a contributing factor to statelessness for three participants. Two participants explained that gender discrimination in nationality laws led to their experiences of statelessness, and one participant reported nationality laws that excluded their community. One participant conceptualised the impact of discrimination on people affected by statelessness as starting the race from far behind the start line.

…you've denied them a whole host of opportunities where these people need it because they've already started off at the very end of the line, right at the back and by having to go through these experiences and these impacts, you are already pushing them [further] behind the start line… it [has] felt like a constant battle to quickly go to the start line and try to start with everyone else… (P5)

2. Psychological Harm

One of the main themes generated by the analysis was the impact of statelessness on participants' mental health. All participants ascribed the psychological harm they experienced to the policies and procedures that governed statelessness. The sub-themes captured how the mechanisms of statelessness affected different aspects of participants' well-being.

2.1 Deterioration of mental health

Deterioration in mental health was attributed to the effects of statelessness. Five of the seven participants reported ongoing challenges with their mental health at the time of the interviews. Of note, the two participants who did not discuss current difficulties with their mental health had received British citizenship and both did report a past psychological impact. Experiences of anxiety and depression were highlighted, and five participants reported being prescribed medication to manage their psychological symptoms.

Frustration and anxiety were experienced by participants in response to the draconian treatment they reported. This was exacerbated by policies that four participants perceived as threatening, such as prolonged detention, attending weekly reporting events and surveillance tags.

> *you are scared, are they going to catch you today [and] put you in detention, separate you [from family] What's going to happen? But we never miss it, every time we go there every two weeks, you have a fear signing in you have a fear…* (P4)

Persistent rumination regarding their experiences of statelessness was described by all participants. Restrictions on accessing employment were identified as a key perpetuating factor, and participants stressed the difficulty they experienced in disengaging from the rumination despite their best attempts. Worry concerning the future was highlighted in all but two participants, who had both received British citizenship.

> *Nothing really gets me away from the thoughts [about being stateless], it's just it's just temporary, for like a few hours and again it always comes back to me... I feel old… I feel like my brain isn't functioning anymore. I don't know if it's the effect of antidepressants… I can't cheer up… my mood is always like I'm down and no matter how much I try to do something it always comes back to me* (P6).

Suicidal ideation as a result of statelessness was reported by four participants, and they had previously attempted to take their own life owing to the hopelessness regarding their situation. These participants had experienced a protracted wait for a legal decision.

Participants identified past experiences as contributing to their mental health difficulties. Two participants spoke of early traumatic experiences and reported experiencing PTSD symptoms that had deteriorated further whilst navigating immigration procedures in the UK.

> *[I'm] so deeply traumatised you know, PTSD and everything you can think of night terrors, night sweats, nightmares*. (P4)

Furthermore, two participants had experienced imprisonment in their countries of birth yet reported that they felt the asylum determination system in the UK had a more negative impact on their mental health than their period of imprisonment.

2.2 *Impact on sense of identity*

Statelessness was attributed to all participants' self-identity changes, reducing self-confidence and affecting self-image. A feeling of living as an invisible individual in society was reported by five participants, describing themselves as not existing, re-counting how systems had contributed to the erosion of their sense of character and deprived them of their identity as a citizen. Participants also reported that being stateless made them feel like a" burden" (P6) and a "*failure"* (P7), with some describing themselves as feeling inferior to other people with citizenship.

> *…[since] I know what citizenship is, it totally put[s] your confidence very down. You feel, you don't want to feel inferior, but you feel inferior because of a piece of paper, you don't want to be that person… but you've got no choice.* (P4)

A feeling of inferiority persisted even if British citizenship was acquired.

> *...I wasn't born here and so that automatically makes me a second-tier British citizen, these are just scenarios within my head... obviously that impacts...* (To preserve anonymity, no participant number is attributed to this quote)

Revocation of citizenship was reported by two participants in the study who attributed it to a loss of their sense of identity. One described the change from being viewed as a good citizen, who people trusted to then being labelled "an enemy of the state" and "a traitor" (To preserve anonymity, no participant number is attributed to this quote). The sense of identity citizenship granted and the experience of losing this were reported as the most significant consequence by both participants.

2.3 Intergenerational trauma

Intergenerational trauma was attributed to statelessness by participants whose family members were also considered stateless. The preoccupation with survival due to statelessness was described as affecting the ability to be present for others by two participants.

> *there's generational trauma... people aren't able to enjoy childhood and enjoy that sense of upbringing from both involved parents, even if they are present, they aren't able to be fully involved* [due to their experiences of statelessness]. (P5)

Two participants described how the heavy toll of statelessness was passed on from one generation to the next, with each generation fearing making any mistakes associated with worries their citizenship would be removed.

2.4 Somatic effects of statelessness

Physical health difficulties as a result of deterioration in mental health were described by six participants. Sleep difficulties were ascribed to worries regarding statelessness and

restrictions that impacted the ability to create healthy routines. Additional somatic symptoms of fatigue, headaches, 'brain fog' and difficulties with concentration were identified by five participants. Two participants also reported difficulties with their memory.

Three participants also talked about the changes to their weight, particularly during asylum and statelessness determination processes in the UK. One participant reported binge eating behaviours that onset after beginning asylum determination processes, and another noted difficulty adhering to their specified diet, negatively impacting their long-term health condition.

> *I ended up with automatic negative thoughts and anxiety, depression, spells of cry, binge eating In the middle of the night, I wake up intensely I feel like night walking, sleep, go, walking, sleeping, sleeping walk and I go to the cake and biscuit in my room, eat and go back to sleep, So I started running now outside, loads of headache loads on daily basis.* (P2)

3. Feeling frozen in time

The experience of living as a stateless individual was characterised by a feeling of being stuck in time and that time is wasted due to legal restrictions. It was further depicted as eradicating a sense of autonomy and hope for the future, with all five participants awaiting a decision on their applications, describing feeling frozen and unable to plan for the future.

> *This [was] about 20 years ago and they refused basically, until today I'm in limbo. So that impacts a lot you know, so being honest, like saying like it's a piece of paper, but it's it's a life you know. It's a non living thing which has a life [documentation.]* (P4)

3.1 Alive but not living

Legal restrictions contributed to six participants feeling stuck in 'limbo', unable to live their lives due to not having documentation or a passport. Participants talked of time passing them by unlived: "It is very sad obviously, it's a waste of my life" (P1). The daily impact of restrictions on rights, being unable to work, access financial support or education was attributed by participants to increasing rumination, passivity and the feeling of time being wasted.

> *The more I wait, the more anxious I am now, as I told you, I have no idea where I'm going, what I'm doing, time is passing lost a year in my life, I've never been that passive in the past 30 years of my life, I used to be active, very active. It's just even when I was in prison, I was much more active.* (P2)

Living as a stateless person was compared by one participant to imprisonment. They described this experience as continuing and worsening upon arrival to the UK when their asylum claim was denied.

> *Sometimes you're like you're alive but you're not actually living that that's been my life like it's like a prison you, you can't do anything like you can't really do anything you can't work you can't study.* (P6)

Another participant who had experienced imprisonment reported that whilst in prison, they maintained meaningful activities and had access to hobbies, which reduced the impact on their mental health. However, this differed significantly from their experience in the asylum system, where they reported the lack of employment and opportunities for daily activity as major contributing factors in the deterioration of their mental health.

3.2 Lack of autonomy and choice

Statelessness contributed to the eradication of a sense of autonomy for six participants, which often worsened over time.

I used to plan everything my life now I'm I had nothing of my life in my control, so I don't know what will happen…it's just the stress that I'm going through am and the idea of not taking control of your life It's horrible. (P2)

Five participants undergoing immigration procedures in the UK stressed the lack of choice in their everyday lives. All reported feelings of disempowerment and being unable to change their situation.

*I don't really know what to do because I don't have a choice, I can't go back they don't have any plans for people like me. Like, what's the plan like you don't wanna give me like the right to stay, you can't just leave me in the street, but they do that they do that and no one is even talking about that. (*P6)

One participant described the risks and challenges of being financially or otherwise materially dependent on others, such as being unable to leave relationships or disagree with others for fear of being left destitute.

This contrasted with one participant's experience who explained they believed that people have the ability to retain control over how they respond to statelessness.

…experience indicate[s] to me that you have the power to don't [not] *be submissive to the conditions that [are] impos[ed] [on] you. [You] can change the conditions not let the conditions change you, [you] can be in control of the surroundings, not let the surrounding[s] be controlling you…* P(3)

3.3 No way out

A sense of being in legal limbo with no way out was attributed to the complex and nonsensical nature of the procedures governing statelessness, resulting in a sense of

helplessness and futility. Four of five participants who still did not have Leave to Remain or citizenship shared that in addition to their legal status being unresolved in the UK, they were also unable to return to their country of birth or travel elsewhere, leaving them with no way out.

> *it it's just the worst honestly, I don't know how I can explain this to you, it's it's this thing of being like drowning but not dying you're just constantly trying to keep your head above the water…, suffocating, very much suffocating.* (P1)

Moreover, participants stated that as a result of being unable to plan for any future, they felt caught in a cycle of ruminating on their situation and worry regarding what the future holds.

> *…I had to like get really strong antidepressants because I didn't know what to do and like literally every day, I didn't know what to do for me, for me, for my future… with this problem like I had this problem that I couldn't even go back now like even if I decided to go back, I wouldn't be able to because I don't have any document so even if I like… go to the Home Office and tell them please send me back, they wouldn't be able to because [name of home country] wouldn't accept me.* (P6)

The four participants with the most prolonged experiences of statelessness and who were engaged in protracted asylum and SDPs described their intense hopelessness due to not seeing solutions or an end to their situation. This hopelessness resulted in psychological harm, and the severity of hopelessness was reflected by all four participants attempting to take their life in the past.

Additionally, these participants highlighted that even if they received citizenship, there would be longer-term consequences due to being stuck in their situation for an extended period.

sometimes I think even if my stateless application works and like they give me the right to stay, I'm not gonna be the same person anymore because this time that has passed of my life and the way it just affected me in a very I just I don't feel like the same person anymore. (P6)

4. Segregated and Alienated

The fourth theme generated was the sense of segregation from society that all participants spoke to. Participants described being unwanted and unwelcome, feeling both socially and physically alienated from society.

Like they moved me I was in [city redacted] the first day, I was in [city redacted] for like a month then they moved me to [town redacted]... It was such a small town and like it was really difficult there. Like, that's when I started like going depressed again like I had no friends there, there was no one there. It was such a small town and there was like no community for like, even for immigrants. (P6)

4.1 No sense of belonging

This subtheme was characterised as feelings of rejection from society and governments. All participants spoke of the alienation they experienced, feeling unwanted and as though they did not belong anywhere. A lack of a physical location, such as a country, was stressed as a key characteristic of statelessness, and for all participants, this resulted in feeling unconnected to society.

what statelessness means is that you have no way to belong on this earth ah this world has been divided by borders and marks, and you don't belong on either side of those marks of those borders. (P5)

A lack of belonging was attributed by one participant to the lack of community they experienced in the UK as a stateless individual. They explained that this had resulted in feeling isolated and alone.

> *... it's literally like a prison, obviously I can't go outside, but like, except [for] that, it's literally like a prison, you can't do anything. I mean, I guess in prison there are some communities to do something* [with] *but right now there are no communities for me, like I don't know what to do just I'm lost...* (P6)

Revocation of citizenship, experienced by two participants, impacted the sense of belonging that these participants had previously experienced. Both participants explained that they not only lost their nationality, but that some community members stopped communicating with them for fear of reprisal from their government.

> *...you are imposing a social death on a person that didn't do any wrong act and you deprive them of all his rights and then by sudden, you will find yourself away from your country cannot visit your country or your family...* (To preserve anonymity, no participant number is attributed to this quote)

4.2 Struggling to build connection

All participants reported an impact on relationships; for two participants, difficulties in building trust with others were also described. Moreover, feelings of isolation from others and physical separation from family and friends were expressed by all participants.

Difficulty connecting with others was attributed to not feeling understood, and some participants felt that people with citizenship could not understand the lived experiences of statelessness. One participant reported avoiding speaking about their situation with others

due to negative reactions. Four participants also reported difficulty with socialising due to low mood, resulting in their withdrawal from others.

I've been moving a lot and then again, like even if you find any friends they're like having their normal life and they're like they're working they're like they're having a normal life like and you don't and it's not even easy to like make friends, when you're in this kind of situation I haven't been like supported by the Home Office or like the government for a long while. (P6)

A difficulty connecting within families was also described by two participants. One participant noted that their family would not discuss the traumatic experiences they had because of statelessness and discrimination, and this impacted their sense of connection.

4.3 Abandoned

Destitution was attributed to restrictions on rights and lack of access to support. Four participants talked about being stuck in asylum and statelessness determination processes, with limited or no access to funds and no rights to seek employment or open bank accounts. All participants reported that this led to issues regarding poverty or financial difficulties.

…I'm not going to even say about them [UK government] because they never really helped [me] with anything I don't receive any help from them, no accommodation, no work… but I never received anything from them. (P7)

One participant described being destitute for 20 years, with no statutory access to shelter, financial support or legal aid. They spoke of being hospitalised for food poisoning, eating food past its expiration date, and experiencing homelessness due to their statelessness. The abandonment experienced by stateless individuals is entrenched in nationality laws, where an individual is left without legal protection or a government or embassy to protect or

safeguard them. This contributed to a profound sense of abandonment for people affected by statelessness.

> *...having nobody puts you in a state of unable to do anything about it, having to tolerate things that you would not normally tolerate you know, facing many injustices, you know it it's just the worst.* (P1)

5   Finding ways to cope

Developing an ability to cope with the impact of statelessness and the draconian systems that govern it was discussed across all interviews. All participants spoke of strategies they employed in attempts to cope with their situations. A sense of connection and community, internal resources and preserving a sense of meaning appeared to moderate the significant impact of statelessness on participants' lives.

5.1 Building a community

The importance of NGOs and the support they provide was reported by all participants. NGOs were described as building connections, enabling participants to become involved in activities such as volunteering to support others, attending classes and becoming involved in activism in relation to statelessness. Through building a community and meeting other people with similar lived experiences, participants attempted to maintain a sense of connection despite the segregating and alienation of statelessness. Four participants also talked of the sense of achievement and purpose they received from supporting others through peer support and activism.

Three participants who had been connected with people from their cultural communities, who were also experiencing statelessness, described the benefits of this on their sense of belonging, reducing feelings of alienation and segregation.

I'm lucky that I had some friends from my same country that they went through this before me earlier and they felt like kind of responsible for me. They kept on providing me with support they took me to their families, introduced me to their families and like warmth of the family, the warmth of being around with the same people that you belong and they tried as much as possible to make me feel belong and connected. (P2)

A sense of community was also accessed through participants' faith and religious groups. Two participants spoke about the support they received from the churches they attended. One participant shared that they did not believe in God but believed in "good people" (P7) and therefore continued to attend church for the community.

I went to the father of that church really helped me like mentally I mean like going to the church and talking to him and he did, really care and spend a lot of time with me he really helped. (P6)

5.2 Resilience

Internal coping resources were identified by all participants and were influenced by previous life experiences, access to helpful support and length of statelessness. The importance of coping with statelessness and using it to strengthen oneself psychologically and increase resilience was emphasised by one participant. They drew upon both positive and challenging previous life experiences and the coping strategies they had self-taught to cope with statelessness.

Yes, it is realistic that some big psychological impact will be over you [but] *I will repeat once again that it will, and it should give you a chance to strength, whatever strong part of your personality to be flourished.* (P3)

Participants who had accessed therapy through NGOs also shared strategies they utilised to build their coping resources against the impact of statelessness, such as behavioural activation and creating a routine and schedule. One participant described grounding techniques they employed to cope with the distress they experienced.

I had to be creative and unconventional, creative in order to fill my time and fulfil and feel like I'm contributing something to society because it's not [a] thing when you feel like. You're hopeless and you're not contributing anything, even if it's like with your mind, it has a detrimental effect… (P1)

Prolonged experiences of statelessness, however, influenced participants' ability to continue to engage with coping strategies due to feeling hopeless, and motivation to use techniques decreased. One participant reported attending classes initially, but as the hope of accessing Leave to Remain reduced, they thought it was pointless to continue learning if they could not use the skills due to ongoing restrictions.

Whilst resilience and coping strategies were highlighted across all interviews, all participants stressed the need for documentation and access to rights.

you know I try to commit suicide, so many things you know, when you for one or two time of a failure, you know, like you can absorb but if the failure start to be continuous, then you start to lose hope you know, you don't start to think anything about life, only one piece of paper can change the whole thing. (P4)

5.3 Meaning making

The majority of participants (five out of seven) spoke of trying to find meaning in their experiences of statelessness, four engaged in activism work regarding statelessness. This involved working with NGOs to effect policy change, taking on advocacy roles for people

and communities affected by statelessness, and engaging with the media and politicians. Through this participants created change and supported others with similar lived experiences.

> *I'm also advocating for the rights of stateless people refugees, asylum seekers and migrants… on why they [officials] need to look at some of their policies and change them, so this is what I've been doing in all these years to keep myself somewhat busy.* (P1)

Engaging in activism contributed to the revocation of citizenship for one participant, and they described the importance of preserving their beliefs and focusing on the justice they wanted to achieve.

One participant talked of how their faith helped them to find meaning and continue holding onto hope "*just the believing God that Still, God wants me to another mission"* (P2). Another explained that they held onto the belief they may create better lives for their daughters which gave their life meaning.

6 Seeking support.

This theme captured the experiences of seeking and accessing support, particularly mental health support. Participants' encounters and interactions with both systems and professionals are reflected in the themes of Unequipped professionals and services and Equipped professionals. Other barriers to accessing support were also identified in the theme "Stigma and misunderstanding".

6.1 Unequipped professionals and services

Negative experiences of accessing statutory healthcare services were reported by the majority of participants. Complex and challenging experiences were encountered when

attempting to seek mental health support due to their legal status and a lack of awareness about statelessness.

> *what does your nationality have to do with you having a nervous breakdown and OK, you're having a nervous breakdown because you're in a situation… but as soon as you mention anything about nationalities, statelessness… we see why you're there could be nothing wrong with you, you're here because of the Home Office. (*P1)

Three participants reported experiences of attempting to access mental health support but were not offered help. One participant was informed that due to their legal status, the service could not continue supporting them, leaving them feeling even more hopeless. They reflected on how mental health difficulties such as low mood can often have external triggers (e.g. bereavement or financial stress) and queried why it is deemed appropriate to offer support in these situations yet not for statelessness.

> *That was like a big shock to me…they said oh, yeah, you don't need to come here anymore and it seems like they cannot help and like, yeah, like your issue is like with your application and your I mean like, yeah, everyone has a reason I don't know why, like having it like, I don't know citizenship issue should be any different any other issue that like makes you sad.* (P6)

Furthermore, whilst five participants raised the importance of support from individuals with similar lived experiences, only some NGOs offered this. Two participants had no engagement with any other stateless individual despite accessing mental health support, and both raised feelings of isolation in the experience of statelessness.

6.2 Equipped professionals and service providers

Characteristics of equipped services were described as understanding statelessness and cultivating an accepting and non-judgemental environment. The services were connected to the broader community, where a sense of belonging was fostered. One participant highlighted the importance of peer support they accessed through a service.

...for me sometime just when you [are] talking, you just want to someone to listen, just to listen, you know, and because sometimes when you're telling people about your experience, they think like you are lying, you're looking for whatever they think, they making any kind of comments [judgments], but for me you know they [NGO] give me a counselling... We had a community and it was helpful, it was like the family I never had. (P7)

Positive experiences of accessing mental health support were reported by four participants. Three participants had accessed support through NGOs, and one accessed a mental health service through statutory healthcare services.

In addition, all participants reported the importance of accessing practical support from NGOs, particularly in navigating legal processes in the UK. One participant described living in overcrowded accommodation with their family and had previously been declined support from their local council until an NGO supported them.

...even what is written in law is only for the people who have this kind of a magic stick [professionals influence] (P4)

6.3 Stigma and misunderstanding

A lack of information regarding the impact of statelessness on mental health was highlighted and labelled as a barrier to accessing support.

I don't think people realise how much of an impact being stateless has emotionally and psychologically on oneself and it's not spoken about because it's not spoken about, it's not recognized and because it's not recognized, people just brand it as something entirely different (P5)

One participant explained that internalised stigma regarding mental health also acted as a barrier to seeking support for some stateless individuals.

there are support and services because obviously it's the UK there's always support services, whether it's adequate, it's a different question for but for us the question isn't whether there is or not, it's whether one is willing to acknowledge that they might need to go to these services (P5).

A lack of awareness and understanding regarding statelessness in the general public and amongst healthcare professionals was reported and resulted in participants' experiencing prejudice and judgement. Three participants reported that they felt fearful and hesitant to disclose to others that they were affected by statelessness.

So obviously if somebody come here and do[es] that [prejudice], then I will lose the faith [in] those other things as well, it's not you representing one thing, but the whole kind of a community. (P4)

Discussion

The study aimed to gain an in-depth understanding of participants' experiences of statelessness and the impact this may have on their mental health. This section will discuss the findings in the context of current research, contributions of the present study, limitations and implications for policy and services.

The first superordinate theme of this study, Kafkaesque systems, illustrates the complex and stringent systems participants must navigate, systems that impact the individuals' experiences. As depicted in Figure 1, these systems can have a detrimental effect on the individual level, captured by the superordinate themes; Psychological Harm, Feeling Frozen in Time, and Segregated and Alienated. This accords with previous research in a similar area focused on the experiences of asylum seekers navigating UK policies (Jannesari et al., 2020; Gleeson et al., 2020; Hajak et al., 2021). One of the main contributions the study makes to the area of statelessness is to demonstrate the many ways the systems impact the individual whilst also acknowledging the resilience within stateless individuals. This research indicates that statelessness contributes to a deterioration in mental health and impacts a person's sense of identity and belonging. Despite the impact of statelessness, the study also found internal and external resources that helped participants manage difficult situations and develop resilience in the face of ongoing hardship and difficulties. Furthermore, the final superordinate theme, seeking support, interestingly revealed both a source of positive and negative experiences for participants when attempting to access help.

Systemic influences

This study demonstrates the harm caused by governmental policies on statelessness that were identified by participants as perpetuating discrimination, cultivating a sense of insecurity and keeping individuals stuck in the vicious cycle of statelessness, all contributing to an impact on individuals' lives. The superordinate theme, Kafkaesque systems, represents the illogical and hostile systems that contribute to and govern statelessness. The systemic and persistent discrimination experienced by stateless individuals echoes Kingston's (2017) stance that discrimination is both a cause of and a result of statelessness. Perceived discrimination negatively affects mental and physical health (Pascoe & Smart Richman,

2009). Persistent exposure to discrimination has been associated with experiences of shame, poor self-esteem, fear, and stress (Williams et al., 2003).

Participants in this study were unanimous in their belief that harm was intended to them (and other stateless people) through governmental policies that contributed to statelessness and governed stateless individuals' lives. The sub-theme, draconian treatment, echoed the findings of other qualitative results (Cotterill, 2020; UNHCR, 2021) that demonstrated the harm caused by systems when living without citizenship. This study found that experiences of draconian treatment from governments were attributed to an increased risk of exploitation for individuals affected by statelessness. These findings reflect and support previous reports (Leclerc & Colville, 2007; De Chickera & Whiteman, 2016; Warria & Chikadzi, 2023; Asylum Aid, 2016; Bianchini, 2021; UNHCR, 2014) highlighting stateless individuals' vulnerability to exploitation due to a lack of legal protection and documentation.

This study also reflects existing reports that highlight the challenges with and impacts of SDPs, such as lack of access to legal aid, prolonged waits and lack of financial aid contributing to a absence of security in stateless individuals' lives (Bianchini, 2020; UNHCR, 2020; 2021; Carter & Bezzano, 2018).

All participants raised concerns regarding the perpetuating cycles of statelessness, including its inherited nature and the impact it could have on a person's decision or ability to have a family. Existing reports emphasise the inadequate measures to prevent statelessness from being passed on to children (ENS, 2014) and stress the need for the cycle of inherited statelessness to be broken (ISI, 2020a; 2020b).

Impact on the Individual

This research highlights the multifaceted nature of the psychological issues faced by the participants as a result of statelessness, such as the deterioration in mental health, the loss of identity, a feeling of being frozen in time and a lack of sense of belonging, which has not been focused on in other published research about statelessness to date, to the authors knowledge. The theme 'Psychological Harm' supports existing literature, highlighting the relationship between statelessness and mental health difficulties (UNHCR, 2021; Warria & Chikadzi, 2022; Refugee Study Centre, 2009). This study's findings highlight the impact on the mental health of prior negative or traumatic experiences and how this interacts with later experiences of the home office immigration procedures. These findings are similar to studies on asylum seekers and refugees that found both pre-migratory and post-migratory factors contribute to mental health difficulties (e.g. Bogic et al., 2015; Li et al., 2016; Miller & Rasmussen, 2010; Taylor et al., 2020). Whilst asylum seekers' experiences can differ from that of stateless individuals, similar post-migratory stressors were identified in this study. McColl and colleagues (2008) identified the '7 D's' as post-migratory factors impacting the mental health of asylum seekers (Discrimination, Detention, Dispersal, Destitution, Denial of right to work, Denial of healthcare and Delayed decisions on asylum applications) all characteristics of experiences of statelessness as documented in this study.

A deterioration in mental health due to experiences of statelessness was unanimously reported among participants. These findings support a previous qualitative study (Cotterill, 2020) that found that stateless individuals in the UK experience psychological distress attributable to their treatment from UK services. Cotterill's (2020) study reported that stateless people experienced depression, suicidal ideation and attempts at taking their own life. The findings of this study go beyond this, highlighting the impact of statelessness on an individual's sense of identity, self-image and self-worth.

The superordinate theme of 'segregation and alienation' reflected the social impact of statelessness. The sub-theme 'no sense of belonging' supports the literature regarding the impact of statelessness on the individual (Belton, 2016). Discrimination and not feeling accepted are important post-migration factors that were related to mental health or quality of life in several studies (Bogic et al., 2012; Dangmann et al., 2021; Ellis et al., 2008; Gleeson et al., 2020; McColl, 2008). Participants described feeling isolated and alone, with many experiencing separation from their families or communities. A lack of belonging has been linked to an increased risk of physical and mental health difficulties (Hari, 2019), and a study on young adults found that a lack of belonging predicted depressive symptoms (Dutcher et al., 2021). Furthermore, Novara and colleagues (2021) state that the perception of emotional closeness, such as belonging to a group, can support well-being.

Furthermore, the role of language in this process of identity erasure, negative self-image and sense of belonging was touched upon by participants. Literature on statelessness has suggested language has been used to facilitate alienation and othering (Benswait, 2021, pp. 87-97; Brinham, 2021, pp. 342-351) and that language such as 'illegal' has a social and psychological impact (Benswait, 2021, pp. 91-92). It is evident from this research that statelessness works in many ways to impact a person's sense of identity and belonging.

Experiences of statelessness resulted in a feeling of 'stuckness', where individuals are caught in a legal limbo without rights, unable to plan for the future, captured by the superordinate theme of 'feeling frozen in time". Participants described being unable to move forward or begin to build a life in the UK whilst also being unable to leave. This was connected to participants' reports of a deterioration in their mental health and left them feeling hopeless about their future. This finding echoes previous studies, which have found that a lack of legal status and the uncertainty regarding accessing legal status were significant

post-migration stressors, whilst more secure residence status resulted in better mental health outcomes (Bogic et al., 2012; Fang et al., 2015; Heeren et al., 2014; Leiler et al., 2019). These findings also build on research by Cotterill (2020), who reported that individuals impacted by statelessness experience a sense of 'stuckness' as a result of policies creating a sense of existential immobility, where individuals are unable to plan or have a sense of control over their lives.

Seeking out ways to cope

The systemic impact on UK stateless individuals is evident in the findings of this study: individuals experience hostility, discrimination, alienation, and a lack of support. However, strength and resilience were also observed. Resilience (Hutchinson & Dorsett, 2012), a sense of community (Greenfield & Mark, 2010) and meaning-making (Aguirre, 2008) have all been shown to protect against the impact of negative experiences to an extent. To cope with the experience of segregation and difficulties in building connections, many participants reported positive experiences from interactions with NGOs and religious groups, which supported participants in cultivating a sense of community and a feeling of safety. Sonn and Fisher (1998) argue cultivating and fostering a sense of community in settings such as church groups, sporting clubs, extended family networks, and other organisations is central to protecting marginalised groups.

Previous studies have found that having a sense of community can be a factor in protecting participants' well-being and reducing a sense of isolation (Laban et al., 2009; McNamara et al., 2021). Social support theory contends that individuals maintain their well-being by accessing various forms of assistance and resources within their social relationships, and it posits that social support serves as a fundamental cornerstone of health and well-being (Hobfoll et al., 1990). Quantitative studies on migration have found that social support,

particularly family support, has a positive relationship with life satisfaction and strong ties between community members are correlated with better health of individuals (Novara et al., 2021). In addition, individuals with more social support reported less detrimental effects following traumatic events (Wang et al., 2021). Furthermore, previous studies have shown that a lack of social support can be an additional risk factor that affects overall health (Gottvall et al., 2020), reflecting the importance of policies such as family reunification and community or peer support for stateless individuals.

Participants reported mixed experiences when seeking support for mental health difficulties. Stateless individuals often face psychological harm compounded by a lack of support, including limited access to appropriate or adequately equipped healthcare resources and interventions, as highlighted in this study and previous reports (ENS, 2021b; Van Hout et al., 2021). Participants emphasized the necessity of frequent, ongoing psychological support to navigate complex systems, as opposed to short-term, brief interventions. This is supported by Northwood and colleagues (2020), where long-term, intensive intervention improved refugees' mental health over time.

Limitations and strengths

Despite the important findings of this research, there are limitations that need to be considered. The sample size is small, and the results must therefore be interpreted tentatively and may not be fully generalisable, particularly not for stateless people living outside the UK. However, given the disenfranchisement and lack of trust people affected by statelessness can experience, seven participants can be viewed as a strength. Moreover, this thesis is the first qualitative study representing the experiences of stateless people in the UK regarding mental health and provides in-depth and detailed rich accounts.

Each individual's experience of statelessness is unique, with those affected by statelessness forming part of an incredibly heterogeneous group; therefore, this study cannot claim to be representative of all experiences of statelessness, and there may be other important aspects of the stateless experience that are not captured here. The use of IPA with this sample is a limitation as a homogenous sample is recommended (Smith et al., 2009).Participants recruited to this study, included statelessness either from birth or revocation of citizenship. At the time of the interviews two had acquired British citizenship, one held five-years leave to remain and four others were awaiting determination claims. Participants were selected on the basis they provided insight into the lived experience of statelessness. Due to challenges in recruitment and a lack of existing research in this field, it was decided not to exclude individuals who had lived experience of statelessness and subsequently acquired citizenship from the study. Despite the diverse nature of the sample, IPA was deemed the most appropriate qualitative approach because it allows for in-depth exploration of participants' personal accounts (Nizza et al., 2021), with a focus on centering the voices, concerns, and experiences of the participants (Larkin, Watts & Clifton, 2006).

Recruitment was carried out through NGOs, so this study's findings reflect this sampling strategy. One participant explicitly stated that they mistrusted professionals and had only agreed to participate in the research due to the trust built with the NGO. Therefore, this sample may have been unable to capture essential experiences (for example relating to mistrust of others, specifically professionals), as these individuals were not connected to NGOs or felt unable or unwilling to participate in research. This highlights the need for participatory research, where stateless individuals and community groups are positioned as co-researchers and involved throughout all aspects of the research.

As this study was a single-researcher approach with the same researcher conducting the interviews, transcriptions, and analysis, it may increase the risk of personal bias grounded

in the researcher's attitudes and beliefs. However, co-researchers and an expert by experience were involved in the process, and participants were given the opportunity to review the overarching themes found, reducing the first author's personal bias to some extent. The team of researchers also critically reflected on these issues throughout the research process.

Whilst all participants could carry out the interviews in English, for six participants, English was not their first language. All participants had resided in the UK for several years and spoke English with some fluency; however, it is possible that the fact that English is their second language reduced some of the detail and accuracy of their reports, particularly on interviews carried out on the phone where body language could not be observed. The nuance due to cultural differences, and differences in the use of language, may have been missed or misinterpreted. The analysis reflects my interpretation of the words chosen by participants and, at times, may not have been the person's intended meaning. All participants were offered the opportunity to feedback and discuss my interpretations. However, only three participants agreed to this. Had it been possible, a second meeting to discuss my interpretations with each participant would have addressed this issue to some degree.

In addition, using the IPA method with communities who have been marginalised where a one-off interview with participants was conducted may have limited the breadth and depth of experiences that can be accrued and analysed. A second follow-up interview would have been beneficial not only in rapport building but also in clarifying participants' meanings and exploring areas they raised in more depth (Taylor et al., 2020).

Research implications

This thesis has explored the experiences of statelessness in the UK and has implications for treatment planning, service delivery and governmental policies.

Policy Recommendations. This research indicates that immigration policies and procedures, including those in the UK government, negatively impact the mental health of stateless individuals seeking protection. This has implications for policy development. The findings of this study highlight the need to improve asylum and SDPs, to reduce long waits and discriminatory policies which restrict the rights and movements of stateless people and have a deleterious effect on their health and well-being. Inclusive healthcare is essential, and health should be considered a human right, regardless of legal status (Chuah et al., 2018; Nellums et al., 2018; Spitzer et al., 2019).

This research highlighted the disparity between how people affected by statelessness are conceptualised or categorised by governments, policy-makers and services. It is necessary to rethink the harmful labels imposed on stateless people and modify the policies that limit their human rights. The findings of this research suggest that providing employment or educational opportunities, financial and housing support, and social support could improve the mental health of stateless people.

To aid stateless individuals with mental health, we must address the root causes of statelessness, including discrimination, racism, and exclusionary policies (UNHCR, 2020; UNHCR, 2021). This can be accomplished through changes to SDPs, culturally sensitive mental health support, a focus on integration through social support and the inclusion of stateless individuals in the design and development of services.

Clinical and Service Recommendations. The impact on mental health due to statelessness has substantial implications for practice and service delivery. Statelessness results in discrimination, alienation, and human rights violations. This research underscores these issues and reveals a lack of adequate and/or accessible healthcare provision. Mental health support and increased awareness of statelessness are critical for those affected, as the

present study indicates negative experiences when attempting to access statutory health services. Understanding the challenges faced by people affected by statelessness is fundamental to effectively supporting and engaging them in healthcare services. This study highlights the need for further training about the needs of stateless people for healthcare services and clinicians, similar to previous recommendations for asylum seekers (McColl et al., 2008). Studies on supporting asylum seekers and refugees in statutory health services have argued that adaptations to service providers are required, including the implementation of services with a holistic approach (e.g. social and practical support) (Asif & Kienzler, 2022; McColl et al., 2008; Trueba et al., 2023). Clinicians and services should advocate when necessary where systemic issues and practices are causing distress in the lives of the people they support (McColl et al., 2008; Patel, 2011). Furthermore, advocating for the rights of people affected by statelessness may also be beneficial in communicating a feeling of belonging and support, as was evident from experiences in this study, where people accessed helpful support from nongovernmental organisations or received peer support.

Mental health support alone may be insufficient for stateless individuals, as indicated in this study's findings. Community-based solutions should be considered to support feelings of alienation and segregation and impact on sense of identity. Involving stateless individuals in developing adequate support, embedding community approaches into statutory mental health services and funding peer support spaces is recommended.

Future recommendations

Blitz and Lynch (2011) identified neglected areas in the study of statelessness, notably the psychosocial impact on individuals. The present study fills this gap to some degree and highlights legal processes' detrimental effects on mental health, social connection, and quality of life. Systemic issues exacerbate this impact, as illustrated in Figure 1.

Research at a macro level is required, such as research focusing on policy change and supporting stateless individuals to access rights whilst undergoing SDPs. The role of policies that govern statelessness in contributing to psychological distress experienced by stateless individuals is evident, and research should address how changes in these systems influence the impact on the individual level. Furthermore, research on when stateless individuals access citizenship and the impact of this may be helpful.

However, as these systems persist, a focus should also be placed on support at the individual level. It is evident that there is an impact on sense of identity and a sense of belonging as a result of statelessness and systems that govern it. Further research is needed to gain a more in-depth understanding of the impact on these areas. Research on individuals' needs and effective adaptations to evidence-based approaches that will support stateless individuals due to the distinctive experiences and discrimination they can face is also required. Fundamental to this will be research that explores the effectiveness of building a sense of community through groups such as peer support.

Conclusion

The present study raised the multifaceted and complex experience of statelessness due to Kafkaesque systems that impact mental health. The findings emphasise the role of policies governing statelessness in participants' feelings of alienation, where a sense of belonging was affected. Furthermore, it identified the extent to which draconian treatment can impact stateless individuals' mental health, contributing to anxiety and depression, somatic issues and their sense of identity, such as self-esteem and self-worth. Whilst also identifying a lack of support from statutory health services and a lack of awareness regarding statelessness and mental health, both within systems and at the individual level. However, despite these many

challenges participants' demonstrated resilience, through building stateless communities,

practising their faith and activism to change policy on statelessness.

Reference List

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies*, *5*, 9-19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Allen, K. A., Kern, M. L., Rozek, C. S., McInerney, D. M., & Slavich, G. M. (2021). Belonging: A review of conceptual issues, an integrative framework, and directions for future research. *Australian Journal of Psychology*, *73*(1), 87-102.

Asif, Z., & Kienzler, H. (2022). Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK. *SSM-Mental Health*, *2*, 100088.

Asylum Aid & United Nations High Commissioner for Refugees. (2011). *Mapping statelessness in The United Kingdom.* https://www.unhcr.org/uk/sites/uk/files/legacy-pdf/578dffae7.pdf

Asylum Aid. (2016). *The UK's Approach to Statelessness: Need for Fair and Timely Decisions.* https://www.refworld.org/pdfid/583461154.pdf

Ayeb-Karlsson, S., Kniveton, D., & Cannon, T. (2020). Trapped in the prison of the mind: Notions of climate-induced (im) mobility decision-making and wellbeing from an urban informal settlement in Bangladesh. *Palgrave Communications*, *6*(1), 1-15.

Batchelor, C. A., Leclerc, P., & Achiron, M. (2005). *Nationality and statelessness: A handbook for Parliamentarians*. Inter-Parliamentary Union.

Belton, K. A. (2016). Ending statelessness through belonging: a transformative agenda?. *Ethics & International Affairs*, *30*(4), 419-427.

Benswait, A. (2021). Language and statelessness: The impact of political discourses on the Bidoon community in Kuwait. In *Statelessness, governance, and the problem of citizenship* (pp. 87-98). Manchester University Press.

Bianchini, K. (2017). A comparative analysis of statelessness determination procedures in 10 EU States. *International Journal of Refugee Law*, *29*(1), 42-83.

Bianchini, K. (2020). Identifying the stateless in statelessness determination procedures and immigration detention in the United Kingdom. *International Journal of Refugee Law*, *32*(3), 440-471.

Blitz, B. K., & Lynch, M. (Eds.). (2009). *Statelessness and the benefits of citizenship: a comparative study*. Geneva: Geneva Academy of International Humanitarian Law and Human Rights and International Observatory on Statelessness.

Blitz, B. K., Lynch, M., Lakshman, R., & Chrimes, S. B. (2011). The cost of statelessness: A livelihoods analysis. *Bureau of Population, Refugees and Migration, United States Department of State*.

Blitz, B. K., & Otero-Iglesias, M. (2011). Stateless by any other name: refused asylum-seekers in the United Kingdom. *Journal of Ethnic and Migration Studies*, *37*(4), 657-573.

Bloom, T., Tonkiss, K., & Cole, P. (Eds.). (2017). *Understanding statelessness* (Vol. 4). Taylor & Francis.

Bochel, C., Bochel, H., Somerville, P., & Worley, C. (2008). Marginalised or enabled voices? 'User participation' in policy and practice. *Social Policy and Society*, *7*(2), 201-210.

Bogic, M., Ajdukovic, D., Bremner, S., Franciskovic, T., Galeazzi, G. M., Kucukalic, A., ... & Priebe, S. (2012). Factors associated with mental disorders in long-settled war

refugees: refugees from the former Yugoslavia in Germany, Italy and the UK. *The British Journal of Psychiatry*, *200*(3), 216-223.

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC international health and human rights*, *15*(1), 1-41.

Brinham, N. (2021). 'We are not stateless! You can call us what you like, but we are citizens of Myanmar!'Rohingya resistance and the stateless label. In *Statelessness, governance, and the problem of citizenship* (pp. 342-355). Manchester University Press.

Carter, J. C., & Bezzano, J. (2018). *Statelessness in Practice: Implementation of the UK Statelessness Application Procedure.* University of Liverpool. https://core.ac.uk/download/pdf/222793531.pdf

Chen, L., Nahmias, P., & Steinmueller, S. (2019). UNHCR statistical reporting on statelessness. *UNHCR Statistics Technical Series*, *1*, 1-13. https://www.unhcr.org/media/unhcr-statistical-reporting-statelessness

Chuah, F. L. H., Tan, S. T., Yeo, J., & Legido-Quigley, H. (2018). The health needs and access barriers among refugees and asylum-seekers in Malaysia: a qualitative study. *International journal for equity in health*, *17*(1), 1-15.

Cotterill, E. (2022). *Everyday experiences of statelessness in the UK* (Doctoral dissertation, Swansea University).

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, *39*(3), 124-130.

Dangmann, C., Solberg, Ø., & Andersen, P. N. (2021). Health-related quality of life in refugee youth and the mediating role of mental distress and post-migration stressors. *Quality of Life Research*, *30*, 2287-2297.

De Chickera, A., & Van Waas, L. (2017). Unpacking statelessness. In *Understanding Statelessness* (pp. 53-69). Routledge.

De Chickera, A., & Whiteman, J. (2016). Addressing Statelessness through the Rights to Equality and Non-Discrimination. In L. Waas, & M. Khanna (eds.), *Solving Statelessness* (pp. 99-129). Wolf Legal Publishers.

De Groot, G. R., Swider, K., & Vonk, O. (2015). *Practices and approaches in EU Member States to prevent and end statelessness*. EPRS: European Parliamentary Research Service. Belgium. Retrieved from https://policycommons.net/artifacts/1334717/practices-and-approaches-in-eu-member-states-to-prevent-and-end-statelessness/1940476/

Dutcher, J. M., Lederman, J., Jain, M., Price, S., Kumar, A., Villalba, D. K., ... & Creswell, J. D. (2022). Lack of belonging predicts depressive symptomatology in college students. *Psychological science*, *33*(7), 1048-1067.

Ellis, B. H., MacDonald, H. Z., Lincoln, A. K., & Cabral, H. J. (2008). Mental health of Somali adolescent refugees: the role of trauma, stress, and perceived discrimination. *Journal of consulting and clinical psychology*, *76*(2), 184.

European Network on statelessness. (2017). Statelessness. *Determination and the protection of stateless persons*. https://www.refworld.org/pdfid/53162a2f4.pdf

European Network on statelessness. (2017). *Protecting Stateless Persons From Arbitrary detention.* ENS_LockeInLimbo_Detention_Agenda_online.pdf (statelessness.eu)

European Network on statelessness. (2021a). *Invisible Kids. Childhood statelessness in the UK.* https://www.statelessness.eu/sites/default/files/2021-07/ENS_Invisible-Kids_July-2021.pdf

European Network on Statelessness. (2021b). *Situation assessment of Statelessness, health and Covid-19 in Europe.* ENS_Health_Situation_Assessment_Europe.pdf (statelessness.eu)

European Network on statelessness. (2022). *Stateless Index Survey 2022: United Kingdom.* ENS_Statelessness_Index_Survey-UK-2022.pdf

European Network on statelessness. (2023). *Statelessness Index. United Kingdom.* https://index.statelessness.eu/country/united-kingdom

Fang, M. L., Sixsmith, J., Lawthom, R., Mountian, I., & Shahrin, A. (2015). Experiencing 'pathologized presence and normalized absence'; understanding health related experiences and access to health care among Iraqi and Somali asylum seekers, refugees and persons without legal status. *BMC public health*, *15*(1), 1-12.

Goris, I., Harrington, J., & Köhn, S. (2009). Statelessness: What it is and why it matters. *Forced Migration Review*, (32), 4.

Gottvall, M., Sjölund, S., Arwidson, C., & Saboonchi, F. (2020). Health-related quality of life among Syrian refugees resettled in Sweden. *Quality of Life Research*, *29*, 505-514.

Greenfield, E. A., & Marks, N. F. (2010). Sense of Community as a Protective Factor against Long-Term Psychological Effects of Childhood Violence. *Soc Serv Rev*, *84*(1), 129-147. https://doi.org/10.1086/652786

Gleeson, C., Frost, R., Sherwood, L., Shevlin, M., Hyland, P., Halpin, R., ... & Silove, D. (2020). Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: a systematic review. *European Journal of Psychotraumatology*, *11*(1), 1793567.

Gregg, L., Nash, C., and Oakeshott, N. (2011). Mapping Statelessness in the UK. Report prepared by United Nations High Commissioner for Refugees/Asylum Aid. UNHCR - Mapping Statelessness https://www.unhcr.org/media/31061

Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A systematic review of factors affecting mental health and well-being of asylum seekers and refugees in Germany. *Frontiers in Psychiatry*, *12*, 643704.

Halaimzai, Z., Mariam, E., Yousafzai, A. K., Lombardi, J., & Hyder, T. (2022). Statelessness and young children. *Statelessness & Citizenship Review*, *4*(1), 154-162.

Hari, J. (2019). *Lost connections: Why you're depressed and how to find hope*. Bloomsbury Publishing Plc

Harvey, A. (2020). *Literature review and mapping study: risks of statelessness among the children of refugees in Europe*. No5 Chambers and ENS Individual Member. https://www.statelessness.eu/sites/default/files/2020-10/ARH-Literature%20review%20%26%20mapping-Final%20Report.pdf

Herberholz, C. (2022). 'We are inferior, we have no rights': Statelessness and mental health among ethnic minorities in Northern Thailand. *SSM Population Health*, *19*, 101138. https://doi.org/10.1016/j.ssmph.2022.101138

Heeren, M., Wittmann, L., Ehlert, U., Schnyder, U., Maier, T., & Müller, J. (2014). Psychopathology and resident status–comparing asylum seekers, refugees, illegal migrants, labor migrants, and residents. *Comprehensive psychiatry*, *55*(4), 818-825.

Hobfoll, S. E., Freedy, J., Lane, C., & Geller, P. (1990). Conservation of social resources: Social support resource theory. *Journal of Social and Personal Relationships*, *7*(4), 465-478. https://statelessjourneys.org/wp-content/uploads/StatelessJourneys-Greece-FINAL.pdf

Institute on Statelessness and Inclusion. (2020a) *Stateless: In a Global Pandemic. Impact Report.* https://files.institutesi.org/Covid19_Stateless_Impact_Report.pdf

Institute on Statelessness and Inclusion. (2020c). *Statelessness in numbers: 2020. An overview and analysis of global statistics.* https://files.institutesi.org/ISI_statistics_analysis_2020.pdf

Institute on Statelessness and Inclusion. (2020c) *The World's Stateless. Deprivation of Nationality.* https://files.institutesi.org/WORLD's_STATELESS_2020.pdf

Jannesari, S., Hatch, S., Prina, M., & Oram, S. (2020). Post-migration social–environmental factors associated with mental health problems among asylum seekers: A systematic review. *Journal of immigrant and minority health*, *22*, 1055-1064.

Jones, R., & Randall, C. (2018). Measuring National Well-Being: Quality of Life in the UK, 2018. *ONS: Newport, UK*.

Kingston, L. N. (2017). Worthy of rights: Statelessness as a cause and symptom of marginalisation. In *Understanding statelessness* (pp. 17-34). Routledge.

Kosinski, S. (2009). State of uncertainty: Citizenship, statelessness, and discrimination in the Dominican Republic. *BC Int'l & Comp. L. Rev.*, *32*, 377.

Laban, C. J., Hurulean, E., & Attia, A. (2009). Treatment of asylum seekers: Resilience-oriented therapy and strategies (ROTS): Implications of study results into clinical practice. *Handboek culturele psychiatrie en psychotherapie*, 127-146.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.

Leclerc, P., & Colville, R. (2007). Special Report: The strange hidden world of statelessness. *Refugees, 147*(3), 5-6. https://www.unhcr.org/46d2e8dc2.pdf

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public health*, *152*, 157-171.

Leiler, A., Bjärtå, A., Ekdahl, J., & Wasteson, E. (2019). Mental health and quality of life among asylum seekers and refugees living in refugee housing facilities in Sweden. *Social psychiatry and psychiatric epidemiology*, *54*, 543-551.

Li, S. S. Y., Liddell, B. J., & Nickerson, A. (2016). The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers. *Current Psychiatry Reports*, *18*(9). https://doi.org/10.1007/s11920-016-0723-0

Liverpool Law Clinic & Asylum Aid. (2020). *Ongoing challenges in accessing leave to remain in the UK as a stateless person.* https://www.liverpool.ac.uk/media/livacuk/law/4-liverpool-law-clinic/LLC-AA,statelessness,briefing,-,Ongoing,challenges,-,Dec,20.pdf

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research*, *26*(13), 1753-1760.

Mawani, F. N. (2014). Social determinants of refugee mental health. *Refuge and resilience: Promoting resilience and mental health among resettled refugees and forced migrants*, 27-50.

Maslow, A. H. (1954). The instinctoid nature of basic needs. *Journal of personality*.

Massey, H. (2010). *UNHCR and" de Facto" Statelessness*. UNHCR, Division of International Protection.

McColl, H., McKenzie, K., & Bhui, K. (2008). Mental healthcare of asylum-seekers and refugees. *Advances in Psychiatric Treatment*, *14*(6), 452-459.

McNamara, N., Stevenson, C., Costa, S., Bowe, M., Wakefield, J., Kellezi, B., ... & Mair, E. (2021). Community identification, social support, and loneliness: The benefits of social identification for personal well-being. *British Journal of Social Psychology*, *60*(4), 1379-1402.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social science & medicine*, *70*(1), 7-16.

Morrice, L., Tip, L. K., Collyer, M., & Brown, R. (2021). 'You can't have a good integration when you don't have a good communication': English-language learning among resettled refugees in England. *Journal of Refugee Studies*, *34*(1), 681-699.

Nellums, L. B., Powis, J., Jones, L., Miller, A., Rustage, K., Russell, N., ... & Hargreaves, S. (2021). "It's a life you're playing with": A qualitative study on experiences of NHS maternity services among undocumented migrant women in England. *Social Science & Medicine*, *270*, 113610.

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, *18*(3), 369-386.

Nordberg, C. (2006). Claiming citizenship: marginalised voices on identity and belonging. *Citizenship studies*, *10*(5), 523-539.

Northwood, A. K., Vukovich, M. M., Beckman, A., Walter, J. P., Josiah, N., Hudak, L., ... & Danner, C. C. (2020). Intensive psychotherapy and case management for Karen refugees with major depression in primary care: a pragmatic randomized control trial. *BMC Family Practice*, *21*, 1-13.

Novara, C., Moscato, G., Gomez-Jacinto, L., Hombrados-Mendieta, I., Varveri, L., Rochira, A., & Garro, M. (2021). Life satisfaction and psychological distress of African immigrants in Italy and Spain: the protective role of social support and sense of community. *Journal of Immigrant & Refugee Studies*, 1-18.

Park, C. L., Boals, A., Infurna, F. J., & Jayawickreme, E. (2021). 12C2Current Assessment and Interpretation of Perceived Post-Traumatic Growth. In *Redesigning Research on Post-Traumatic Growth: Challenges, Pitfalls, and New Directions* (pp. 0). Oxford University Press. https://doi.org/10.1093/med-psych/9780197507407.003.0002

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychol Bull*, *135*(4), 531-554. https://doi.org/10.1037/a0016059

Patel, N. (2011). The psychologization of torture. *De-medicalizing misery: Psychiatry, psychology and the human condition*, 239-255.

Peter McMullin Centre on Statelessness. (2023). *An Overview of Statelessness.* https://law.unimelb.edu.au/__data/assets/pdf_file/0009/4460454/Statelessness_overview_factsheet_Feb_2023.pdf

Priebe, S., Jankovic Gavrilovic, J., Bremner, S., Ajdukovic, D., Franciskovic, T., Galeazzi, G. M., ... & Bogic, M. (2012). Psychological symptoms as long-term consequences of war experiences. *Psychopathology*, *46*(1), 45-54.

QSR International: NVivo 11. In., vol. Pro, 11.4.1.1064 (64-bit) edn; 2017.

Refugee Studies Centre. (2009). *Statelessness, protection and equality*.

https://www.refworld.org/docid/4e5f3d572.html

Rennie, D. L. (1999). *Qualitative research: A matter of hermeneutics and the sociology of knowledge.*

Riley, A., Akther, Y., Noor, M., Ali, R., & Welton-Mitchell, C. (2020). Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh. *Conflict and health*, *14*, 1-14.

Riley, A., Varner, A., Ventevogel, P., Taimur Hasan, M. M., & Welton-Mitchell, C. (2017). Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcultural psychiatry*, *54*(3), 304-331.

Saeri, A. K., Cruwys, T., Barlow, F. K., Stronge, S., & Sibley, C. G. (2018). Social connectedness improves public mental health: Investigating bidirectional relationships in the New Zealand attitudes and values survey. *Australian & New Zealand journal of psychiatry*, *52*(4), 365-374.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London, United Kingdom: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative Phenomenological Analysis: Theory, Method, and Research* (2nd ed.). London, United Kingdom: Sage.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*, *9*(1), 41-42.

Sokoloff, C., & Lewis, R. (2005). Denial of citizenship: A challenge to human

    security. *Report Prepared for the Advisory Board on Human Security with the support*

    of the Ford Foundation.

    https://www.epc.eu/content/PDF/2005/EPC_Issue_Paper_28_Denial_of_Citizenship.

    pdf

Sonn, C. C., & Fisher, A. T. (1998). Sense of community: Community resilient responses to

    oppression and change. *Journal of Community Psychology*, *26*(5), 457-472.

    https://doi.org/https://doi.org/10.1002/(SICI)1520-6629(199809)26:5<457::AID-

    JCOP5>3.0.CO;2-O

Spitzer, D. L., Torres, S., Zwi, A. B., Khalema, E. N., & Palaganas, E. (2019). Towards

    inclusive migrant healthcare. *bmj*, *366*.

Stateless Journeys (2019) Statelessness and Refugees in Greece. *Country Briefing*.

    https://statelessjourneys.org/wp-content/uploads/StatelessJourneys-Greece-

    FINAL.pdf

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009).

    Association of torture and other potentially traumatic events with mental health

    outcomes among populations exposed to mass conflict and displacement: a systematic

    review and meta-analysis. *Jama*, *302*(5), 537-549.

Tay, A. K., Rees, S., Chen, J., Kareth, M., Lahe, S., Kitau, R., ... & Silove, D. (2015).

    Associations of conflict-related trauma and ongoing stressors with the mental health

    and functioning of West Papuan refugees in Port Moresby, Papua New Guinea

    (PNG). *PLoS One*, *10*(4), e0125178. https://doi.org/10.1371/journal.pone.0125178

Tay, A. K., Riley, A., Islam, R., Welton-Mitchell, C., Duchesne, B., Waters, V., ... &

    Ventevogel, P. (2019). The culture, mental health and psychosocial wellbeing of

Rohingya refugees: a systematic review. *Epidemiology and psychiatric sciences*, *28*(5), 489-494. https://doi.org/10.1017/S2045796019000192

Taylor, S., Charura, D., Williams, G., Shaw, M., Allan, J., Cohen, E., ... & O'Dwyer, L. (2020). Loss, grief, and growth: An interpretative phenomenological analysis of experiences of trauma in asylum seekers and refugees. *Traumatology*. Advance online publication. https://doi.org/10.1037/trm0000250

Trop v. Dulles. (1958). *The American Journal of International Law*, *52*(4), 777–784. https://doi.org/10.2307/2195600

Trueba, M. L., Axelrod, T., & Ayeb-Karlsson, S. (2023). Are asylum seekers and refugees provided with appropriate mental health support in the United Kingdom?. *Journal of Ethnic and Migration Studies*, 1-21.

United Nations. (1948). Universal Declaration of Human Rights. *UN General Assembly*, *302*(2), 14-25.

United Nations. (1954) *Convention Relating to the Status of Stateless Persons*. [Treaty Series, Vol. 360, p. 117]. United Nations. https://www.refworld.org/docid/3ae6b3840.html

United Nations. (1961) *Convention on the Reduction of Statelessness*. [Treaty Series, Vol. 989, p. 175]. United Nations. https://www.refworld.org/docid/3ae6b39620.html

United Nations. (2010) *Convention Relating to the Status of Stateless Persons.* United Nations Audiovisual Library of International Law. https://legal.un.org/avl/pdf/ha/cssp/cssp_e.pdf

United Nations High Commissioner for Refugees (UNHCR). (2014). *Global action plan to end statelessness 2014–2024.* UNHCR. https://reporting.unhcr.org/document/1867

United Nations High Commissioner for Refugees (UNHCR). (2015). *I Am Here, I Belong: The Urgent Need to End Childhood Statelessness.* https://reporting.unhcr.org/document/1870

United Nations High Commissioner for Refugees (UNHCR). (2019). *Global Trends*. https://www.unhcr.org/uk/statistics/unhcrstats/5ee200e37/unhcr-global-trends-2019.html

United Nations High Commissioner for Refugees (UNHCR). (2020). *Statelessness Determination in the UK*. https://www.refworld.org/docid/5fe349c94.html

United Nations High Commissioner for Refugees (UNHCR). (2021). *Quick Guide to Researching Statelessness. Division of International Protection Statelessness Section.* https://index.statelessness.eu/sites/default/files/UNHCR%2C%20Quick%20Guide%20-%20Researching%20Statelessness%20%28Mar%202021%29.pdf

United Nations High Commissioner for Refugees (UNHCR). (2021). *I am Human*. UNHCR, I Am Human (Apr 2021).pdf (statelessness.eu)

United Nations High Commissioner for Refugees (UNHCR). (2022a). Refugee Data Finder. https://www.unhcr.org/refugee-statistics/download/?url=2bxU2f

United Nations High Commissioner for Refugees (UNHCR). (2022b). *Ibelong. The Campaign to End Statelessness.* https://www.refworld.org/pdfid/638f28324.pdf

Van Hout, M. C., Bigland, C., & Murray, N. (2021). Scoping the impact of COVID-19 on the nexus of statelessness and health in Council of Europe member states. *Journal of Migration and Health*, 100053.

Wang, Y., Chung, M. C., Wang, N., Yu, X., & Kenardy, J. (2021). Social support and posttraumatic stress disorder: A meta-analysis of longitudinal studies. *Clinical psychology review*, *85*, 101998.

Wardle, H., & Obermuller, L. (2019). "Windrush generation" and "hostile environment": symbols and lived experiences in Caribbean migration to the UK. *Migration and Society*, *2*(1), 81-89.

Warria, A., & Chikadzi, V. (2022). Statelessness, Trauma and Mental Well-being: Implication for Practice, Research and Advocacy. *African Human Mobility Review*, *8*, 41-55. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2410-79722022000300002&nrm=iso

Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American journal of public health*, *93*(2), 200-208.

World Health Organization, & World Health Organization. (2014). Calouste gulbenkian foundation. *Social determinants of mental health. Geneva: World Health Organization*, *191*.

https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215-228.

Yardley, L. (2008). Demonstrating validity in qualitative health research. *Qualitative psychology: a practical guide to research methods*(2nd ed.). London: Sage, 253-251.

Young, I. M. (2005). Polity and group difference: a critique of the ideal of universal citizenship: A critique of the ideal of universal. In *Debates in Contemporary Political Philosophy* (pp. 229-248). Routledge.

Part Three. Critical Appraisal

Introduction

This critical appraisal will document some of my personal reflections throughout the research process. It will be informed by my reflective log, bracketing interviews and discussions that arose with members of my research team. I will consider dilemmas encountered in the process of conducting the systematic review and the empirical research project. I will also focus on researcher reflexivity, exploring how the researcher's background, identity and current global context may have influenced the various stages of the research process. I will finally reflect on conducting the research project and the findings and how these will influence my development as a clinical psychologist, both as a researcher and a clinician.

Systematic Review: Conceptualising 'mental health'

Conducting a qualitative systematic review was an unfamiliar area to me, which required much learning throughout each step of the research project. The process was filled with uncertainty when encountering the many decisions needed throughout. Consultation with the literature, my research team and a peer group for conducting systematic reviews, assisted me throughout. Whilst I encountered many dilemmas, I will focus on two examples, conceptualising mental health and conducting the thematic synthesis.

When planning the systematic review, I encountered several dilemmas and challenges—the review aimed to understand how asylum procedures influence asylum seekers' mental health. A challenge I encountered was the difficulty of conceptualising and operationalising' mental health'. I was mindful of using the DSM-5 diagnostic criteria to define mental health experiences (American Psychiatric Association, 2013); some researchers argue that diagnostic concepts should be used tentatively when applied to asylum seekers and refugees (Bracken et al., 1995). Furthermore, using a Western model for understanding the

mental health of non-western refugees for whom the validity of psychiatric measures developed in Western populations might be restricted. In addition, from an initial search of the literature, I was mindful that studies also measured factors such as psychological distress and somatic symptoms, and it felt important to capture these (Hajak et al., 2021).

The World Health Organisation (WHO) (2022) also argues that mental health is more than the absence of mental disorders. They suggest it is a state of well-being where people feel able and have the resources to cope with stress. Other definitions extend beyond this to include intellectual, emotional and spiritual development, positive self-perceptions, and feelings of self-worth (Manwell et al., 2015). In light of consultation with literature definitions on mental health and similar systematic reviews and studies on asylum seekers' experiences, it was agreed that the definition of mental health adopted would be more comprehensive than diagnostic criteria.

I consulted with a colleague as despite Manwell and colleagues' (2015) definition of mental health, I was unsure whether 'impact on identity' and relevant statements should be included under the definition of mental health I had adopted. My colleague's position was that this was not necessarily 'mental health'. However, much of the literature suggests that positive or negative events can create change in the sense of identity, affecting mental health outcomes (Cruwys et al., 2015; Jetten et al., 2012; Jasperse et al., 2011). After reviewing other studies on asylum seekers and consulting the literature, it was agreed that this fit within the scope of the systematic review.

All explicit references to mental health conditions or symptoms, such as 'psychological distress', were included. Somatic symptoms such as nightmares, trouble sleeping, and fatigue indicated mental health problems pertinent to our analysis. Furthermore,

any statements regarding self-identity, such as self-esteem, self-confidence or self-worth, were included.

Dilemmas when conducting thematic synthesis

Completing a qualitative evidence synthesis (QES) (qualitative systematic review), I felt uncertain throughout the decision-making process; it was my first experience with QES and using thematic synthesis. QES uses individual primary studies as data for analysis and extracts and integrates the themes across studies concerning the research question and evaluates the quality (Duden, 2021). QES and thematic synthesis, in particular, can be informative and helpful to healthcare-related practice and policy (Duden, 2021; Thomas & Harden, 2008). Thematic synthesis leans more towards a critical realist epistemology, an epistemological stance that I align with; it fits with the aim of the QES, investigating how causal mechanisms, such as policies, experiences, perceptions of policies and events (e.g. detainment). However, a key concern regarding bias was held when designing the research question on asylum determination procedures and mental health, identifying a personal assumption that there would be a negative impact. Therefore when conducting an initial search and choosing search terms with the support of a librarian, terms related to asylum seekers and asylum determination procedures were chosen, reducing potential bias through terms related to mental health. Unfortunately, due to the high levels of publications in this area and the time limitations of the course, we agreed that terms related to 'mental health' and 'well-being' would be added. However, three researchers and a librarian agreed on the terms in an attempt to minimise bias. In addition, guidelines by Moher and colleagues (2009) were followed to support transparent reporting.

Furthermore, when conducting our thematic synthesis, we adhered to Thomas and Harden's (2008) guidelines, coding line by line; any mention of asylum determination

procedures and mental health, whether positive, negative or neutral, was coded. If the researcher were uncertain regarding a statement and whether it should be coded, an "ambivalent" category was created, and consultation occurred with an independent researcher. In line with recommendations, transparent and systematic records about each step and decision were kept, and the use of NVivo supported with record keeping of how themes were data-driven. Whilst strategies were used to reduce researcher bias, QES has been described as a "subjective testimonial to other people's voices" and, therefore, cannot be completely void of bias (Ahearn, 2000, p. 15).

Empirical study reflections

Recruitment approach

Recruitment occurred through nongovernmental organisations (NGOs), and in line with ethics, it was agreed that staff would approach potential participants. Whilst this approach potentially reduced the impact of power relations on participants feeling required to agree to partake, it may have also impacted the recruitment of statelessness individuals not receiving any support or who may have had negative experiences with NGOs. One participant explicitly stated that they had only agreed to participate as they had built a trusting relationship with the NGO. They explained that trusting professionals and authorities can be difficult due to their lived experiences, and other participants in the research reflected this sentiment.

On reflection, whilst a hope of mine was to draw on principles of community-based participatory research, due to funding and time constraints, I feel this was not achieved to the degree I had hoped. Whilst I was fortunate to be able to engage with an expert by experience (EBE) in the development of the interview schedule and pilot interview and attended a meeting

with stateless individuals, the involvement of an EBE throughout the research process is essential.

Difficulties in recruitment experienced may have resulted from distrust and further highlights the need for more community-based participatory research. Community-based participatory research is considered especially important in communities that have been understudied and marginalised (Saw et al., 2021). Benswait (2021) a researcher with lived experience of statelessness highlights the importance of collaborative approaches where stateless individuals are involved and recognised, stating that "*The hope is in ourselves… We need our existence to be recognised. We need our existence to be respected. We need our existence as humans to be understood*" (p.97). Necessary foundational work is required when conducting community-based participatory research to develop equitable community-academic partnerships and attending to local, community-level considerations (Minkler & Wallerstein, 2003; Saw et al., 2021). Initial relationships with community-level organisations were built; however, this network was primarily based in the EU, and therefore the core NGO we worked in partnership with did not have local or community level groups in the UK.

Through the process, relationships with NGOs and stateless organisations have been built; the principle researcher attended a conference in the EU led by NGOs with many stateless individuals and local-level organisations in attendance. Throughout the current research, relationships and connections have been built with the stateless community in the hope that our future research will achieve more community-based participatory research principles.

Managing the interview: From clinician to researcher

During the interview process, I was very aware of my role as a researcher. Conducting qualitative research was new to me, and I felt a great deal of uncertainty regarding the

interviews. I consulted training videos and literature on the necessary skills to complete thoughtful and helpful interviews.

During my bracketing interview, I raised the difficulty in holding a 'neutral stance' as I was more familiar with the role of validating clinician, focusing on building epistemic trust. During my clinical work, I will acknowledge the impact of contributing factors or environments to the deterioration of participants' mental health (e.g. hostile work environments). In my reflexive log, I wondered about the extent to which validating the client may lead me to become less neutral during the interview process. After consulting the literature, I felt reassured that qualitative interviewers draw on similar techniques (validating, hypothesis testing) (Jackson, 2014) as trainee clinical psychologists. However, I kept in mind, keeping a curious, non-leading stance.

I chose to use a semi-structured schedule to guide the interview through topics of interest whilst also enabling participants to expand on and explore areas that felt particularly relevant or important to them (Rabionet, 2011). Furthermore, the decision to use semi-structured interviews was influenced by previous studies on similar topics and IPA recommendations (Smith et al., 2009). Semi-structured interviews, while having a predetermined agenda, allow for flexibility; the researcher is free to ask clarifying questions, modify questions, and explore new avenues that the participant raises (Taherdoost, 2022). Interestingly this is reflective of principles underlying assessments in mental health services. Whilst feeling more skilled in conducting semi-structured interviews as a result, it may have also made it more difficult to define the role and identity of the researcher, separate from that of the clinician.

Furthermore, as I was speaking to individuals about their lived experiences and how this impacted their mental health, I found it challenging to step out of my role as a clinician.

The participants I spoke with often shared challenging and distressing experiences they had been through. Whilst my skills as a trainee clinical psychologist enabled me to empathise and validate, all skills necessary for a good qualitative researcher (Smith et al., 2009; Taherdoost, 2022), I also wondered if I took on the role of the clinician at times. After my initial interview, I shared this dilemma with my principal research supervisor. We discussed the importance of a warm, trusting and therapeutic relationship is essential when working with anyone. Moreover, our experience has been that this has been particularly emphasised in work with marginalised groups such as asylum seekers and stateless individuals as they can often experience mistrust of professionals due to negative interactions with authorities. Furthermore, marginalised groups, such as stateless individuals, are more likely to experience discrimination and judgement (Ziersch et al., 2020). We discussed the importance of building rapport with participants and that it was imperative for participants to have a different encounter than they may have previously have when sharing their stories. I agreed with my supervisor to allow additional time for participants to feel heard, to use the semi-structured interview schedule flexibly and validate whilst holding a curious and empathic stance.

Researcher Reflexivity

Throughout each step of the process of the systematic review and empirical paper, research reflexivity has been critical yet, at times, challenging. Researcher reflexivity has been well established and is a significant step in qualitative research to ensure rigour and transparency (Berger, 2015; Dodgon, 2019). It situates the research within context, therefore helping to determine the trustworthiness of the findings and supporting the reader in having a deeper understanding of the researcher and the work, informing their interpretations of the research (Teh & Lek, 2018).

Contextualising the intersecting relationships (e.g., race, socio-economic status, age, cultural background) enables the reader to place the researcher's position on insider or outsider perspectives whilst also allowing the researcher to consider the effect that they may have on the people consenting to participate (Berger, 2015). This is particularly important when research regards the experiences of marginalised groups that historically may have experienced harm through research. In addition from a critical realist perspective, real-world things occur, which we experience and interpret; it is essential to acknowledge the broader contextual global events that may have informed or influenced this thesis (Bhaskar & Danermark, 2006).

Situating the researcher and research

Context. Coincidentally coinciding with the current research, many global events occurred. The Covid-19 pandemic had occurred the year prior, and the UK exited the EU in December 2020. In addition, many political, economic and climate crises occurred across many continents and countries worldwide, impacting displacement and forced migration.

As a result of these events and many other factors, an increase in media and social media coverage of asylum seekers and refugees was observed. Furthermore, the current government in power became vocal regarding perceived 'illegal immigration'. Throughout the process, I was aware of my personal beliefs and values and how these did not align with some governmental stances. I engaged in bracketing interviews prior to the analysis of my systematic review and prior to conducting my research interviews.

Self and Family Life. My interest and motivation in undertaking the systematic review and empirical study came from both my therapeutic work with people seeking asylum and my family history with immigration. I was born and raised in rural Ireland to a working-class family. My family members immigrated all over the world during the Famine and post

for economic reasons. The narrative in my family of immigration is complex, with many historically experiencing discrimination, loss and isolation, resulting in effects on mental health. Whilst my experience of immigration differs from these, I am aware of the narratives I hold regarding the impact of systemic issues on mental health. Despite using recommended reflexivity practices such as bracketing interviews, reflexivity journals and peer reflective practice groups, I found it challenging to maintain a researcher stance at times, given the wider societal narratives surrounding immigration in the UK.

Understanding and positioning my ontological and epistemological stance and identifying my personal beliefs and assumptions supported reflection on how I interpreted the data across the QES and the empirical project (Bracken, 2010). This can be observed through an example of the data analysis of a participant who argued that the individual has the agency to create change for oneself regardless of the situation. By acknowledging how this diverged from my beliefs and assumptions that individuals operate within structures and that this influences an individual's agency, I attempted to bracket my assumptions, grounding my interpretations in the participant's views. This enabled me to engage with the participants' experience through a process of intersubjective meaning-making in line with IPAs philosophical assumptions (Cuthberston et al., 2020).

Implications for clinical practice

While conducting this research, it further highlighted the need for holistic and integrative approaches when delivering mental health services. Broader systemic influences, such as policies, can contribute to mental health deterioration within society. This aligns with the social determinants of health theory, demonstrating how social, economic and political factors influence health outcomes (WHO, 2008). This reinforced to me the importance, at an individual clinical level, of supporting service users to access practical support where

appropriate and the importance of supporting the therapy intervention through letter writing when requested by a service user.

The alienation and impact on a sense of belonging and identity on asylum seekers and stateless individuals resulting in part from policies were highlighted to me from the findings. Mannarini and Salvatore (2019) argue that when supporting displaced people with mental health, an in-depth understanding of the socio-political and cultural context is necessary, taking into consideration identity-otherness dynamics. Furthermore, much of the literature in my review indicated the importance of high levels of perceived social and community support positively influencing well-being and mental health (Lecerof et al., 2015). Moreover, research indicates that individuals with strong social identities have more positive outcomes for health in general and against depression (e.g. Cruwys et al., 2015; Griswold et al., 2021; Jetten et al., 2012). Social identities are cultivated through a sense of belonging and group membership. It has also been suggested that stronger social identities can aid in creating a sense of security (Cruwys et al., 2015; Haslam et al., 2009).

The findings from the systematic review and empirical paper present ways that services and clinicians can support with cultivating social identities. The value to participants of groups, peer support and connections with local communities, from community-led NGOs to religious groups, was raised. Connection to others and social support are factors I had always deemed meaningful when delivering interventions; however, seeing the impact when participants were able to access this, and the desire of participants to cultivate a sense of belonging encouraged me to evaluate how I can implement this in my clinical practice and to advocate for more integrative approaches (e.g. use of peer support, links with community groups) within services.

Furthermore, the findings of this research have motivated me to explore community psychology approaches in more depth. Community psychology interventions often aim to address the root cause of mental health distress through strategies that may create or evaluate policies and programs (Levine et al., 2005), and this feels incredibly important in light of the findings. Whilst I have limited clinical exposure to working at a macro level that targets policy which impacts mental health, hearing how policies in the UK and EU have impacted asylum seekers and stateless individuals has motivated me to consider working in services that draw upon community psychology approaches.

Conclusions

Despite my initial lack of confidence and the steep learning curve when conducting my literature review and empirical research, I have enjoyed the experience. Throughout the process, I faced many challenges and dilemmas and tolerated the uncertainty of decision-making in research areas I was novel to. However, it reinforced to me the importance of research teams and peers to aid in reflection and share knowledge and make joint decisions.

The projects I engaged with highlighted the value of centring marginalised voices. Furthermore, it allowed me a greater understanding and insight into how the political systems influence the individual level. Conducting this project has motivated me to continue engaging in research guided by community-participatory principles and as a clinical psychologist to work both on the macro and micro level.

References

Ahearn Jr, F. L. (2000). Methodological Approaches to the Study of Refugees. *Psychosocial wellness of refugees: Issues in qualitative and quantitative research*, *7*, 3.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA.

Benswait, A. (2021). Language and statelessness: The impact of political discourses on the Bidoon community in Kuwait. In *Statelessness, governance, and the problem of citizenship* (pp. 87-98). Manchester University Press.

Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bhaskar, R., & Danermark, B. (2006). Metatheory, interdisciplinarity and disability research: A critical realist perspective. *Scandinavian Journal of Disability Research*, *8*(4), 278-297.

Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social science & medicine*, *40*(8), 1073-1082.

Bracken, S. (2010). Discussing the importance of ontology and epistemology awareness in practitioner research. *Worcester Journal of learning and teaching*, (4).

Cruwys, T., South, E. I., Greenaway, K. H., & Haslam, S. A. (2015). Social identity reduces depression by fostering positive attributions. *Social Psychological and Personality Science*, *6*(1), 65-74.

Cuthbertson, L. M., Robb, Y. A., & Blair, S. (2020). Theory and application of research principles and philosophical underpinning for a study utilising interpretative phenomenological analysis. *Radiography*, *26*(2), e94-e102.

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220-222.

Duden, G. S. (2021). Challenges to qualitative evidence synthesis–Aiming for diversity and abstracting without losing meaning. *Methods in Psychology*, *5*, 100070.

Griswold, K. S., Vest, B. M., Lynch-Jiles, A., Sawch, D., Kolesnikova, K., Byimana, L., & Kefi, P.(2021). "I just need to be with my family": resettlement experiences of asylum seeker and refugee survivors of torture. *Globalization and Health, 17*(1). https://doi.org/10.1186/s12992-021-00681-9

Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A systematic review of factors affecting mental health and well-being of asylum seekers and refugees in Germany. *Frontiers in Psychiatry, 12*, 643704.

Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology: An International Review, 58*,1

Jackson, C. (2014). What can the Therapeutic Interviewer Learn from the Qualitative Research Interviewer? (and vice versa). *Quadrivium: A Journal of Multidisciplinary Scholarship*, *1*(1), 13.

Jasperse, M., Ward, C., & Jose, P. E. (2012). Identity, perceived religious discrimination, and psychological well-being in Muslim immigrant women. *Applied Psychology*, *61*(2), 250-271

Jetten, J., Haslam, C., & Alexander, S. H. (2012). *The social cure: Identity, health and well-being*. Psychology press.

Kagan, C., Burton, M., Duckett, P., Lawthom, R., & Siddiquee, A. (2011). *Critical Community Psychology* (1st ed.). West Sussex: Wiley-Blackwell.

Lecerof, S. S., Stafström, M., Westerling, R., & Östergren, P. O. (2015). Does social capital protect mental health among migrants in Sweden?. *Health promotion international, 31*(3), 644-652.

Levine, M., Perkins, D. D., & Perkins, D. V. (2005). *Principles of community psychology: perspectives and applications* (3rd ed.). Oxford University Press.

Lie, B. (2002). A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta Psychiatrica Scandinavica*, *106*(6), 415-425.

Mannarini, T., & Salvatore, S. (2019). Making sense of ourselves and others: A contribution to the community-diversity debate. *Community Psychology in Global Perspective*, *5*(1), 26-37. doi:10.1285/i24212113v5i1p26

Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ open*, *5*(6), e007079.

Minkler, M., & Wallerstein, N. (2003). Part one: Introduction to community-based participatory research. *Community-based participatory research for health*, 5-24.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*, T. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of internal medicine*, *151*(4), 264-269.

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical teacher*, 1-11.

Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: an ongoing and continuous journey. *Qualitative Report*, *16*(2), 563-566.

Saw, A., Nau, S., Jeremiah, R. D., & Zakaria, N. B. (2022). Laying the groundwork for participatory research with a Rohingya refugee community. *Cultural Diversity and Ethnic Minority Psychology*, *28*(3), 306.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London, United Kingdom: Sage.

Taherdoost, H. (2022). How to Conduct an Effective Interview; A Guide to Interview Design in Research Study. *International Journal of Academic Research in Management*, *11*(1), 39-51.

Teh, Y. Y., & Lek, E. (2018). Culture and reflexivity: Systemic journeys with a British Chinese family. *Journal of Family Therapy*, *40*(4), 520-536.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, *8*(1), 1-10.

World Health Organisation. (2022). *Mental health*. Retrieved: 26/06/2023 https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response#:~:text=Mental%20health%20is%20a%20state,and%20contribute%20to%20their%20community.

Ziersch, A., Due, C., & Walsh, M. (2020). Discrimination: A health hazard for people from refugee and asylum-seeking backgrounds resettled in Australia. *BMC Public Health*, *20*(1), 1-14

Appendices

Appendix A. Flow chart overview of asylum procedures in the UK

A. General

1. Flow chart

```
On the territory          At port              From detention                    Subsequent application
UK Visas &                UK Border Force      Home Office                       UK Visas & Immigration
Immigration

        Screening interview
                                                                         Not treated as
                              Third-Country Unit                         fresh claim
                              UK Visas &
                              Immigration                                Judicial review
                                                                         Upper Tribunal
        UK responsible              Safe third country


Regular procedure      Accelerated procedure       Under 18            Treated as
UK Visas &             - Non-Suspensive            UK Visas &          fresh claim
Immigration              Appeal                     Immigration
                       - Detained Fast-Track


Accepted   Refugee status – "group 1"    Rejected    Appeal            Certified   Judicial review
           Refugee status – "group 2"                First-Tier Tribunal clearly   Upper Tribunal
           Humanitarian protection                                     unfounded
           Discretionary leave
           Section 67 leave / Calais     Permission   Appeal
           leave (children only)                      Upper Tribunal
                                                      (points of law)

                                         Permission   Court of Appeal
                                                      (points of law on
                                                      restricted grounds)

                                         Permission   Supreme Court
                                                      (points of law &
                                                      public importance)

                                                                       If cannot return,
                                                                       granted UASC leave
```

Appendix B. Retreat Framework

Domain	Definitions
Review question	A clear and detailed specification of the research question(s) to be addressed by the review
Epistemology	The assumptions on the nature of knowledge that underpin the synthesis method and the extent to which these permit the review team to achieve their purpose
Time/timeframe	Logistic constraints regarding the expected completion date of the synthesis and the cumulative amount of effort required to deliver the review
Resources	Financial and physical support and infrastructure required to deliver the review
Expertise	Knowledge and skill domains required by the review team and the wider network supporting the review
Audience and purpose	Requirements and expectations of the intended recipients of the review and how review findings are intended to be used
Type of data	The richness, thickness, type (quantitative/qualitative), quality, and quantity of data available to address the review question.

Appendix C. Recruitment poster

We are looking to invite people who have lived experience of statelessness to have a conversation about mental health and how statelessness may affect this.

Who can take part?
Anyone over the age of 18, with lived experience of statelessness, currently living in the UK.

What is this study about?
This study would involve a conversation, where we will speak about your lived experiences of statelessness and your experiences of mental health.

What does taking part involve?
You would be invited to have a 90 minute conversation either in person, at UCL, or on a video call and you would receive a £20 voucher for your time. **The conversation would be confidential, and it would be audiorecorded for the purpose of the study.**

Interpreters are available for the interviews

If you are interested in learning more about the research you can contact us directly. You can call or text Jessie Mulcaire on **078 5710 7342** or you can email **jessie.mulcaire.16@ucl.ac.uk.**

Principle Investigator: Dr Francesca Brady (Clinical Psychologist)

Researcher: Jessie Mulcaire (Trainee Clinical Psychologist)

UCL Research Ethics Committee Approval ID number: 22229/001

UCL

Research Department of Clinical, Educational and Health Psychology

Appendix D. Participant information sheet

Research Department of Clinical,
Educational and Health Psychology

PARTICIPANT INFORMATION SHEET
UCL Research Ethics Committee Approval ID number: 22229/001

Title of Study: The experiences of psychological distress in people who are affected by statelessness who are living in the UK

Researcher: Jessie Mulcaire, Trainee Clinical Psychologist,jessie.mulcaire.16@ucl.ac.uk
Principal Researcher: Dr Francesca Brady, Clinical Psychologist, f.brady@ucl.ac.uk

> 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?
We would like to speak to people who are affected by statelessness and living in the UK about their experiences. We are hoping to have a conversation about the effects of statelessness on mental health.

Why have I been invited to take part?
You have been invited to take part in this study because we understand that you have lived experiences of statelessness.

What does taking part involve?
If you are interested in participating, we will invite you to meet with a researcher who will answer any questions you may have. If you agree to participate, you will be asked to sign a consent form. The researcher will then arrange a date and time to speak with you online or in person. You will be asked about your experiences of statelessness and mental health. **The conversation between yourself and the researcher will be audio-recorded or video-recorded. You can decline to be video-recorded.** Unfortunately, if you do not want the conversation to be audio-recorded you would be unable to participate.

We will ask you to complete a demographic form that asks some information about yourself, such as your age, gender and ethnicity. You do not have to give all of this information if you do not want to. All information will be kept confidential.

The interview will last approximately up to one hour and a half and if you would like to do it using video call or phone, we ask that you find a quiet, comfortable and private space to talk. If you would like the interview to be in person, we will arrange a confidential and safe space at University College London. You would be reimbursed for your travel expenses within London. Should you need an interpreter, one will be arranged for you. If an interpreter is required, they will be asked to sign a confidentiality agreement. The interview will be audio-recorded so that we do not miss anything important that you say. You will also be given a £20 High Street Voucher as a 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 i.e., how we understand what you told us. We will send you a written summary of 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 journal publication. Should you wish, a copy of these will be shared with you.

21

Do I have to take part?
__No__. Your participation is voluntary, and you are free to choose whether or not to take part. If you decline to take part, this will not have any impact on the support you are receiving. You are also free to withdraw from the study at any point up until __January 2023__. __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.__ Unfortunately, after __January 2023__ as your data will be complied with others it will not be possible to withdraw from the study.

What are the risks and benefits of taking part?
Talking about your past 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. If after the interview you would like to speak with someone, you will be given the lead researcher's contact details.

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 people affected by statelessness.

Participation in this study would not affect your immigration status and you would __not__ receive legal assistance or advice with respect to your immigration status or general legal status.

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, which will not have any identifiable information, of the interview will securely be stored for 10 years after the study has been published – this will contain no identifiable personal information. The recordings will be stored securely until after the study is complete.

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 peer-reviewed scientific journal. This data would be anonymised so it is not possible to identify you.

What other information would you collect?
We will ask you to provide some personal information about yourself, such as age, gender and ethnicity. 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 may have to tell someone else so we could help keep you safe. This person would likely be your GP, but might also be another 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 information we gather from 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.__

Where can I find information on accessing support for my mental health?
If you would like to access mental health support in your area you can arrange an appointment with your GP who can inform you of your local services.
If you would like to speak with someone confidentially you can also call Samaritans on 116 123 (UK-wide) or text SHOUT to 85258 (UK-wide).

Data Protection privacy notice	**If I have any questions, who can I ask?**
The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk	Jessie Mulcaire, Trainee Clinical Psychologist Email:
This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:	Supervised by Dr Francesca Brady Telep Email
For participants in health and care research studies, click here	*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.*
The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.	
The lawful basis that will be used to process your personal data is: 'Public task' for personal data.	
The lawful basis that will be used to process special category data is: ' Archiving, research and statistics' purposes.	
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.	

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

Appendix E. Consent form

Research Department of Clinical, Educational and Health Psychology

▟▙ UCL

CONSENT FORM

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

Title of Study: The experiences of psychological distress in people who are affected by statelessness who are living in the UK.
Department: Department of Clinical, Educational and Health Psychology
Name and Contact Details of the Researcher(s): Jessie Mulcaire (████████████████████)
Name and Contact Details of the Principal Researcher: Dr Francesca Brady ████████████
Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts data-protection@ucl.ac.uk
This study has been approved by the UCL Research Ethics Committee: Project ID number: 22229/001

Thank you for considering to take 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. ☐

1. I consent to participate in the study. I understand that my personal information such as my name, age, mobile number, will be used for the purposes explained to me i.e. only to contact me about the study and will be deleted after my participation if I do not consent to further follow-up contact. ☐

2. I understand that all personal information will remain confidential. ☐

   a. I understand that confidentiality will be respected subject to legal constraints and professional guidelines. I am aware that if there is any significant risk of harm to me or another person that this may need to be reported to relevant services, such as my GP. ☐

   b. I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications and I understand that if the researchers would like to use a direct quote in a publication, they will use a pseudonym. ☐

18

3. I understand that my participation is voluntary and that I am free to withdraw up until January 2023 without giving a reason. I understand after this time as all data will be analysed and complied together it would not be possible to withdraw.

4. 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.

5. 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.

6. 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.

7. I understand that I will be compensated by way of a £20 voucher for the portion of time spent in the study even if I choose to withdraw.

8. I understand that the information I have submitted will be published as a report and may also be published in a journal. I can receive a copy of it if I consent to my contact details being retained for this purpose.

9. I understand the audio-recordings will be stored securely until the study is completed but may be deleted before this. Audio-recordings will be stored anonymously, using password-protected software and will be used only for this study.

10. I understand that I can decline to be video-recorded and can chose the option to only be audio-recorded.

11. I am aware of who I should contact if I have concerns after the study.

12. I voluntarily agree to take part in this study. ☐

If you wish to be contacted to provide feedback on our analysis of your interview please tick the box. Your contact details would be stored securely until this date. If you do not wish to be contacted, this will not impact your participation in this study.

- Yes, I would like to be contacted to provide feedback. ☐

If you wish to be contacted when this study is completed to hear about our findings please tick the box. Your contact details would be stored securely until this date. If you do not wish to be contacted this will not impact your participation in this study.

- Yes, I would like to be contact to hear about the findings of this research ☐

If you wish to be contacted about participating in future research projects please tick the box. Your contact details would be stored securely for 2 years. If you do not wish to be contacted this will not impact your participation in this study.

- Yes, I would like to be contacted about future research and I am happy for my contact details to be stored for 2 years. ☐

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Researcher   Date   Signature

Appendix F. Interview Schedule

1) I'm speaking to lots of different people about their lived experience of statelessness and it can be very different for each person. Could you tell me a bit about your lived experience of statelessness.
   a. When was the first time you heard the term stateless or realized you might be considered stateless?

2) Have you had to make any legal (immigration) applications in the UK?' (such as claiming asylum, humanitarian protection, National Referral Mechanism application, or statelessness procedure.) What was this experience
   Possible Prompts
   a. *Could you tell me a bit about how this experience was for you?*
   b. *Was there anything difficult about this process for you?*
   c. *did this process have any emotional impact on you?*
   d. *did it have any impact on your mental health?*
   e. *When did you do this? Was it during the pandemic?*

3) Can you describe how statelessness has affected your life? (Can you tell me about how you have been affected by statelessness?) If you were born in x how did statelessness affect here.
   Possible Prompts:
   a. *Why do you think this is related to your experience of statelessness?*
   b. *Are there any other factors that might have contributed to this?*
   c. *Finically how did it affect you?*
   d. *What was it like during the pandemic?*

4) Have you had any experiences of mental health difficulties/distress related to your experiences of statelessness (or specifically as a result of the effects of statelessness?) What experiences do you feel have directly related to stateless. What impacts on your distress the most in relation to stateless.

5) Could you tell me about your well-being before beginning legal processes in the UK? Did you experience any distress or mental health difficulties prior to this.
   Possible prompts:
   a. *Were there times your well-being was affected?*
   b. *Were there times when you felt low? Were there times when you felt anxious?*
   c. *What emotions/thoughts/physical sensations did you experience?*
   d. *Was there anything going on in your life at that time that you think might have contributed to, or impacted your mental health?*
   e. *When can you first recall these difficulties occurring?*

6) **Have you been supported by any mental health services in the UK?**
   Yes - explore the experience of this No- explore barriers etc.

   Possible prompts:
   a. *Has anything ever got in the way of you accessing support?/ When? How*
   b. *What was your experience of accessing the services?*
   c. *What has you experiences been of services in the UK?*
   d. *Did you feel services were able to support you?*
   e. *Did services understand what it means to be affected by statelessness and how this was affecting you specifically?*

7) Has anything helped you to cope with the effects of statelessness?
   a. Who/When/Where

8) Is there anything that we have not discussed today, or I have not asked that you would like to raise?

Appendix G. Participant debrief sheet

PARTICIPANT DEBRIEF SHEET

UCL Research Ethics Committee Approval ID number: 22229/001

Title of Study: The experiences of psychological distress in people who are affected by statelessness who are living in the UK.

Researcher: Jessie Mulcaire, Trainee Clinical Psychologist, ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮.
Principal Researcher: Dr Francesca Brady, Clinical Psychologist, ▮▮▮▮▮▮▮▮▮▮▮▮▮▮

Thank you for taking the time to participate in this research project.

Purpose of the Study:
The purpose of this study is to explore the effects of statelessness on mental health. By interviewing people with lived experience of statelessness and analysing their anonymised transcripts, we aim to identify themes which occur across participants, understanding how statelessness may affect peoples' well-being or mental health.

Useful Contact Information:
If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s) using the contact details at the top of this sheet.

Withdrawal Information:
You may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please contact the researchers on the contact details above, before 1st January 2023, stating that you wish to withdraw from the study. You will not need to provide a reason for withdrawal. Unfortunately, after this time, it will not be possible to withdraw your data as it may have already been transcribed, anonymised and included in the combined analysis.

Whether you agree or do not agree to have your data used for this study, you will still receive your compensation for participating.

Final Report:
If you indicated in the consent form that you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, we will contact you when this is available.

Accessing Support
If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. You can contact the researchers, through the contact details above who can provide signposting to mental health services in your area. As we are researchers, we would be unable to provide mental health support to you directly.

If you feel you would like assistance, you can also access the NHS mental health website (https://www.nhs.uk/mental-health/) which provides information about how to get urgent help and support if you need it, how to access longer term support and provides self-help resources for dealing with distress.

Thank you once again for your participation in this research project

PARTICIPANT DEBRIEF SHEET

UCL Research Ethics Committee Approval ID number: 22229/001

Title of Study: The experiences of psychological distress in people who are affected by statelessness who are living in the UK.

Researcher: Jessie Mulcaire, Trainee Clinical Psychologist, ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮1.
Principal Researcher: Dr Francesca Brady, Clinical Psychologist ▮▮▮▮▮▮▮▮▮▮▮▮▮▮

Thank you for taking the time to participate in this research project.

<u>Purpose of the Study:</u>
The purpose of this study is to explore the effects of statelessness on mental health. By interviewing people with lived experience of statelessness and analysing their anonymised transcripts, we aim to identify themes which occur across participants, understanding how statelessness may affect peoples' well-being or mental health.

<u>Useful Contact Information:</u>
If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s) using the contact details at the top of this sheet.

<u>Withdrawal Information:</u>
You may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please contact the researchers on the contact details above, before 1st January 2023, stating that you wish to withdraw from the study. You will not need to provide a reason for withdrawal. Unfortunately, after this time, it will not be possible to withdraw your data as it may have already been transcribed, anonymised and included in the combined analysis.

Whether you agree or do not agree to have your data used for this study, you will still receive your compensation for participating.

<u>Final Report:</u>
If you indicated in the consent form that you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, we will contact you when this is available.

<u>Accessing Support</u>
If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. You can contact the researchers, through the contact details above who can provide signposting to mental health services in your area. As we are researchers, we would be unable to provide mental health support to you directly.

If you feel you would like assistance, you can also access the NHS mental health website (https://www.nhs.uk/mental-health/) which provides information about how to get urgent help and support if you need it, how to access longer term support and provides self-help resources for dealing with distress.

Thank you once again for your participation in this research project

What help could I get in a crisis?

I'm in crisis now and I need urgent help.

If you don't feel you can keep yourself safe right now, seek immediate help:

- Go to any Accident & Emergency (A&E) department.
- Call 999 and ask for an ambulance to take you to A&E.
- Ask someone else to call 999 for you or take you to A&E.

If you need urgent support but don't want to go to A&E, you could:

- Call Samaritans on freephone 116 123 – they're always open and are there to listen.
- Call The Listening Place on 020 3906 7676 – they're always open *and see people face-to-face between 9am and 9pm, 7 days a week*.
- Contact your GP surgery and ask for an emergency appointment.
- Contact NHS 111 (England).

If you would like to speak with someone:

- Call Samaritans on 116 123 (UK-wide) or email: jo@samaritans.org
- Text SHOUT to 85258 (UK-wide)
- Call The Listening Place (020 3906 7676) or complete their online form https://referrals.listeningplace.org.uk/self_referral_form/

How can Samaritans help?

A charity that gives you the opportunity to speak about your current situation in a non-judgemental and confidential space. All volunteers are supported and supervised by mental health professionals.

How can Shout help?

Shout provides a confidential, 24/7 text support service. Trained volunteers are there to listen and support you to get to a safe place.

How can The Listening Place help?

A charity providing a listening support service by trained volunteers to help relieve emotional pain and stress. It gives you the opportunity to speak about your current situation, in an open and confidentially space. Volunteers are supported and supervised by mental health professionals.

Appendix H. Ethics approval letter

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH

UCL

28th February 2022

Dr Francesca Brady
Research Department of Clinical, Educational and Health Psychology
UCL

Cc: Jessie Mulcaire

Dear Dr Brady

Notification of Ethics Approval with Provisos
Project ID/Title: 22229/001: Experiences of psychological distress of people living in the UK who are affected by statelessness: 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 30th June 2023.

Ethical approval is 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'
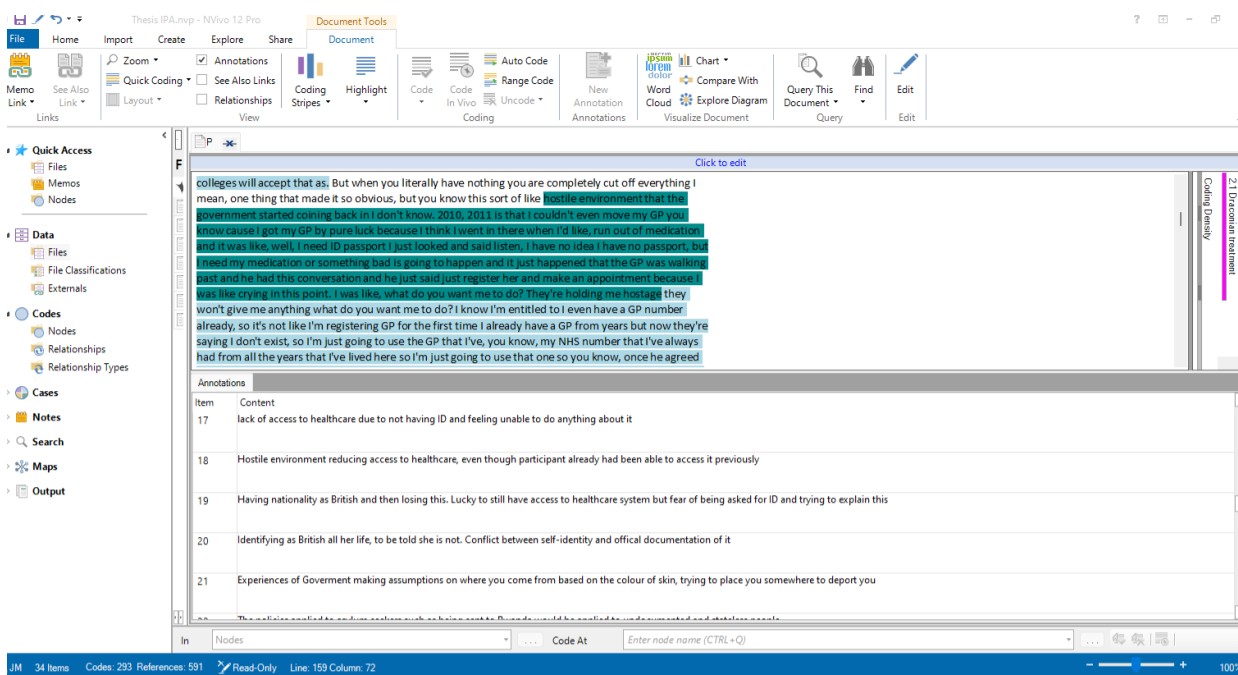http://ethics.grad.ucl.ac.uk/responsibilities.php

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.

Appendix I. Coding in Nvivo example

1. *Formulating experiential statements*

2. *Personal experiential themes*

Mental Health	Destitution	sense of belonging	Hostile environment	A Kafkaesque system	Impact	Discrimination	Unwanted	Hopelessness
Traumatising experience They broke me Suicidal ideation Sleep difficulties Self-harm in detention Rumination about what you can do PTSD symptoms nightmares needing anti-depressants mind racing constantly\no respite mind racing constantly mental health difficulties Hopeless helplessness' heavy emotional toll harassment leading to worsening of mental health difficulties fight or flight feeling crazy due to situation Extremely scared depression due to interactions with authorities Daily struggling during the process	No support Can't access aid Left with out accommodation Stuck in cycle of no support Abandoned by governments	not belonging to anywhere *Segregation and isolation* reallocations leading to isolation loss of a community when stateless Invisible\don't exist	being held hostage by Government feeling kept hostage Detention worst place ever - detention use of private companies for maltreatment and abuse Hostile environment resulting in needing mental health services no respite when you are in the system Feeling terrorized Government refused to accept me as a citizen despite growing up here Anger with being stateless anger and frustration with the home office lack of control\lack of control over what is described about your claims labelled unknown by government impact of policy changes Government not supporting with citizenship *Restrictions* restrictions in what you can do	How to escape being stuck in the system nowhere to send you to Stuck in detention, limbo Detention an asylum rather than a place for asylum seekers impact of not having ID lack of clarity in the processes and decision making about applications comparison of statelessness vs asylum seekers issues with government recognising stateless people not existing in the eyes of the government no access to legal aid when stateless lack of protection system creates impossible situation going round and round	Impact on future\impact of statelessness if you have children unable to plan for the future being give citizenship won't change damage of being in system	Racism in the processes of nationality Assumptions about nationality based on colour of skin Feeling discriminated against	unwanted citizen not recognized as a citizen no government looking out for you when you are stateless loss of citizenship feeling like the Home Office want to get rid of you being unwanted is soul destroying the government decided that they were not going to recognize me as a citizen made no attempts to try and help me establish any other alternative citizenship distressed due to authorities Rejected by the government	feeling hopeless in the system as stateless person *Hopelessness in the processes* Length of being in the system leading to hopelessness hard to build life when you could just be taken away

Appendix J. Reflective journal extract

02/09/2022

I finished reading Island of missing trees, where the impact of moving away from ones home country due to racism and conflict and how this and the experiences in the new country of arrival can impact family units. A key theme regarding belonging ran through the book, something very present in the literature on statelessness. The story really highlighted the importance of community, something that has already come up in the 2 interviews I've completed. It also highlighted the intergenerational trauma that can occur in families where marginalisation or oppression is experienced.

06/09/2022 Pre Interview

I have an interview to complete today, with my third participant. I'm noticing from my previous two interviews I'm having thoughts about asking more about the impact of statelessness procedures and immigration procedures as in both of my previous interviews the participants raised how difficult processes in the UK have been on their mental health. I need to be mindful of not allowing this to overly guide me, use the interview schedule and see what comes up. I'm also aware that recent media attention on the issue of asylum seekers and the negative portrayal the British government are giving of those seeking asylum has left me feeling frustrated and angry at the government. I need to be mindful not to allow that to guide the interview.

06/09/2022 Post Interview

I feel very inspired after speaking with the participant. I feel like I allowed ▓ to lead the interview. ▓ spent a lot of time speaking about the issues in ▓ country of birth and the incredible things ▓ did to try and make changes. It felt important to let ▓ take the lead ▓ and give space for ▓ to share ▓ story but it also took time away from speaking a lot about the UK processes. I think I need to balance allowing time and giving space with going through the questions from interview schedule. Yet it is not

Appendix K. Joint Project Contributions

The empirical research was conducted as a three-part study, with two other trainee clinical psychologists, Leah Holt and Sana Zard. This research paper presents a narrative on people who have or are considered stateless, Leah Holts took the perspective explored the perspective from professionals and Sana Zard study focused on the Kuwait Bidoon community.

Whilst researchers consulted with one another throughout the various steps of the processes and attended meetings jointly with research supervisors the following tasks were completed independently: Obtaining ethical approval, developing and designing the interview schedule, consultations with the Expert by Experience, recruitment, carrying out interviews, transcription of interviews and data analysis and writing up the empirical research paper.

If a participant contacted a researcher but was more eligible for another part of the study, they were signposted to the fellow researcher.

During the data analysis all researchers ensure this was done independently and themes were not discussed with fellow researchers (Leah Holt and Sana Zard) as to not influence our findings.