BMJ Public Health

Mental health effects of working as a legal professional in the field of asylum law: a systematic review

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To cite: Holt L, Mulcaire J, O'Driscoll C, *et al.* Mental health effects of working as a legal professional in the field of asylum law: a systematic review. *BMJ Public Health* 2024;**2**:e000729. doi:10.1136/ bmjph-2023-000729

► Additional supplemental material is published online only. To view, please visit the journal online (https://doi.org/10.1136/bmjph-2023-000729).

Received 4 November 2023 Accepted 17 January 2024



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ABSTRACT

Aims Legal professionals work closely with asylum seekers at many points during an asylum claim. While there is an increasing literature examining the mental health effects of working with traumatised populations, there has been limited evidence focusing on the field of asylum law. This review aims to synthesise the current qualitative and quantitative literature on the mental health effects of working in asylum law.

Method A systematic search from inception to 24 August 2023 was completed on the following databases: Web of Science, PsycINFO, MEDLINE, PubMed, SCOPUS, Westlaw UK, Index to Foreign Legal Periodicals and Index to Legal Periodicals and Books. The search retrieved 11 studies (6 qualitative, 3 quantitative and 2 mixed methods). A thematic synthesis was completed for the qualitative research and a narrative synthesis was completed for the quantitative research, before the findings were integrated into a combined synthesis.

Results Four main themes and 13 subthemes were generated by the qualitative research. The main themes were as follows: emotional labour, working in a broken system, emotions do not mix with law and detachment. The quantitative synthesis found a variety of measures used in the literature, indicating that common mental health concerns, such as burn-out, depression, anxiety, post-traumatic stress disorder and secondary trauma symptoms, are present across this professional group. The synthesis also provides preliminary findings relating to possible predictors of poor mental health.

Conclusions Despite limited evidence and methodological flaws in the literature, this review indicates that legal professionals are exposed to traumatised clients and difficult working conditions, both of which can negatively impact mental health. It also highlights a number of factors which may predict or perpetuate difficulties. Clinical implications, limitations and suggestions for future research are discussed.

INTRODUCTION

There has been a recent increase in the number of displaced people, with the United Nations High Commissioner for Refugees reporting a record high of 110 million

WHAT IS ALREADY KNOWN ON THIS TOPIC

- Research suggests working with traumatised populations may impact the mental health of staff from a variety of professional backgrounds including in healthcare, emergency services and the charity sector.
- ⇒ There are no current systematic reviews of the mental health effects of working in asylum law.

WHAT THIS STUDY ADDS

- ⇒ Although the results need to be interpreted with caution, quantitative research indicates working in this field may be associated with a number of mental health problems and identifies potential risk factors for poorer outcomes.
- ⇒ Asylum law professionals commonly attribute their distress to both exposure to traumatised clients and difficult working conditions, which may be exacerbated by professional cultural norms around discussing emotions.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The review highlights the need for more and higherquality research to be conducted in this area, and for change of policy and practice within legal institutions to promote emotional well-being and workforce sustainability.

displaced people worldwide in 2023. Of this, 6.1 million people were seeking asylum.

Legal professionals are often involved throughout the asylum process, either advising, representing or making decisions about asylum claims.² Although asylum processes differ, in all countries the asylum process depends on claimants presenting credible and compelling stories of suffering. Therefore, as well as working in a profession with high levels of pressure and workplace stress,³ there is a degree of exposure to trauma inherent in the legal asylum process.

There is now increased awareness of the impact of working with traumatised populations, including the mental health effects of



working with asylum seekers. 4 5 A recent meta-analysis of research on a variety of professionals and volunteers working with this population found a pooled secondary traumatic stress (STS) prevalence of 45%.⁵

Similarly, there has been recent research which highlights the mental health effects of working as a legal professional, across different fields of law. Research indicates a variety of psychological symptoms in this population, including post-traumatic stress disorder (PTSD), depression, anxiety and substance abuse. 6-10

Aims and scope of this review

To date, there has been no systematic review of the mental health effects of working in asylum law. This mixed-methods review aims to synthesise relevant literature on the mental health effects of working in asylum law and to answer the following questions:

- In the context of their work in asylum law, what are legal professionals' experiences of mental health?
- To what extent is the mental health of legal professionals affected by their work in asylum law?
- What are the predictors of poor mental health among legal professionals working in asylum law?

METHODS

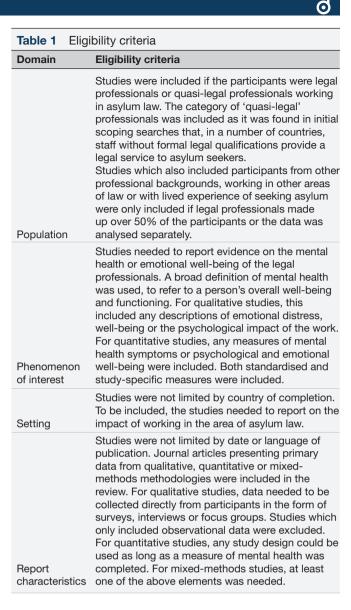
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance¹¹ informed reporting of the review (see checklist in online supplemental appendix A). The review protocol was not registered on PROSPERO, but a copy of the initial protocol can be viewed in online supplemental appendix B. This review followed the Joanna Briggs Institute (JBI) approach for conducting mixed-methods systematic reviews.¹² A convergent segregated approach was selected, so the first research question was answered by the qualitative data, while the second and third questions were answered by the quantitative data.

Search strategy

A systematic search from inception to 24 August 2023 was completed on the following databases: Web of Science, PsycINFO, MEDLINE, PubMed, SCOPUS, Westlaw UK, Index to Foreign Legal Periodicals and Index to Legal Periodicals and Books. The search syntax and relevant MeSH terms and keywords were adapted to each database (see online supplemental appendix C for the full search strategy). Reference and citation searching was completed for all of the included studies.

Selection process

The initial search across all databases retrieved 2025 results. Papers were uploaded to EndNote V.X9, where they were first automatically and then manually deduplicated. After deduplication, 1346 papers remained, and titles and abstracts were screened for eligibility by the first author (LH). Sixty-three potentially eligible articles were found, and these full texts were screened independently by two reviewers (LH and JM). Five papers were discussed



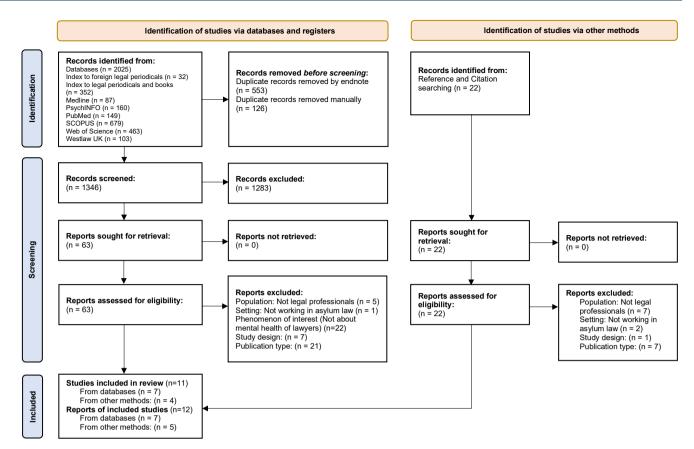
further due to inconsistency of ratings or uncertainty. For three of the papers, a consensus was reached between the two reviewers and for two papers the wider research team (FB and CO'D) was consulted until a decision was agreed on. The eligibility criteria used are outlined in table 1.

Overall, the search retrieved 12 papers (11 separate studies; 2 papers reported separately on qualitative and quantitative data from 1 sample ^{13 14}) which met the inclusion criteria for the review. A PRISMA flow diagram of the full selection process is displayed in figure 1.

Data extraction and synthesis

Each paper was read several times and then a data extraction spreadsheet was used to collect information relevant to the review question.

In line with the convergent segregated approach 12 of this review, qualitative and quantitative data were synthesised separately, followed by an integration of both types of evidence. Mixed-methods studies were disaggregated into qualitative and quantitative data and analysed separately.



PRISMA Flow Diagram Figure 1

Quantitative synthesis

Meta-analysis was inappropriate due to the high level of heterogeneity in the studies. Therefore, a narrative synthesis of the papers was performed, organised based on the two quantitative research questions.

Qualitative synthesis

A thematic synthesis of the qualitative data was performed, following the approach outlined by Thomas and Harden. 15 The synthesis was carried out by the first author (LH) in the following three stages:

- 1. Research papers were imported into NVivo, where line-by-line inductive coding was completed of both primary quotations and the authors' descriptions of findings.
- 2. Similarities and differences between codes were used to group codes into an initial hierarchical structure of themes. An iterative process was followed, where themes and codes were repeatedly checked against original papers and altered until the themes fit the data as closely as possible.
- 3. Analytical themes were generated to 'go beyond' the studies reviewed and organise the themes into key concepts which directly relate to the review question. Theme names and structure were refined and agreed through consultation with two coauthors (FB and CO'D).

Combined synthesis

Following the guidance outlined by Stern et al, ¹² a narrative summary was used to integrate qualitative and quantitative syntheses.

Quality appraisal

The quality of quantitative papers was assessed using a modified version of the JBI checklist for prevalence studies. 16 The quality of qualitative papers was assessed using the Critical Appraisal Skills Programme Qualitative Research Checklist. 17 Both checklists were completed by one reviewer and the wider research team were consulted as necessary. Qualitative and quantitative components of mixed-methods papers were appraised independently using the relevant tools described above.

RESULTS

Characteristics of included studies

Study characteristics are summarised in table 2 and studyspecific findings are presented in online supplemental appendix D.

Four studies were completed within the UK and Ireland, four in the USA, two in Canada and one in Australia. Sample sizes ranged from 6 to 718 participants (one paper¹⁸ did not report sample size). A variety of legal professionals participated, including immigration judges, legal representatives (some specified using

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Table 2 Data	Data extraction table	ı table								
	Peer				Partic	Participants				
Study	reviewed	Country	Design	Data collection	z	Occupation	Age	Gender (%)	Ethnicity	Analysis
Baillot <i>et al</i> ²0	Yes	ž	Qualitative Cross-sectional	Semistructured interviews, observations of appeal tribunal hearings and Case files	69	Immigration judges (n=20), legal representatives (n=25), UK border agency personnel (n=24)	SZ	<u></u>	s Z	
Graffin ²⁷	Yes	England and Ireland	Qualitative Cross-sectional	Semistructured interviews	10	Solicitors (n=7), caseworkers regulated by the Office of the Immigration Commissioner (n=3)	SN	Female (80%) Male (20%)	SN	Inductive thematic analysis
Masoumi ¹⁸	Yes	Canada	Qualitative Cross-sectional Interviews	Interviews	S	Refugee status adjudicators, lawyers and support workers (N not reported)	SN	NS	SN	NS
Rousseau and Foxen ²¹	Yes	Canada	Qualitative Cross-sectional Interviews	Interviews	17	Former Immigration and Refugee Board members (administrative tribunal judges)	Not collected (to protect confidentiality)	Not collected (to protect confidentiality)	Not collected (to protect confidentiality)	NS
Sagy ²²	°N N	USA	Qualitative Cross-sectional Interviews	Interviews	თ	Immigration lawyers (n=3), lawyers—pro bono asylum work (n=3), lawyers; legal NGOs (n=2); clinical professor in law school (n=1) NS	SN	SN	SN	NS Findings organised around pre-existing framework of 'psycholegal soft spots' and 'close description and analysis' of one interviewee (integrating other participants' contributions)
Westaby ²³	Yes	UK	Qualitative Cross-sectional	Semistructured Interviews	9	Immigration solicitors	R=27-39	Female (66.67%), Male (33.33 %)	White (50%), 'Ethnic Minority' (50%)	'Thick description' Data coded in relation to themes from pre-existing literature.
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Table 2 Cor	Continued									
	Peer				Participants	oants				
Study	reviewed	Country	Design	Data collection	z	Occupation	Age	Gender (%)	Ethnicity	Analysis
Lustig et al ¹⁴	ON	USA	Qualitative Cross-sectional	Survey (Demographics; Copenhagen Burnout Inventory; Secondary Traumatic Stress Scale and freeform response	29	Immigration judges	SN	SN N	8 N	Constant-comparative method
Lustig et al ¹³	O.Z.	USA	Quantitative Cross-sectional	Survey (Demographics; Copenhagen Burnout Inventory; Secondary Traumatic Stress Scale and freeform response	96	Immigration judges	M=53; SD=6.65; R=35-71	Male (57%), Female (43%)	S) N	Type of statistical tests not reported
Harris and Mellinger 19	Yes	USA	Mixed methods Cross-sectional	Survey (Demographics; Copenhagen Burnout Inventory; Secondary Traumatic Stress Scale and free- form response question)	718	Asylum attorneys	20-29 (10.16%), 30-39 (50.42%), 40-49 (22%), 50-50 (9.47%), 60-69 (6.41%), 70-79 (1.53%)	Female (79.8%), Male (18.25%), Other (1.95%)	White/ Caucasian (61%), Latinx/ Hispanic (21.45%), Mixed Race (6.27%), Asian/ Pacific Islander (4.46%), Other (3.34%), Black/African American (1.81%), Middle Eastern/ North African (1.67%)	Quantitative: Regression analysis of attorney/ workplace characteristics and scores Qualitative: No formal analysis
Piwowarczyk et al ²⁵	O _N	USA	Quantitative Cross-sectional	Survey (Demographics; Job satisfaction and the Perceived Stress Scale; Secondary Trauma Scale; and Life Events Checklist)	57	Lawyers completing pro bono asylum work, mentors of pro bono asylum lawyers (N not reported)	S	Male (60%), Female (40%)	Born in USA (93%) No other Ethnicity data reported	Descriptive statistics; Described using correlation but only p values reported in results
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Table 2 Co	Continued									
	Peer				Participants	oants				
Study	reviewed	Country	Design	Data collection	z	Occupation	Age	Gender (%)	Ethnicity	Analysis
Raynor and Hicks ²⁴	Yes	Australia	Quantitative Cross-sectional, Correlational, One-group survey design	Survey (Demographics; Likert scale of 'Exposure' to trauma exposed clients; The brief COPE, The Empathy Assessment Index; The Professional Quality of Life. Subscales: Burn- out, Secondary traumatic stress, and Compassion satisfaction)	188	Registered Migration Agents	38–47 (27.7%) No other age categories reported	Female (61.2%), Male (35.6%), Did not specify gender (3.2%)	Originally from Australia or New Zealand' (53.2%)	Descriptive statistics; hierarchical multiple regression
Rønning et al ²⁶	²⁶ Yes	ž	Quantitative Cross Sectional	Survey (Trauma and Attachment Belief Scale; Impact of Event Scale-Revised; Depression, Anxiety and Stress Scales-21 and a work-characteristics questionnaire)	02	Lawyers (n=39), Trainee lawyers (n=25) and barristers (n=6).	M=35.8 SD=8.55	Women (82.4%), Men (17.6%)	Caucasian/white (66.7%), Indian (5.8%), Pakistani (2.9%), other Asian (4.3%), African (2.9%), Mixed/ Women (82.4%), multiple (10.1%), Men (17.6%) other (7.2%)	Descriptive statistics; Correlations Authors report completing multiple comparisons with no adjustment due to exploratory nature of pilot study.
Summary of all studies	all Yes N=8, No N=3	UK+Ireland N=4, USA N=4, Canada N=2. Australia	All cross-sectional, 6 qualitative, 3 quantitative, 2 mixed methods	Interviews N=6 (All qualitative) Survey N=5 (All quantitative and missed methods)	1240	116 immigration judges, 867 legal representatives, and 257 quasilegal professionals	Range from 20s to 70s. (NS in 6 studies)	26.46% male, 71.79% female, 1.74% other/did not specify (NS in 4 studies)	61.4% white, other ethnic categories not comparable (NS in 8 studies)	Qualitative data: thematic analysis N=3, constant comparative method N=1, (NS in 4) Quantitative data: descriptive statistics N=5, correlation N=2, regression N=2, test of difference and 'exploratory analysis' N=1
	4 - 1 - 1	:	:							

'NS' is used to denote where information was not stated in the paper.

titles such as lawyers, barristers, attorneys or solicitors) and quasilegal professionals (such as Immigration and Refugee Board members, Registered Migration Agents and trainee lawyers).

All studies were cross-sectional. All six qualitative studies used interviews to gather data from legal professionals, while the three quantitative and two mixedmethods papers used surveys. There were a variety of surveys used which focused on a range of different mental health constructs (see online supplemental appendix E for details of all measures). All of the quantitative and mixed-methods studies measured some demographic or work-related characteristics about the participants, which they used to determine any predictive factors or differences across the sample.

For the qualitative data, three studies reported using a form of thematic analysis, four did not clearly report any analysis and one reported using a 'constant comparative method'. The quantitative data were analysed using a mixture of descriptive statistics, correlation, regression, t-tests and other 'exploratory analysis' which was not clearly described.

Quality

Qualitative

A quality appraisal of the qualitative data¹⁷ is reported in online supplemental appendix F. The majority of the studies used qualitative methodology appropriately and included a clear statement of their findings. Two studies did not adequately state their aims, ¹⁸ and three did not provide a clear statement of findings. 18-20 Across the studies there was poor reporting of methodology including recruitment strategy, ¹⁸ ^{21–23} data collection ¹⁸ ¹⁹ ²¹ ²² and method of analysis. ¹⁸ ¹⁹ ²¹ ²² Only two studies adequately reported on ethical issues, 19 21 22 while only one reported on the relationship between researcher and participants.²²

Quantitative

A quality appraisal of the quantitative data¹⁶ is reported in online supplemental appendix G. Quantitative data were generally of poor quality. There was inadequate reporting of methodological information in many studies, including a lack of detail about participant demographics, $^{13\ 24\ 25}$ lack of sample size calculations $^{13\ 24-26}$ and lack of consideration for response rate. 19 24-26 Similarly, no studies used appropriate sampling methodology and only one used appropriate statistical analyses.²⁴ Although all studies used recognised psychological measures, many performed multiple comparisons across subscales of the measures and did not use validated thresholds to measure prevalence or severity in their samples (see online supplemental appendix E for information on thresholds used by each paper).

Qualitative thematic synthesis

The synthesised qualitative data aim to answer the first review question: in the context of their work in asylum law, what are legal professionals' experiences of mental health? Four main themes and 13 subthemes were generated. A summary of these themes and their distribution across the studies can be found in table 3, and example quotations can be found in table 4.

Emotional labour

In all studies, participants spoke about aspects of their work in asylum law that required emotional engagement or were emotionally demanding, and the impact that this had on their mental well-being.

The weight of responsibility

Participants from seven studies spoke about the responsibility they felt in representing clients or making decisions about their cases, and the real-life consequences if they did not do enough or make the 'right' choices.

Hearing stories of human suffering

In all studies, participants highlighted that listening to the traumatic narratives of asylum seekers was one of the most distressing elements of their work. Some participants use terms such as 'vicarious trauma' and 'emotional exhaust(ion)¹⁹ to explain the impact of this. Participants in some studies reported that their work had caused them to lose 'faith in humankind' and 'fear deeply for the future'. 14

It comes home with you

In all studies, participants described that the emotional effects of their role sometimes went beyond the professional environment and impacted their personal lives. Participants referenced preoccupation with particular cases, poor health, disturbed sleep and nightmares.

Burn-out then drop-out

Seven studies highlighted the unsustainability of the emotional effects of the work, using language such as 'burn-out', which some reported interfered with their ability to optimally do their job. Participants referenced a high turnover in the profession, with some disclosing that they were 'trying to quit' because of the emotional strain of the work.

Working in a broken system

The second theme, present in all studies, described participants feeling that they were working in a broken system and highlighted the negative impact of legal systems and professional structures.

High demand, low reward

In all studies, participants referenced the strain of working under demanding conditions (high caseloads, low resources, long hours and close scrutiny), while feeling that they were underappreciated and sometimes underpaid.

Changing laws and eroding rights

Participants in six studies discussed the impact of fastchanging laws and systems, which impacted negatively

			07	40	Rousseau	_ 00		Harris and	Lustig
Themes	Subthemes	Baillot et al ²⁰	Graffin ²⁷	Masoumi ¹⁸	and Foxen ²¹	Sagy ²²	Westaby ²³	Mellinger ¹⁹	et al ¹⁴
Emotion	al labour								
	1.1. The weight of responsibility	O	O	О		O	О	O	O
	1.2. Hearing stories of human suffering	0	О	0	О	0	0	0	О
	1.3. It comes home with you	О	О	0	0	О	0	О	О
	1.4. Burn-out then drop-out		О	О	0	О	О	О	О
Working	in a broken system								
	2.1. High demand, low reward	0	O	0	0	О	0	О	О
	2.2. Changing laws and eroding rights		0	0	О	О		0	О
	2.3. Powerlessness		О	0	0	О		О	О
Emotion	s do not mix with law								
	3.1. Emotions prevent professionalism	0	0	0	О	0	0		0
	3.2. Culture of silence	0	O	0	0	О	0		О
	3.3. Some people are not suited to this work	O	0		О	О	0		0
Detachm	nent								
	4.1. Shielded by legal framework	0	0	0		0	0		
	4.2. Creating emotional distance	0	0	0	О	О	0		
	4.3. Learning to balance	О	O	0	O	О	0	0	0

on themselves and their clients. Some participants linked their distress to working in a quickly changing and politically prominent area of law where there may be negative public discussion of their area of work: 'I am demoralized by being made the 'whipping boy' by the press and public, when it is the system we are forced to follow that contributes so greatly to errors I may make.' 14

Powerlessness

In seven studies, participants shared that the feeling that they were 'being useful'²⁷ had previously provided meaning to their demanding roles. However, over time, this was replaced by an impression that their work was futile and useless. Some participants linked this to the changing laws or negative public views on asylum seekers.

Emotions do not mix with law

Participants in seven studies described a culture within the legal profession of not acknowledging, or talking about, emotions. Emotional distress was often felt to be unacceptable or incompatible with legal work.

Emotions prevent professionalism

In six studies, participants reported that it felt incompatible to be emotionally impacted by their work and do the job effectively. They often directly contrasted the concept of professionalism, impartiality and other 'lawyerly'

characteristics with feeling emotional about their work. Even when participants explicitly stated that their work environment did not consider emotional expression 'unprofessional', their responses still indicated that being emotionally affected by the job was synonymous with being 'incapable of handling'²² the work.

Culture of silence

All studies referenced a 'culture of silence' within the legal system, where the mental health effects of working in this area are not discussed. Participants highlighted a lack of support structures within their organisations, which gave them 'no opportunity to decompress'. Leven when formal support (eg, mentoring) did exist, these spaces did not seem to encourage the discussion of emotional topics. Some participants valued talking informally to colleagues, but reported that these conversations rarely happened.

Some people are not suited to this work

In all studies, participants indicated that certain people seem to be able to 'last' in the profession and do not get affected, and others are more emotionally impacted and are, therefore, not suited to working in asylum law. This links to subtheme, 'burn-out then drop-out', but within this subtheme, participants specifically reported that



Themes	Subthemes	Quotes
Emotional		There were some legal representatives and UKBA employees () describing their work variously as 'really very distressing', 'upsetting', 'exhausting', 'soul destroying', and 'incredibly difficult emotionally' ²⁰
	1.1. The weight of responsibility	'The weight of the fact that if you lose your client's case, they will be sent to their persecution/ death has led to waking me up in the middle of the night, thinking of something I should have already done for a case, constantly thinking about what I should be doing on their case to make sure they get the protection they need. It's a huge weight to hold' 19
	1.2. Hearing stories of human suffering	'As an Immigration Judge, I have to hear the worst of the worst that has ever happened to any human being, particularly in asylum cases. I have to listen to the trauma suffered by individuals I have to hear it on a daily basis. It's emotionally draining and painful to listen to such horrors day in and day out. I strive to maintain my equilibrium but it's hard'. 14
	1.3. It comes home with you	'three or four days before I don't sleep very well, right before it I get sick to my stomach. That's more because I'm stressed but it's also because of the re-living of(my client's)trauma' ²² 'You get certain cases where you feel it as a person and probably take it home with you and do tend to get affected by particular accounts, especially if it's women who have been raped. I also find it really difficult to deal with victims of FGM. I've had quite a few of them. Dealing with that kind of case does impact on me. I do take it home with me' ²⁷
	1.4. Burn-out then drop-out	'When you burn out you don't give your all, do you? () I know I'm burning out when I am feeling like I'm lacking energy with pursuing clients' cases. Sometimes I get to a point where I feel I'm no longer good enough, just because I've been dealing with quite a lot'. ²⁷ 'The attrition rate is incredible and it has been difficult to keep people on staff for more than a year. I have had friends and colleagues stop working in immigration removal defence due to the onset of panic attacks and other anxiety issues.' ¹⁹
Working in	a broken system	'My inability to address greater institutional failings is perhaps the most frustrating part of my job.' 14
	2.1. High demand, low reward	'What is an ENORMOUS [sic] stressor to me is the constant drumbeat of case completions goals and the persistent lack of sufficient time to be really prepared for the cases' 14
	2.2. Changing laws and eroding rights	'We are barraged with new policies and case law seemingly every week that cause us to have to scramble to re-frame our cases, come up with new strategies on the fly, and absorb new rules that are increasingly punitive towards our clients and at odds with decades of established case law () This situation is definitely taking its toll on me personally in terms of emotional exhaustion and burnout.' ¹⁹ 'I am demoralized by being made the 'whipping boy' by the press and public, when it is the system we are forced to follow that contributes so greatly to errors I may make. ¹¹⁴
	2.3. Powerlessness	'It's like hacking away at a cement wall with a plastic spoon. There are no words to describe how awful it is to tell a client they have to go back to the place where they are in so much danger, that the law doesn't protect them () especially after we grow so close to our clients' 15
Emotions	do not mix with law	'I don't think there are very many members who would say that they are suffering from compassion fatigue, they wouldn't recognize it in themselves' ²¹ 'those least comfortable with dwelling on the emotional demands of their work tended to be participants who were legally qualified (legal representatives and [immigration judges]) or performing quasi-legal roles (UKBA personnel)' ²⁰
	3.1. Emotions prevent professionalism	'best thing you can do is to remain professional and to not let your emotions get in the way of seeing the case for what it is, and picking out what are the strengths and weaknesses of it. Because it may be a very sad case but legally it may be very weak and so you need to be able to address the strengths and weaknesses of it.'23
	3.2. Culture of silence	'In the relationship with the mentor from Lawyers' Committee the focus was on legal questions and the need for support on that level. I didn't feel justified to ask her for more than that—for emotional support.' ²² 'I haven't discussed psychological issues that come up in asylum cases with other immigration attorneys () I don't think anyone would think that it was unprofessional if someone brought up that issue. But it's not discussed' ²²

Continued

Table 4	Continued	
Themes	Subthemes	Quotes
	3.3. Some people are not suited to this work	'I've certainly seen impact upon different people who () some of whom burn out, not relatively quickly but after a period of time; others who seem to be a bit more, for want of a better expression, like sponges, and what somebody's saying to them then really gets inside them and begins to have a huge impact' ²⁷ They were particularly critical of their female colleagues who, according to them, were far too sensitive and thus could be manipulated easily by the refugees. Some of the IRB members who made this argument described refugees as using emotional strategies to impress the IRB members: 'You had to detect the actresses, too. Some of them would arrive and start blubbering right away, boohoo, boohoo. You had to see through all that.' ²¹
Detachme	ent	'It's not just regarding my personal well-being but also me being able to deliver my professional services as long as possible. So I had to () detach myself a little bit' ²⁷
	4.1. Shielded by legal framework	'I think most people do adopt a version of themselves but one in which certain elements are taken out, so a professional distance. You have to have that. I think it's better to have that professional distance just for reasons of survival but also it's to do with the expectations of the client as well and because your role is not to be the person's friend' ²⁷
	4.2. Creating emotional distance	'it is literally just standing back, reading it as you would read a book () in your head, you have to go in thinking I don't believe this story, because if you went in there believing that story, you couldn't really do your job.' ²⁰ 'at the end of the day, we are only the bottom layer of a whole series of appeals that can go on and on and on So it sort of numbs that bit about 'if I make this decision, will this mean this person goes back and suffers this', you know' ²⁰
	4.3. Learning to balance	'When you are exposed more and more to situations, you have to guard yourself against thinking 'it is not persecution when a person has one thumbnail pulled out, it has to be two.' ²¹ '(l)t's just trying to get that balance of being involved and showing them that you're there to fight their corner but also [to] have that slight air of detachment and say 'Well, I'm not your social worker, I'm your lawyer' () It's been a learning process rather than something you start off [with]' ²⁷

certain personalities could not handle the work, often placing the responsibility with the individual for the extent of their distress.

Detachment

In all of the studies reviewed, participants described a need to 'detach' in some way to protect themselves from the mental health effect of the work.

Shielded by legal framework

In five studies, participants spoke specifically about 'detaching' themselves from the emotional aspects of the work by using their legal role as 'protection'. They described focusing on the factual aspects of the case and the legal task, which allowed them to detach 'from the harrowing features'²⁰ of a case.

Creating emotional distance

In six studies, participants spoke about creating emotional distance from asylum seekers, using strategies such as imagining the accounts as 'stories' rather than reality or actively avoiding hearing accounts altogether.

Participants also used emotional distancing to reduce the burden of responsibility, such as treating their 'clients as numbers',²⁷ de-emphasising their role in the outcome, or shifting responsibility on to another professional or a later part of the decision-making process.

Learning to balance

In all studies, participants identified that detachment could also lead to negative consequences such as becoming 'case hardened',²⁰ where they could lack empathy and disbelieve clients.

Participants recognised the importance of emotional connection in building rapport with clients. Consequently, participants identified the need to balance showing some emotion with clients, with staying detached to protect their own well-being. This was described as a skill which participants learnt on their own over time, but which is often difficult to get right.

Quantitative synthesis

The synthesis of the quantitative data aims to answer the second and third review questions: To what extent is the mental health of legal professionals affected by their work in asylum law and what are the predictors of poor mental health among legal professionals working in asylum law?

Detailed information is outlined in online supplemental appendix D and the key findings are outlined below.

Prevalence and severity of mental health effects

There were a variety of measures used across the five studies, ¹⁹ ^{24–26} and many only partially reported results, making it difficult to identify accurate prevalence rates,

severity ratings and to compare findings across papers. However, all studies identified the presence of some psychological symptoms or psychological distress.

Three studies reported the percentage of participants scoring above a particular threshold. While Piwowarczyk et al²⁵ reported that 9% of participants received scores indicating mild to severe STS, Raynor and Hicks²⁴ used a different measure to find 36.7% of participants were in the 'at risk' category for STS and burn-out. Rønning et al²⁶ used three different measures and reported 34.3% participants scored in a range indicating the presence of PTSD symptoms; 27.1%-35.7% scored in the severe or extremely severe range for depression, anxiety and stress subscales, and 10%-18.6% scored in the range indicting very high or extremely high risk of traumatic stress.

Two studies¹³ 19 only reported mean scores of the sample. For both studies the majority of the subscale means reported were above the generally recognised threshold for burn-out²⁸ and the mean scored for STS were in the mild to severe range²⁹

Predictive factors

As described in the quality section, much of the quantitative data on predictive factors was of low quality. There was often poor reporting of the analysis and results, and some studies completed multiple comparisons on subscales of their measures, highlighting significant results for individual subscales. Therefore, the results below should be interpreted with caution.

Exposure

Four papers¹⁹ ²⁴⁻²⁶ used some measure of 'exposure' either by directly asking about the amount of work with 'trauma exposed clients' or asylum-seeking clients generally. Two studies 19 24 found no significant impact of exposure, while two²⁵ 26 found some evidence that increased exposure was linked to higher scores on measures of psychological distress.

Working hours

Two papers 19 26 measured overall 'hours worked', with both finding a significant result on at least one subscale, indicating that higher working hours were associated with reporting poorer mental health.

Workplace characteristics

Three studies 19 25 26 explored whether characteristics of the workplace impacted mental health outcomes. One indicated that lone practitioners may have more burn-out symptoms than those in settings with more staff, ¹⁹ while another found no effect of workplace size.²⁵ One study looked at the effect of number of support staff, ¹⁹ while another looked at the impact of supervision and traumaspecific training,²⁶ producing mixed findings.

Gender

There were mixed findings from four studies 13 19 24 25 in relation to gender differences, with two¹³ finding females scored higher on some measures (indicating worse mental health), and two^{24} finding no significant differences.

Age

Two studies 19 24 reported findings indicating an older age is associated with lower scores on some measures of burn-out and STS, whereas one 13 reported no significant findings based on age.

Experience

. Two studies^{25 26} reported findings on years of experience, with one finding that mental health effect is higher on some measures for those less experienced, and another finding no significant results.

Ethnicity or country of Origin

Two studies, ^{19 25} both conducted in the USA, looked at the influence of ethnicity or country of origin. One reported that certain minority ethnic groups scored higher than white participants on some measures, ¹⁹ while the other reported that 'birth outside of the USA' was associated with an elevated trauma score.²⁵ However, there were significant quality concerns for both of these findings.

Other individual factors

Studies also looked at other individual factors that were associated with negative mental health outcomes in legal professionals. Raynor et at^{24} found that measures of maladaptive coping and low cognitive empathy predicted higher burn-out and STS ratings. Higher affective empathy predicted higher STS ratings.

Piwowarczyk et al²⁵ reported that personal 'histories of trauma' were not found to be associated with secondary trauma, although no further details were provided.

Integrating qualitative and quantitative findings

Supportive and contradictory findings

Although there were mixed findings, there was an indication from the quantitative data that increased exposure to traumatised clients, and longer working hours may be associated with higher levels of distress. These findings are supported by the qualitative synthesis which highlighted the impact of 'hearing stories of human suffering' and effects of long working hours which were emphasised in the 'high demand, low reward' subtheme.

In the qualitative data, participants across studies stated that there are some professionals who are more impacted by this work than others, based on personality or demographic characteristics. This is supported by some of the preliminary quantitative findings, which suggest there may be some demographic differences, or personality traits (such as empathy and coping style), which predict mental health outcomes.

Raynor and Hicks²⁴ reported that aspects of cognitive empathy that involve separating feelings belonging to oneself and the other (self-other awareness) and modulating one's own emotional responses (emotion regulation), were negative predictors of burn-out and STS. In contrast, the more unconscious physiological component

of empathy (affective response) was found to be a positive predictor. This supports the qualitative findings that 'feeling' the emotional impacts of the work may be more distressing, but that developing ways to establish appropriate levels of detachment and distance can be a helpful coping strategy.

Qualitative evidence that offers insight into quantitative evidence In the two quantitative studies using a similar methodology, ¹³ it was suggested that lawyers experience worse mental health than judges. The qualitative synthesis suggests a number of possible explanations. Judges may have less repeated exposure to 'hearing stories of human suffering' and may be more able to 'balance' the distance needed from these accounts to prevent vicarious traumatisation or burn-out, as they do not have to prioritise relationship building with asylum seekers, unlike lawyers. Judges may also be less impacted by financial pressures due to their higher salary.

Some of the quantitative data indicated that professionals who were younger, or less experienced, may suffer more mental health effects from the work. The qualitative synthesis indicates that this could be due to participants 'learning to balance' over time, or due to bias in the sample as those who are negatively impacted may 'burn-out then drop-out' earlier in their careers.

Aspects only explored by one methodology

Although the findings were far from conclusive, the quantitative data provided some evidence that type of legal role, work setting or ethnicity may have an impact on mental health outcomes, which was not explored in the qualitative research. Similarly, the quantitative evidence was able to separate out the impact of asylum work on different aspects of mental health using the subscales of measures, which was not explored in detail in the qualitative data.

The qualitative data touched on a number of factors which professionals described as impacting mental health, including perceived responsibility, use of detachment and the wider legal context, which were not explored in the quantitative research. Also, due to a lack of longitudinal quantitative data, there was no evidence which was able to link mental health to drop-out rates, or measure whether the impact was linked to the changing of laws over time.

DISCUSSION

This is the first systematic review of the literature on the mental health effects of working as a legal professional in the field of asylum law. This review aimed to understand (1) legal professionals' experiences of mental health in the context of their work; (2) the extent of the impact of their work and (3) the predictors of poor mental health in this group. The qualitative synthesis showed that professionals commonly report that working in asylum law can significantly affect their mental health, impacting their personal lives and their longevity in the profession. They

attribute their distress to both the emotional aspects of the work, such as exposure to clients' distress and traumatic narratives, and difficult working conditions, such as working long hours with a high caseload, in a quickly changing landscape. This review highlighted that legal professionals often believe emotions are in conflict with professionalism. They may consequently rely on emotional detachment as a coping strategy, which could have a detrimental influence on the quality of their work.

In relation to the second research question, analysis of quantitative data revealed a lack of consistency about how this issue has been investigated, with a wide range of measures being used and variable data quality being reported. Although it was not possible draw conclusions on average prevalence rates, or severity of impact from the research available, there is an indication that this population are scoring similarly or higher than other professions working with traumatised clients. This was demonstrated by Harris and Mellinger¹⁹ who reported their participants scored higher that 15 other professional groups measured in previous research.³⁰ Similarly, the prevalence rate of PTSD in lawyers and barristers (34.3%) reported by Rønning et at^{26} is higher than a study of criminal attorneys using the same measure $11\%^{31}$; estimated pooled prevalence for police $14.2\%^{32}$; and ambulance workers 11% 33; and much higher than the population prevalence reported by the WHO 3.9%.³⁴

In relation to the predictors, this review revealed inconsistent findings within the existing literature. These results echo the findings of Iversen and Robertson's⁶ review of secondary trauma in the wider legal profession, which also highlighted the inconsistency in their results on predictors. In addition, there were also a number of methodological limitations which need to be considered when interpreting these results.

Limitations of the current review

Despite using a wide inclusion criterion, only 11 studies were retrieved from the systematic search, indicating this area of research is still in its infancy, and limiting the conclusions that can be drawn.

A number of the studies were low quality but were included in the synthesis due to the small body of research. There was a lack of consistency of research methods or measures across studies, which made drawing comparisons difficult. Moreover, for the qualitative data, synthesising different studies may have decontextualised the findings from their particular time, setting and sample.15

Implications for policy and practice

While the results of this review need to be interpreted with caution in light of the low number and poor quality of the studies, the findings draw attention to the mental health effects of working with traumatised populations outside of more traditional 'helping professions'. As mental health becomes a more prominent topic and there are calls for more 'trauma informed' legal practice, 35 this

review highlights the specific demands placed on asylum law professionals and the need to promote emotional well-being and improve the sustainability of the workforce.

The theme of 'detachment' highlights how current coping strategies may result in the unintentional consequences of legal professionals becoming 'case hardened', disbelieving clients or failing to pick up on clients' distress, which could have a significant impact on the management of asylum cases within the legal system.

While more research is needed to determine which support would be most effective, the results suggest that interventions should support professionals to balance emotional engagement with appropriate professional detachment, as this is reported as the most sustainable approach to working in this field. The findings also indicate that it may be important to provide particular support to newly qualified legal professionals, as this may be a particularly crucial period of establishing sustainable coping strategies.

While the findings of this review indicate that there is a need to provide more training on psychological awareness, suitable supervision and mental health support within legal institutions, the findings also indicate that a broader cultural shift in how the emotional impact of the work is acknowledged and discussed may be required for these measures to be effective.

Similarly, this review highlighted that high workload and responsibility, long hours, changing laws and lack of power within the legal system can significantly impact mental health. While implementing changes at an organisational level may be beneficial, these working conditions may be contingent on the broader legal landscape, income and state sanctioned funding, which can create pressure on the workload of asylum law professionals.³⁶ This suggests that preventative rather than remedial action, targeted at a policy level may be needed.

Future research

The findings of this review highlight the lack of literature and the need for higher-quality research in this area. Future research should particularly focus on identifying the predictive factors, which were inconclusive in this review, and providing adequate prevalence data using well-validated psychological measures with clear thresholds (eg, to indicate symptom severity). Future research should also aim to establish what kind of interventions will be most effective for asylum law professionals in addressing any work-related mental health difficulties. The collection of longitudinal data would facilitate the clarification of relationships between risk factors, mental health and potential outcomes, such as flawed decisionmaking and drop-out from working in this field.

Future research should also prioritise establishing the differences in experience of mental health between various legal roles, as this review combined data on a number of diverse professionals who perform different legal tasks.

All the research identified in this review was conducted in the UK, the USA, Canada and Australia. As 74% of people seeking international protection are hosted in low-income and middle-income countries, 1 further research needs to be conducted in these areas to establish whether these findings are applicable globally.

Conclusions

This review found that research into the mental health effects of working in asylum law is still in its infancy. Despite methodological flaws in the literature, the findings indicate a variety of mental health problems are present in this population, which is attributed to both exposure to traumatised clients and difficult working conditions. It also outlines how cultural norms in the legal profession can frame emotions as incompatible with the work and encourage strategies of emotional detachment. While this may sometimes be effective in preventing burn-out, the review found that this coping strategy can also have negative consequences such as case hardening. While several potential risk factors were identified, further research is required to clarify their role in mental health outcomes. Overall, the findings indicate the need for further attention and research on this topic, both for the benefit of the mental health of legal professionals and the asylum seekers they work with.

Contributors LH: lead author and researcher who conducted the systematic review and drafted the paper. JM: contributed to screening and reviewing included articles, and reviewed draft of the paper. CO'D: supervisor of the project, contributed to development of ideas, review of articles and editing and drafting the article for submission. SZ: contributed to review design and analysis, as well as contributing to final written submission of the paper. FB: supervisor of the project, contributed to development of ideas, review of articles and editing and drafting the article for submission.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available in a public, open access repository.

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REFERENCES

- 1 Office of the United Nations High Commissioner for Refugees. Refugee data finder. 2023. Available: https://www.unhcr.org/refugee-statistics/
- 2 Right to Remain. The Right to Remain Toolkit. 2022. Available: https://righttoremain.org.uk/toolkit
- 3 Chan J. Conceptualising legal culture and lawyering stress. Int J Legal Profes 2014;21:213–32.
- 4 Ebren G, Demircioğlu M, Çırakoğlu OC. A neglected aspect of refugee relief works: Secondary and vicarious traumatic stress. J Trauma Stress 2022;35:891–900.
- 5 Roberts F, Teague B, Lee J, et al. The Prevalence of Burnout and Secondary Traumatic Stress in Professionals and Volunteers Working With Forcibly Displaced People: A Systematic Review and Two Meta-Analyses. J Trauma Stress 2021;34:773–85.
- 6 Iversen S, Robertson N. Prevalence and predictors of secondary trauma in the legal profession: a systematic review. *Psychiatr Psychol Law* 2021:28:802–22.
- 7 Rossouw E, Rothmann S. Well-being of judges: A review of quantitative and qualitative studies. SA J Indust Psychol 2020;46:1–12.
- 8 Léonard M-J, Saumier D, Brunet A. When the Lawyer Becomes Traumatized: A Scoping Review. SAGE Open 2020;10:215824402095703.
- 9 Levin A, Besser A, Albert L, et al. The effect of attorneys' work with trauma-exposed clients on PTSD symptoms, depression, and functional impairment: A cross-lagged longitudinal study. Law and Human Behavior 2012;36:538–47.
- 10 Krill PR, Johnson R, Albert L. The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. J Addict Med 2016;10:46–52.
- 11 Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Syst Rev 2021;10:89:89.:.
- 12 Stern C, Lizarondo L, Carrier J, et al. Methodological guidance for the conduct of mixed methods systematic reviews. JBI Evid Synth 2020:18:2108–18.
- 13 Lustig SL, Delucchi K, Tennakoon L, et al. Burnout and stress among United States immigration judges. Annual Reviews 2008;12:14.
- 14 Lustig SL, Karnik N, Delucchi K, et al. Inside the judges' chambers: Narrative responses from the national association of immigration judges stress and burnout survey. Geo Immigr LJ 2008;23:57.
- 15 Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Med Res Methodol 2008:8:1–10.
- 16 Munn Z, Moola S, Lisy K, et al. Methodological guidance for systematic reviews of observational epidemiological studies reporting prevalence and cumulative incidence data. Int J Evid Based Healthc 2015;13:147–53.
- 17 Critical Appraisal Skills Programme. CASP qualitative checklist. 2018

- 18 Masoumi A. Contagious Terror: Violence, Haunting and the Work of Refugee Protection. SSJ 2021;15:475–96.
- 19 Harris LM, Mellinger H. Asylum Attorney Burnout and Secondary Trauma. Wake Forest L Rev 2021;56:733–824.
- 20 Baillot H, Cowan S, Munro VE. Second-hand Emotion? Exploring the Contagion and Impact of Trauma and Distress in the Asylum Law Context. J Law Soc 2013;40:509–40. 10.1111/j.1467-6478.2013.00639.x Available: https://onlinelibrary.wiley.com/toc/ 14676478/40/4
- 21 Rousseau C, Foxen P. "Look me in the eye": empathy and the transmission of trauma in the refugee determination process. *Transcult Psychiatry* 2010;47:70–92.
- 22 Sagy T. Even heroes need to talk: Psycho-legal soft spots in the field of asylum lawyering. Bepress Legal Series;2006:1014.
- 23 Westaby C. Feeling like a sponge': the emotional labour produced by solicitors in their interactions with clients seeking asylum. *Int J Legal Profes* 2010;17:153–74.
- 24 Raynor D, Hicks R. Empathy and coping as predictors of professional quality of life in Australian Registered Migration Agents (RMAs). Psychiatr Psychol Law 2019;26:530–40.
- 25 Piwowarczyk L, Ignatius S, Crosby S, et al. Secondary trauma in asylum lawyers. Bender's Immigration Bulletin 2009;14:263–9.
- 26 Rønning L, Blumberg J, Dammeyer J. Vicarious traumatisation in lawyers working with traumatised asylum seekers: a pilot study. Psychiatr Psychol Law 2020;27:665–77.
- 27 Graffin N. The Emotional Impacts of Working as an Asylum Lawyer. Refugee Survey Quarterly 2019;38:30–54.
- 28 Bykov KV, Zrazhevskaya IA, Topka EO, et al. Prevalence of burnout among psychiatrists: A systematic review and meta-analysis. J Affect Disord 2022;308:47–64.
- 29 Bride BE. Prevalence of secondary traumatic stress among social workers. Soc Work 2007;52:63–70.
- 80 Kristensen TS, Borritz M, Villadsen E, et al. The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. Work & Stress 2005;19:192–207.
- 31 Levin AP, Albert L, Besser A, et al. Secondary traumatic stress in attorneys and their administrative support staff working with trauma-exposed clients. J Nerv Ment Dis 2011;199:946–55.
 32 Syed S, Ashwick R, Schlosser M, et al. Global prevalence and risk
- 32 Syed S, Ashwick R, Schlosser M, et al. Global prevalence and risk factors for mental health problems in police personnel: a systematic review and meta-analysis. Occup Environ Med 2020;77:737–47.
- 33 Petrie K, Milligan-Saville J, Gayed A, et al. Prevalence of PTSD and common mental disorders amongst ambulance personnel: a systematic review and meta-analysis. Soc Psychiatry Psychiatr Epidemiol 2018;53:897–909.
- 34 Koenen KC, Ratanatharathorn A, Ng L, et al. Posttraumatic stress disorder in the World Mental Health Surveys. Psychol Med 2017;47:2260–74.
- 35 James C. Towards trauma-informed legal practice: A review. *Psychiatr Psychol Law* 2020;27:275–99.
- 36 Helen Bamber Foundation. Submission to UK Parliament on the Future of Legal Aid. 2020.