

The Mental Health of Asylum Seekers and Refugees in the UK



Mental Health
Foundation



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Note: this report includes non-graphic references to suicide, sexual abuse, and torture.

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Glossary

In this report, we use the terms 'asylum seekers and refugees' rather than 'person seeking asylum' or 'people seeking sanctuary'. We recognise that in some instances these other terms are preferred by other organisations. Particularly, we recognise that the term 'people seeking sanctuary' is often used in Wales.

This report uses the terms 'asylum seekers and 'refugees' on the basis that there is a shared understanding of what these terms mean by all governments and local authorities across the UK.

Asylum seeker

An asylum seeker is a person who has left their country seeking protection from persecution or human rights violations, and has formally applied for asylum in another country, but whose claim for refugee status has not yet been determined.¹

Discretionary leave to remain

This type of leave is intended to cover situations where there are exceptional compassionate grounds or compelling reasons to grant leave to stay in the

UK (e.g. medical grounds or human trafficking).² Home Office guidance for staff states that this form of leave should be granted sparingly.

Humanitarian crisis

A humanitarian crisis or emergency is an event of critical threat to the safety, health, security or wellbeing of a community or a large group of people.³

Humanitarian protection

A type of immigration status where a person is not at risk of individual persecution, but they would be at risk of serious threat or harm if they returned to where they are from because of general violence (e.g. war or internal conflict).⁴

Human rights

In line with broad international acceptance, the UN Refugee Agency defines this as the inalienable rights to which a person is entitled merely for being human. Human rights are built on underlying principles of universality, equality, and non-discrimination.⁵

Immigration detention

The government practice of detaining foreign nationals for administrative purposes. This could be to establish a person's identity or to remove a person from the UK.⁶

Migrants

There is no internationally accepted legal definition of a migrant. According to the International Organization for Migration, the term generally refers to a person who has moved away from their place of usual residence, either within a country or across an international border; this could be for a variety of reasons.⁷ In this report,

we use this term to specifically refer to people who have moved from their place of usual residence to another country.

No Recourse to Public Funds

A condition imposed on people who are subject to immigration control in the UK whereby they are not able to claim most benefits and housing assistance that are paid by central government unless an exception applies.⁸

Refugee

According to the 1951 Refugee Convention, a refugee is someone who is unable or is unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.⁹ In the UK, a person is only recognised as a refugee by law if the UK government has issued them with refugee status documentation.

Refugee resettlement

The selection and transfer of refugees from a country in which they have sought protection to a third country which has agreed to admit them as refugees where they can rebuild their lives.¹⁰

Shortage occupation list

A list created by the UK government setting out the posts where it considers there is a shortage of labour and will allow migrants (including asylum seekers) to work in these roles, subject to conditions including how long they have been in the country.

Signing

The process by which those who have applied for immigration status and who have not had a positive decision have to regularly report to their local Home Office reporting centre or a police station.¹¹

Temporary refugee permission

When the Nationality and Borders Act 2022 first came into law, temporary refugee permission gave a person only 30 months of leave to remain in

the UK, with an option to settle (live permanently in the UK) after 10 years of lawful residence. As of July 2023, this type of permission was discontinued.⁴

Trauma-informed

Trauma-informed practices recognise that many people bring traumatic past experiences to their interactions with public or other services. A trauma-informed approach means that staff respond to individuals' experiences by listening to and valuing people's stories by creating safe spaces to talk, by showing an understanding of the traumas people have experienced, and by responding to their needs without creating new traumas.

Undocumented migrant

An individual who is without immigration status in the country where they reside.¹²

Summary

The Mental Health Foundation's vision is good mental health for all. But a society cannot be mentally healthy whilst it allows the mental health of some of its members to continue to suffer and deteriorate.

This report presents evidence on the economic, social, and cultural circumstances which asylum seekers and refugees who seek sanctuary in the UK can face, and how these experiences can harm their mental health and even lead to suicidal feelings and actions.

At the Mental Health Foundation, we take an approach rooted in the discipline of public mental health. Public mental health is the improvement of mental health and wellbeing through preventative work involving communities, organisations, and individuals.

Asylum seekers and refugees are at particular risk of mental health problems. These may develop as a result of their experiences in their countries of origin, during their journeys, or after they arrive in the UK. This report sets out some of the reasons why asylum seekers and refugees are at particular risk and what we, as a society, can do to protect their mental health once they arrive in the UK.

Evidence is gathered from research, from people with lived experience of seeking refuge and asylum in the UK and from the Mental Health Foundation's programmes and other third-sector organisations who work with asylum seekers and refugees. We make the case for a trauma-informed and person-centred approach to asylum claim processes, housing, education,

health and care provision experienced by asylum seekers and refugees. We also address the urgent need for greater support for asylum seekers' and refugees' integration into their communities in the UK, and propose changes to existing government policies and public service practices to avoid the risk of re-traumatisation and other harms to the mental health of those seeking asylum and refuge.

Many of the systems and processes in the UK do not work well for asylum seekers and refugees. The report makes policy and practice recommendations as to how systems and processes could be reconfigured to do no further harm to people who have come here to make a new life after fleeing war, persecution, sexual violence, and other deeply traumatic experiences. It sets out how we can take a compassionate approach to better supporting their mental health, limit the severity of the mental health problems many experience, and reduce the risk of them taking their own lives.

UK policy context

The UK government has international human rights obligations under the 1951 UN Convention on the Status of

Refugees and its 1967 Protocol,⁹ and the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹³ The 1951 Convention outlines the legal protection, rights, and assistance a refugee is entitled to receive. A core principle is non-refoulement, which asserts that a refugee should not be returned to a country where they face serious threats to their life or freedom.¹⁴

The ICESCR protects the economic, social and cultural rights of all individuals, including their rights to: an adequate standard of living, the highest attainable standard of health, access to education and social security, and the ability to work to earn a living.¹³ As a member of the Council of Europe, the UK government also has obligations under the European Convention on Human Rights (ECHR). The ECHR sets out a list of fundamental human rights including the right to life and prohibition of torture.¹⁵

Within the UK, there are significant variations in how respective national governments regard asylum seekers and refugees. In England, there is no UK government led strategy in place to support the integration of asylum seekers from day one of their arrival,

nor does a strategy specifically aimed at refugee integration exist. However, policy in Scotland and Wales aims to support the integration of asylum seekers and refugees into communities from the first day of their arrival.^{16,17} In 2021-22 the Northern Ireland Executive Office ran a consultation on a draft refugee integration strategy (though no strategy yet exists).¹⁸

A major component of the UK's policy on immigration is what has become known as the 'hostile environment' policy, a term originally used in 2012 by Theresa May,¹⁹ the then-Home Secretary, to describe an approach that sought to deter people arriving irregularly from entering the UK. The UK government introduced measures to reduce the number of migrants in the UK with no right to remain through the Immigration Acts of 2014 and 2016. These pieces of legislation have contributed to the 'hostile environment' agenda and have had a profoundly negative impact on the lives of migrants, including refugees with a right to live in the UK.²⁰ A stricter asylum system has continued to be reinforced through the Nationality and Borders Act 2022 and the Illegal Migration Act 2023.

Main messages

Asylum seekers and refugees face many barriers to achieving and sustaining good mental health, as their pre- and post-migration experiences place them at higher risk of experiencing mental health problems.

Pre-migration experiences may include torture, war, imprisonment, physical assault, sexual assault, loss of livelihood, and losing close family or friends.²¹ Trauma may also be experienced on migrants' journeys to the UK, which are sometimes long and perilous.

In addition to the distress these experiences cause, they can exacerbate existing mental health conditions and lead to the development of new ones. Exposure to violence and trauma increases migrants' risk of post-traumatic stress disorder (PTSD),^{22,23} they are more likely to experience depression,^{24,25} and anxiety disorders,²⁶ and are a high-risk group for suicidal ideation.²⁷ Internationally, around 30% of refugees and asylum seekers have been found to experience PTSD, with the figure for those experiencing depression also around 30%.²⁵

The social and economic conditions in which they live post-migration can have an equally powerful influence on their mental health. Experiences of poverty, financial insecurity, unemployment, lack of adequate housing, social isolation, loneliness, prejudice, stigma, and discrimination all carry a higher risk of poor mental health,²⁸ and asylum seekers and refugees are at higher risk of experiencing all these inequalities. Asylum seekers will also often be dealing with stress about the status of their claim and challenges in accessing healthcare.

The UK government, devolved administrations, and local authorities have the power – and the responsibility – to address these social determinants of poor mental health, both directly and through supporting the third sector. This report sets out how they can work together to create a society that respects the dignity of asylum seekers and refugees and provide the building blocks that underpin good mental health.

Main recommendations

Mental health considerations must inform all policy development

- The UK government must fulfil the commitment recently made in its interim Major Conditions Strategy report (which covers England) to develop a mental health and wellbeing impact assessment tool to support policymakers to consider the mental health and wellbeing effects of their policies. This should involve full consideration of the likely impact on asylum seekers and refugees, and be applied during the development of immigration policy and legislation.
- The devolved administrations should develop a similar tool and use it to ensure that new policy initiatives support the mental health and wellbeing of their populations, including asylum seekers and refugees.

Promoting integration, supporting wellbeing, and reducing hostility and discrimination

“I would feel that I’m alive and happy when I am volunteering and helping others.”

Asylum seeker in Walesⁱ



- The UK government should develop a clear strategy for refugee and asylum seeker integration, working with the devolved administrations, local authorities, the voluntary sector, and people with experience of seeking refuge.

ⁱ Due to the sensitive nature of the circumstances of some of the people we spoke to as part of the research for this report, we have chosen not to use their names.

This strategy must:

- include measurable actions and robust accountability mechanisms for delivery and commit to integration from day one of migrants' arrivals
- set out a clear definition for integration agreed by the UK government and devolved administrations to ensure that baseline measurements can be captured, and progress can be reported on
- draw on work that has already been carried out in this area by the Welsh and Scottish Governments.^{16,17} The Scottish Government's New Scots Refugee Integration Strategy 2018-2022 recognises that asylum seeker and refugee women can face particular challenges. Any future integration strategies should continue to include gender specific considerations

Responsibility for this strategy should sit outside the Home Office to avoid conflicting interests.

- The UK government and devolved administrations should invest in peer support programmes and community initiatives for asylum seekers and refugees, including volunteering schemes. Local authorities should ensure that these are designed and delivered in a way that is accessible to asylum seekers and refugees.
- The UK government, devolved administrations, and local authorities should deliver training to staff across community public services which promotes anti-discriminatory attitudes towards asylum seekers and refugees.
- Asylum accommodation sites and detention centres must have safeguarding protocols in place to protect asylum seekers from discrimination and harassment from members of the public and from staff.
- National governments and local systems should develop engagement forums with asylum seeker and refugee communities, providing them with a voice in public policy decision making. This should involve the development of peer ambassador programmes.

A trauma-informed approach

“Everything is stressful. You can’t sleep at nighttime, always thinking about the Home Office, maybe they want to send you back home, today or tomorrow, you never know.” Asylum seeker, MHF Perthyn programme

The asylum claim system, UK Home Office immigration agencies, the public sector workforce (e.g. those working in health, education, transport, social security, and the police) and all other policies and practices affecting asylum seekers and refugees should become trauma-informed.ⁱⁱ The UK Home Office should work with people with experience of seeking asylum to redesign the asylum system to ensure it does not retraumatise individuals or create new trauma. In addition, the UK Home Office should:

- ensure that asylum seekers are not required to report to immigration officials more often than necessary
- ensure that detention is only ever used as a last resort, and for the shortest possible time. Pregnant women and children should never be detained
- ensure that asylum seekers with health conditions (including mental health conditions) receive immediate and appropriate treatment
- introduce a statutory maximum time limit of 28 days for the length of time an individual can be detained for immigration purposes
- provide regular updates to asylum seekers about their claim
- continue to increase its asylum decision-making workforce to reduce the time people are waiting in uncertainty.

ii. A definition of ‘trauma-informed’ can be found in the section one, under the subheading ‘the need for a trauma-informed approach’.

Reducing financial and housing stressors

“As a result of being moved to different accommodation, my child had to move school. My child said to me: ‘when will I see my friends again?’” Asylum seeker in Scotland



The UK government must take action to alleviate the financial and housing stressors that asylum seekers and refugees often experience, by:

- urgently reviewing and increasing the financial support provided under Section 95 and Section 4 of the Immigration and Asylum Act 1999, to ensure it keeps pace with the cost-of-living
- ensuring that financial support and accommodation is provided without delay when a person qualifies for them
- abandoning the No Recourse to Public Funds (NRPF) policy for asylum seekers
- ensuring that people are not moved multiple times between asylum accommodation locations
- extending the move-on timeframe for withdrawal of Section 95 support (financial and housing support) from 28 days to 56 days for people who have been granted refugee status
- improving the quality of hotel and other short-term accommodation, and shortening the length of time asylum seekers need to be housed in it. Settings far away from communities likely to result in ‘warehousing’ like former military barracks and barges should not be used.



Employment

“Being stuck at home and unable to work can feel as though you’re in prison.” Asylum seeker in Wales

- The UK government should automatically grant asylum seekers the right to work if they have been waiting for longer than six months for a decision on their claim.
- The Department for Work and Pensions (DWP), the Economic Strategy and Fair Work Directorate in Scotland, and the Departments for the Economy in Wales and in Northern Ireland should ensure that all staff working in government employment services have the knowledge to offer bespoke employment support to refugees and make interpreters available in multiple languages in job centres. They should also work with employers to develop high-quality employability programmes for refugees and encourage organisations to adopt inclusive work practices for refugees.
- The UK government should take steps to develop programmes that allow refugees who have been certified to practice professions overseas to do so here. This may require retraining but should also seek to recognise the validity of qualifications and experience gained overseas. Professional registration processes differ widely and there will be a role for several government departments and professional bodies in doing this. The government should set out clear expectations to regulatory bodies that such practice becomes the norm.



Education

“I was scared of people judging me [as an asylum seeker] so I always hid it. I didn’t mention the word asylum seeker when I talked about myself until sixth form. For me, as a child, it was very overwhelming and burdensome because of the fear of being excluded.” Mental Health Foundation Young Leader

The UK government, devolved administrations, local authorities, and schools should reduce the barriers which can prevent asylum seekers and refugees from accessing and thriving in education, by:

- simplifying the education application process for entering education for asylum-seeking and refugee families
- ensuring that training for teachers and mental health leads in schools includes specific content on supporting refugee and asylum-seeking children
- offering financial aid for education materials for asylum seeker and refugee families who meet a destitution threshold and cannot afford them.



Healthcare and preventative mental health programmes

“I’ve experienced mental health professionals being desensitised to asylum seekers and refugees and not having knowledge of how to help them.” Mental Health Foundation Young Leader

The UK government, devolved administrations, the NHS, and other health providers should reduce the barriers which can prevent asylum seekers and refugees from accessing the services and healthcare that support them to live well, by:

- proactively targeting preventative interventions towards asylum seekers and refugees. This should include supporting and funding asylum seeker and refugee community groups which will often be best placed to deliver such interventions
- delivering training for healthcare staff on the healthcare rights and entitlements of asylum seekers and refugees to make sure that everyone eligible for free healthcare receives it
- ensuring there are mechanisms to monitor and address any barriers to accessing healthcare services (including maternity care) experienced by these groups
- increasing the diversity of the NHS workforce. This can be accomplished in part by easing the means by which asylum seekers can enter the workforce and use their skills in contributing to the NHS and social care (see recommendations under ‘Employment’)
- development of culturally sensitive health services, which are explicitly anti-racist and acknowledge the multiple and overlapping inequalities that can be faced by asylum seekers and refugees. As part of this, cultural competency/humility training should be mandatory for all staff who have contact with patients.

Improving accessibility of public services

“It really supports our mental health to go out, but sometimes it’ll be one week, ten days, two weeks [when] I won’t go out of the house because I can’t pay for the bus.” Asylum seeker in Scotland

- The UK government, devolved administrations, and Metro Mayors in England with delegated transport policy powers should provide free bus travel to all asylum seekers. The Scottish Government should deliver on its pledge to provide free bus travel for asylum seekers and this should continue beyond 2025.
- The UK government, devolved administrations, local authorities, and public services (including education, healthcare, employment services and legal services) should increase the availability of highly-skilled interpreters and improve the accessibility of their online and printed resources, making them available in the languages required by asylum seekers and refugees.



Suicide prevention: making asylum seeker and refugee suicides visible

“The asylum process is not easy, it’s a very bad experience. After my first interview, I was refused. I felt like I should kill myself. The second time I applied, the Home Office took me to court, and they refused me again. The third time, I made a fresh claim which dragged on. I had a lot of things on my mind, I wanted to kill myself.” Asylum seeker in Scotland

- The UK government and devolved administrations must deliver on their commitments to improve the data and evidence on refugee and asylum seeker suicides, as a first step to developing a public health approach to tackling them. This needs to include suicides among those who arrive as unaccompanied asylum-seeking children.
- NHS staff likely to have contact with asylum seekers and refugees must be appropriately equipped to judge suicide risk amongst people in these groups, including understanding the pre- and post-migration traumas and stressors they are likely to have experienced.
- Integrated Care Systems and other health and care systems in the nations of the UK should take a public mental health approach to protecting the mental health of the refugee and asylum seeker populations in their areas through identifying and addressing the drivers of suicidality amongst these groups. Responses will vary according to area but are likely to include: culturally-appropriate approaches to reducing loneliness, peer support programmes, and local measures to mitigate the poverty and financial insecurity they experience, in the ways set out in this report.

Introduction

Since 1949, the Mental Health Foundation ('the Foundation') has been the UK's charity for everyone's mental health.

With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.

We know that some communities are at higher risk of developing mental health problems and our work aims to reduce the mental health inequalities experienced by these groups.

Asylum seekers and refugees face unique challenges to their mental health and are often at greater risk of developing mental health problems.²⁹ This report explains these challenges by bringing together evidence on the economic, social, and cultural experiences which asylum seekers and refugees who seek sanctuary in the UK can face. We discuss how these experiences can contribute to a heightened risk of poor mental health

and propose recommendations for how these challenges can be addressed.

Scope of the report

The report focuses principally on the experiences of asylum seekers and refugees who come to the UK seeking sanctuary either as adult individuals or as part of a family group, as these are the people the Foundation has supported through its community programmes.

It does not cover in detail the experiences and needs of unaccompanied and separated asylum-seeking children and refugees, as the Foundation does not have a lot of experience in this area.

Other third-sector organisations (such as Refugee Council and Save the Children) have expertise in working with this group, and information about the issues they face and what should be done to support them is available on their websites.

Similarly, while we include some mentions of undocumented migrants, there is little reliable information about how many

undocumented migrants live in the UK, the nature of their experiences and how they affect their mental health. We acknowledge that this lack of data is itself a symptom of discrimination against this group and would urge that governments and devolved administrations address the profound inequalities that they face.

The information from this report has been informed by engagement with those with experience of the UK asylum system, evidence from our programmes work with asylum seekers and refugees, engagement with other organisations in the third sector and wider research literature.

The Mental Health Foundation's work with asylum seekers and refugees

The Foundation's vision is good mental health for all, with a particular focus on those at the greatest risk of poor mental health. Everyone, whoever they are, regardless of their background, has a right to the highest attainable standard of mental health.

The Foundation delivers programmes in each of the UK's home nations to

support the mental health of asylum seekers and refugees. From this work it is clear that asylum seekers and refugees face many barriers to achieving and sustaining good mental health. Wider international research supports this, with multiple studies concluding that asylum seekers and refugees are at higher risk of experiencing mental health problems.^{26,30}



In England and Wales the Foundation has worked with sports clubs' community organisations to train staff on how to work in a trauma-informed way with asylum seekers and refugees. In Wales, our Perthyn ('Belonging') programme has run numerous projects including training people with experience of the asylum system to become peer leaders. This provided a space for them to increase their emotional literacy,ⁱⁱⁱ create friendships,

iii. Emotional literacy is the name given to the set of skills related to recognising and managing emotions. It includes the ability of a person to identify and understand their own feelings, having healthy strategies for coping with those feelings, and recognising the feelings of others.



and reduce feelings of isolation.³¹ The programme has also conducted research to understand what supports and harms the mental wellbeing of asylum seekers and refugees.³²

In Scotland, our work with asylum seekers and refugees spans more than 10 years. Programmes have included Voices and Visibility, a project to increase the representation of asylum seekers and refugees in civil decision-making forums,³³ and the Elevate programme. This aims to increase the understanding of the experiences of asylum seekers and refugees within public bodies in Scotland, particularly in the areas of education, health, and policing.³⁴ Through our Weaving Threads for Wellbeing programme in Scotland, we also work with refugee and asylum seekers to co-produce mental health resources for the community. In Northern Ireland, we are working closely with Anaka Women's Collective, using the experiences of asylum seekers and refugees in Belfast to inform our future programme-delivery work.

Who are asylum seekers and refugees?

The 1951 United Nations (UN) Convention Relating to the Status of Refugees defines a refugee as someone who is "unable or is unwilling to return to their country of origin owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion."⁹ In the UK, a person is only recognised as a refugee by law if the UK government has issued them with refugee status documentation.

An asylum seeker is a person who is seeking international protection and has applied for refugee status under the convention but whose claim has not yet been determined.³⁵ According to the UN, there were 328,989 refugees living in the UK at the end of 2022.³⁶ According to UK government, the UK offered protection to 23,841 people (including dependants) in 2022 in the following forms:

- 16,649 were granted refugee permission following an asylum application
- 56 were granted temporary refugee permission
- 1,042 were granted humanitarian protection
- 302 were granted alternative forms of leave (such as discretionary leave to remain and unaccompanied asylum-seeking child leave) and
- 5,792 were able to come to live in the UK through resettlement schemes.³⁷

The percentage of asylum applications refused at the initial decision stage was 24%.³⁸ Between 2004 to 2021, around three-quarters of applicants refused asylum at initial decision lodged an appeal and almost one third of those appeals were allowed.³⁸

There were 75,340 asylum applications (relating to 93,296 people) in the UK in the year ending September 2023, a 1% increase from the previous 12 months.³⁹ For this period the main five countries of origin of people seeking asylum across the UK were Afghanistan, Iran, Albania, India and Iraq.³⁹ Northern Ireland differed from the rest of the UK, with the five main countries of origin being Eritrea, Syria, Somalia, Sudan and Iran.⁴⁰

UK policy context



The UK government has international human rights obligations that affect how it should treat asylum seekers and refugees.⁴¹ In addition to the 1951 UN Refugee Convention and 1967 Protocol, the UK government has since 1976 been a signatory to the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹³ The ICESCR is a human rights treaty that protects the economic, social and cultural rights of all individuals, including their rights to: an adequate standard of living, the highest attainable standard of health, access to education and social security, and the ability to work to earn a living.¹³ Within the UK, there are significant variations across nations in how respective national governments consider asylum seekers and refugees.

In 2018, the Scottish Government rolled out their second New Scots Integration Strategy for Refugee Integration.¹⁷ A year later, in 2019, the Welsh government declared Wales a 'Nation of Sanctuary' for asylum seekers and refugees.¹⁶ Both these policies aim to support the integration of asylum seekers and refugees into communities from the first day of their arrival.

While Northern Ireland does not have an established refugee integration strategy, the Executive Office's Racial Equality Strategy 2015-25 stated there is a strong case for a refugee integration strategy, and during 2021-2022 the Northern Ireland Executive Office ran a consultation on a draft refugee integration strategy.¹⁸

In England, there is no UK government-led strategy in place to support the integration of asylum seekers from day one of their arrival nor does a strategy specifically aimed at refugee integration exist. One component of the UK's approach to migration has become known as the 'hostile environment' policy, a term originally used in 2012 by Theresa May, the then-Home Secretary to describe administrative and legislative measures which sought to deter people arriving irregularly from entering the UK.

She said: "The aim is to create here in Britain a really hostile environment for illegal immigrants."¹⁹

The government's rationale for creating a hostile environment was to identify and reduce the number of immigrants in the UK with no right to remain.²⁰ The government now refers to the 'hostile environment' policy as the 'Compliant Environment' policy.²⁰

During the last decade, the government has passed several Acts to restrict irregular migration: the Immigration Acts of 2014 and 2016, the Nationality and Borders Act 2022, and the Illegal Migration Act 2023.

Hostile/compliant environment policies have had a profoundly negative impact on the lives of people who have a right to live in the UK.²⁰ Policies created during the 'hostile environment' period have led to people being discriminated against and wrongly deported or detained.^{19,20} They have also created difficulties for migrants in accessing public services, which have contributed to asylum seekers and refugees experiencing destitution and ill-health.⁴²

The most recent UK government immigration legislation has reinforced a complex and hostile immigration

system. Under the Illegal Migration Act 2023 anyone who arrives in the UK in what the government regards as an 'unofficial way' will be either returned to their country of origin, or a third country such as Rwanda. At the time of writing this report (January 2024), the UK government is trying to push through its plans to send asylum seekers to Rwanda. Current immigration policies which reinforce a complex and hostile immigration system can contribute to feelings of isolation and loneliness among asylum seekers and refugees.⁴³ In research by the Refugee Council, frontline workers reported that fears of being sent to Rwanda are taking a severe toll on the mental health of asylum seekers, with suicidal thoughts being reported.⁴⁴

What do we know about the mental health of asylum seekers and refugees?

The likelihood of developing a mental health problem is influenced by the circumstances in which we are born, grow, live, and age, which interact with our biological make-up. People who face the greatest disadvantages in life also face the greatest risks to their mental health. This unequal distribution of risk

to our mental health is called mental health inequality.²⁸

Asylum seekers and refugees are at particular risk from mental health problems. Experiences that damage mental health can be experienced in their countries of origin, during the journey they make, or after they arrive in the UK. Pre-migration trauma can include torture, war, imprisonment, physical assault, sexual assault, loss of livelihood and losing close family or friends.²¹ Exposure to violence and trauma, particularly repeated exposures and extreme violence, increase the risk of mental health problems, including post-traumatic stress disorder (PTSD).²² The conditions refugees live in post-migration can have an equally powerful influence on their mental health.⁴⁵

Research consistently shows that the risk of experiencing poor mental health and developing mental health problems is greater for people who experience poverty, financial insecurity, unemployment, lack of adequate housing, social isolation, loneliness, prejudice, and discrimination.²⁸ The post-migration social conditions asylum seekers and refugees face often put them at risk of experiencing these inequalities.

Rates of PTSD and depression are substantially higher among asylum seekers and refugees, compared to the general population. According to data from World Mental Health Surveys, the lifetime prevalence for PTSD in the general population is 3.9%, and 12% for any depressive disorder. In contrast, an international systematic review found that among adult asylum seekers and refugees, the prevalence of PTSD was 31.46%, and the prevalence of depression was 31.5%.²⁵

Exposure to violence and trauma also increases the risk of anxiety disorders,²⁶ and refugees are a high-risk group for suicidal ideation.²⁷ People from refugee backgrounds of all genders are susceptible to experiencing poor mental health. But mental distress, depression, anxiety and PTSD have been found to be more prevalent among women from refugee backgrounds than in men from similar backgrounds.⁴⁶

While all refugees may experience challenges such as separation from their families, security risks, and exposure to violence, women are at particular risk of violence and exploitation.^{46,47} The high prevalence of PTSD in refugee women has been associated with experiences of sexual abuse.⁴⁸

International evidence shows that transgender and other LGBTQI+ asylum seekers and refugees may experience multiple traumatic events across their lifespan. These can include rejection, violence, and exploitation.⁴⁷ Mistrust and fear have been found to be two common negative feelings reported by LGBTQI+ asylum seekers and refugees due to a consecutive build-up of stress-inducing life events.⁴⁷

Section 1: An asylum system that reinforces trauma

The impact of past experiences

The pre-migration experiences of asylum seekers and refugees increase their vulnerability to developing mental health problems.⁴⁹ Individuals may be forced to flee their country of origin because they are discriminated against for a characteristic such as religion or sexual orientation, or they may have been subject to torture and threats to their life. Many have experienced traumas related to war, imprisonment, physical assault, sexual assault, witnessing violence, severe deprivation of basic necessities, and loss of livelihood.²¹

Mental health problems can affect the ability of asylum seekers to present their claim in a coherent way. For example, people with PTSD often experience



memory problems and may only be able to provide fragmented narratives of the traumatic events they have experienced.^{50, 51}

Their experiences of trauma may also mean that asylum seekers need time to establish a sufficient level of trust and confidence in the system and the staff they encounter before they are able to reveal potentially painful details of their experiences.⁵² Sexual trauma has

been cited as one of the most difficult experiences for asylum seekers to disclose.⁵³ This trauma can be linked to feelings of embarrassment, shame and humiliation, and people can fear social stigma and exclusion from their communities.⁵³

Some people will arrive in the UK having been mistreated by their own national authorities, and they may harbour a suspicion of the UK government, including the Home Office and its agencies (UK Visas and Immigration, Immigration Enforcement and the Border Force), and be reluctant to share their experiences early on in the asylum-seeking process.⁵⁴ The repeated, systematic and required retelling of events in the past can be extremely painful and cause trauma to be re-experienced.⁵⁵

Disbelief, mistrust and issues surrounding evidence

Despite the psychological challenges asylum seekers can face in telling (and retelling) their stories fully, clearly and consistently, if the information they provide in their initial interview is different to information they give in subsequent interviews, this can be used against them and may

affect the credibility of their claim.⁵⁵

There have been reports of decision makers focusing on inconsistencies within an asylum claim to justify a negative assessment, without giving an opportunity to applicants to account for such discrepancies.⁵⁶

An assessment of asylum casework by the Independent Chief Inspector of Borders and Immigration (ICIBI) was published in 2021. It identified that although there was evidence of some good practice, caseworkers in the asylum system often used confrontational or insensitive questioning, were openly sceptical of claimants in interviews, and did not respond appropriately to disclosures of sensitive personal information.⁵⁷

The questions asked in the interview have been described by individuals who have been through the UK asylum system as “designed to dehumanise”, and to demonstrate that the interviewee is “less than” the Home Office interviewer.⁵³ This can exacerbate interviewees’ pre-existing feelings of fear, shame, and trauma, and impede what they are able to explain coherently.⁵³ Other research has found

the asylum process to be adversarial, and some asylum seekers have described encounters with Home Office officials in which they were treated as liars and criminals.^{53, 54}

Asylum seekers in Scotland have spoken to us about their experiences of being met with disbelief whilst going through the asylum system:

“They [the interviewers] don’t trust our statement, despite the evidence we are presenting... If you have a personal issue in your country, they don’t trust you; it’s only if you have a war in your country [that they do]. Why do they only consider you as an asylum seeker if you’re fleeing war?”



Another person told us about their experiences of constantly being met with distrust, despite being able to present evidence on the physical maltreatment they had experienced:

“I’ve gone for the main interview five times – this is retraumatising. They think what I am telling them is a cover-up story, even though they can see the physical evidence [of what I have been through] and the government from my home country has sent through evidence to support my claim. They still think it’s a hoax story. This is torturing me mentally.”

UK government guidance on medical evidence in asylum claims explains that evidence regarding health (including mental health) must be carefully considered by the Home Office.⁵⁸ Although the Foundation strongly agrees that asylum seekers' mental health must be carefully considered, we have heard through our work with asylum seekers in Scotland of instances where such disclosure has created subsequent difficulties in the process. One asylum seeker shared with us the experiences of her close friend, who was also going through the asylum system:

“In her asylum interview she told her lawyer about her mental health [problems]. When her solicitor presented the evidence to the Home Office that she was suffering from mental illness, the Home Office said they would withdraw her interview until her mental health [was] stable. But now she has been waiting for over 10 years.”

There is a lack of wider evidence on how disclosure of mental health problems subsequently impacts the length of time taken for an asylum claim to be processed. This is a research area which requires further consideration.

Reporting to immigration officials and the threat of detention

The British Red Cross have documented cases of asylum seekers being afraid to report to immigration officials because of the ever-present threat of detention.^{6,59} Asylum seekers in Scotland have also told us that the need to report regularly to immigration authorities to complete signing^{iv} is an extremely stressful process, which takes a toll on their mental health:

“When I have to report to the Home Office for signing, they ask me terrible questions like ‘Why do you live here?’. There are so many unethical questions. It’s a very traumatising experience and very stressful. The reporting system needs to be changed.”

iv. Signing is the process by which those who have applied for immigration status and who have not had a positive decision have to regularly report to their local Home Office reporting centre or a police station.



'Detention' refers to the government practice of detaining asylum seekers and other migrants for administrative purposes,⁶ either to establish a person's identity or to facilitate their immigration claim and/or their removal.⁶ It is an administrative process rather than a criminal procedure, and asylum seekers can technically be detained at any time.⁶⁰ The UK is the only country in Europe that has no time limit on detention.⁶ In the UK, one exception to the length of time someone can be detained is the detention of pregnant women. Where a pregnant woman is being detained for removal, they can only be detained for a maximum of 72 hours, although in exceptional circumstances and with ministerial authorisation this can be extended to a maximum of one week.⁶¹

The effects of being held in a detention

centre are wide-ranging, and the impact on mental health can be severe.^{6,62} An international systematic review found anxiety, depression, and PTSD were commonly reported among detained asylum seekers, as were self-harm and suicidal ideation.⁶³ While an asylum seeker is in detention, they do not know how long they will be there for, whether they will be removed from the UK or whether they will see their family again. Time in detention has been associated with severe distress,⁶³ and for torture survivors being detained can bring back memories of torture.⁶⁴

Periods of immigration detention for asylum seekers and other foreign nationals vary, but there are reports of people being held in detention centres for years. In 2019, 24,512 asylum seekers left detention.⁶⁵ Thirty per cent were removed from the UK, with 70% of those detained being released back into the community.⁶⁶

The need for a trauma-informed approach

The context in which trauma is addressed can affect outcomes for trauma survivors.⁶⁷ It is important that the workforce and practices of the public sector should be trauma-

informed. A trauma-informed organisation understands the traumas people may have experienced and recognises both the signs of trauma and the effects it can have. It responds by fully integrating knowledge about trauma into its training, policies, procedures, and practices, and through this seeks to actively prevent retraumatisation.⁶⁷ This requires people at all levels of an organisation to understand how trauma can affect individuals and how organisational practices can trigger painful memories and retraumatise clients.⁶⁷ Working in this way also requires the organisation to

adopt culturally sensitive behaviours and interactions, so that clients feel they are treated with respect and dignity.⁶⁸

Asylum seekers and refugees can also face negative experiences during their contact with other public services, such as being bullied in education settings,⁶⁹ or being met with feelings of mistrust when accessing healthcare.⁷⁰ Asylum seekers and refugees are also vulnerable to experiencing hate crime in the UK, and research shows that both groups have concerns about experiencing racism at the hands of the police as well the wider community.⁷¹

Delays in the system and poor communication

Asylum seekers and refugees have also reported that it can be traumatising to wait long periods of time for a decision on their claim. In early 2023, our Perthyn programme ran workshops in Wales

with adults with current or previous experience of the UK asylum system, to explore how this affected their wellbeing. On multiple occasions, waiting in limbo for a decision on their claim and living in uncertainty were described as having a negative effect:

“Everything is stressful. You can’t sleep at nighttime, always thinking about the Home Office, maybe they want to send you back home, today or tomorrow, you never know.”

“The time we had to wait has caused quite a traumatising experience.”

“Waiting for a long time, no change - we lost hope. All of us.”

The Foundation's Young Leaders are a group of 14–24-year-olds from diverse backgrounds, with a range of experiences. We worked with their policy group in England to understand what affects the wellbeing of young asylum seekers in this age group.

They told us that poor communication from the Home Office on how their claim was progressing is particularly stressful. One spoke about their family not hearing any news from the Home Office for months at a time. They also described a specific incident in which:

“[After months of no news] my mother was called in for an interview by the Home Office, but on arrival, the member of staff who was meant to be conducting the interview was on leave and the interview could not take place.”

Our Young Leaders identified that having regular updates about their claim and being given accurate information from the Home Office would help to reduce some of the stress experienced while going through the asylum process.

At the end of September 2023, there were 125,173 cases (relating to 165,411 people) awaiting an initial decision. The number of cases awaiting an initial decision has increased over the last 10 years and more rapidly since 2018, when at the end of June that year there were 22,676 cases awaiting an initial decision.⁷²

In January 2024, the UK government announced they had delivered on the Prime Minister's pledge made in December 2022 to abolish the legacy backlog of asylum claims made before 28 June 2022 by the end of 2023. Despite this announcement, thousands of people still await a decision on their claim. The UK government itself disclosed that 4,500 complex cases require additional checks or investigation for a final decision to be made.⁷³

The government should build on their commitment of tackling the asylum backlog, with concrete and sustainable action to improve the asylum system workforce. According to the National Audit Office, the Home Office has historically experienced a high turnover of asylum caseworkers and it can take six months to train a caseworker to be effective in their role.⁷⁴

Some asylum seekers and refugees in the UK will be survivors of modern slavery (which can include sexual exploitation, labour exploitation, criminal exploitation, or a combination of these).⁷⁵ A lack of secure immigration status can result in poverty, destitution and

isolation and prevents survivors from working and accessing services. This in turn can leave survivors vulnerable to further abuse, exploitation, and re-trafficking.⁷⁵ This further reinforces the need for timely decisions to be made.

Section 1: Policy recommendations to better protect asylum seekers' mental health during the asylum claim process and prevent re-traumatisation

- The Home Office, its agencies (UK Visas and Immigration, Immigration Enforcement, and the Border Force), and its contractors should become trauma-informed organisations, able to operate with understanding of the diversity of trauma that is experienced by many asylum seekers. High quality trauma-informed training should be provided to all relevant staff and representatives to ensure people are treated with understanding, compassion, and dignity as they go through the system. It must ensure that it does not retraumatise or create new trauma for people involved in the system.
- The UK government and all devolved administrations should commit to rolling out trauma-informed training, specific to the experiences of asylum seekers and refugees, to all relevant public sector staff (e.g. healthcare, education, transport, and the police), to reduce the risk of people being retraumatized when engaging with public services.
- The Home Office should, in partnership with people with experience of seeking asylum, redesign the asylum system to ensure it does not retraumatise individuals. This should include ensuring that asylum seekers never need to re-tell their stories unnecessarily as they go through the system, as this can have a serious impact on their mental health.

- The Home Office should ensure asylum seekers are not required to report to immigration officials more often than necessary, to help alleviate the stress associated with this experience.
.....
- The UK government should introduce a statutory maximum time limit of 28 days for the length of time an individual can be detained for immigration purposes.
.....
- The Home Office should ensure that detention is only ever used as a last resort, and for the shortest possible time. Pregnant women and children should never be detained.
.....
- The Home Office should ensure it provides regular updates to asylum seekers about their claim.
.....
- The Home Office should continue to increase its asylum decision-making workforce to improve the speed with which asylum applications are processed and reduce the time people are waiting in uncertainty. Waiting for years in uncertainty, with no stability or ability to re-build one's life can itself be traumatising for asylum seekers.
.....
- The UK government and devolved administrations should develop engagement forums to conduct research with asylum seeker and refugee communities to better understand where more integration support is needed and identify what actions are required in the long term.
.....
- Research by an independent body should be conducted to investigate how disclosure of mental health problems subsequently impacts the length of time taken for an asylum claim to be processed.

Section 2: Financial and housing difficulties

Under Section 95 of the 1999 Immigration and Asylum Act, if an asylum seeker is found to be destitute and has no other means of supporting themselves, the Home Office can provide them with housing and financial support (the Asylum Support Allowance).⁷⁷

Asylum Support Allowance

At the time of writing this report (January 2024), the Asylum Support Allowance is £49.18 per person per week for those in self-catered accommodation and £8.86 per week for those in full board accommodation.

Research by Asylum Matters in 2020 found that when the asylum rate was set at £39.63 per person per week for those in self-catered accommodation 84% of people said they did not always have enough money to buy food, 95% that they could not afford to travel by

public transport, 63% that they could not always afford the medicines they needed, and only one in four people said they could afford essential cleaning products.⁷⁸



Although the UK government has since increased the Asylum Support Allowance, increases have not kept up with inflation,⁷⁹ and the cost of essential items has increased significantly. This has happened both gradually, year on year, and quickly during the cost-of-living

surge experienced during 2022 and 2023. During this time, asylum support has barely risen, and essential goods have become less and less affordable.⁸⁰

Refugee Action has found that compared to 2008, in 2023, people in the asylum system had to spend nearly twice as much of their Asylum Support Allowance on the same items, and for those in self-catered accommodation, feeding themselves and their children became 30-40% more expensive.⁸⁰ As a result, asylum seekers often have to make difficult choices between basic essentials, such as food and transport.⁸¹ Some have reported walking long distances so they can afford food for the week, whereas others have reported skipping meals so they could afford a bus to an essential appointment.⁸¹ In some instances asylum seekers experience delays in receiving their weekly payment, further limiting their ability to afford essential needs.⁸¹

The Asylum Support Allowance is usually reviewed on an annual basis. To ensure this allowance is consistently reviewed against fluctuating cost-of-living rates, asylum seekers in Scotland have told us that they would like this allowance to be reviewed quarterly.

No Recourse to Public Funds (NRPF) policy

Section 115 of the Immigration and Asylum Act 1999 states that: 'a person will have no recourse to public funds' (NRPF) if they are 'subject to immigration control'. Examples of groups with NRPF include (but are not limited to): people in the UK on a spousal visa, on a student visa, those who are visa overstayers and asylum seekers. For asylum seekers being unable to access a range of benefits whilst their asylum claim is being processed, including universal credit and disability payments, puts them at risk of destitution.⁸²

During the cost-of-living crisis people with NRPF were ineligible to claim many cost-of-living support payments provided by UK government, including (but not limited to): the Cost of Living Support Payment to support households on means-tested benefits, the Pensioner Cost of Living Payment, and the Disability Cost of Living Payment.^{83,84}

Research by migrant and refugee charity Praxis compared the level of cost-of-living support available to two identical households, one affected by the NRPF condition and one not. They found that a household not subject to NRPF will

receive around five times more in cost-of-living support in 2023-2024 than a household affected by NRPF. Specifically, they estimated that in 2023-24 the household not subject to NRPF would receive around £1,095 in cost-of-living support payments whereas the household affected by NRPF would only receive £195 of such payments.⁸⁵

Many families cannot afford adequate or nutritious food, partly because of NRPF.⁸⁵ According to research published by Praxis in early 2023, two thirds of individuals subject to NRPF said they were struggling to afford enough food to feed their children. Nearly three in five said they had been forced into debt to afford the cost of essentials. Additionally, given their exclusion from cost-of-living support schemes, 50% of people with NRPF reported turning to food banks and charities to meet their basic needs, compared to just three per cent of the general population. In the same research, 97% of those with NRPF surveyed said they were worried or very worried about the cost-of-living (compared to 69% of the general population), and three quarters of those surveyed said their mental health had been affected as a result.⁸⁵

Research by the London School of Economics in 2022 investigated the social and economic benefits of removing the NRPF condition for a specific group of migrants with work related visas, and their family members. This was compared to the costs of allowing them to apply for welfare benefits and various public services paid for from public funds.⁸⁶

It found that, over 10 years, removing the NRPF condition for those on limited leave to remain visas would result in a £428 million net gain. Removing the NRPF condition for families with children and other vulnerable individuals would result in a net gain of £872 million over a ten-year period. Significant gains were also identified in relation to health and wellbeing (including mental health), as providing access to social security support can help to address problems such as destitution and poor housing, both of which are risk factors for poor mental health. While this research focused on a specific migrant group and asylum seekers were not included in its scope, it shows that significant economic savings could be made if the UK government were to provide migrant populations with access to public funds.⁸⁶

Housing

Poor-quality housing, and housing that is unsafe and insecure, is a risk factor for mental health problems and can exacerbate existing mental health problems.²⁸



A Migrant Voice study of 170 asylum seekers housed in asylum hotels and other contingency accommodation identified several accommodation-related issues that contributed to feelings of loss of agency and being dehumanised; these had a significant negative impact on their mental and physical health. The study found that quality of accommodation, services and support varied greatly from hotel to hotel. While some were an acceptable standard and sparked no specific

complaints, some hotel rooms were described as overcrowded, unsanitary, and lacking privacy, and the food as being of poor quality (for example out of date and mouldy). Access to healthcare whilst in asylum accommodation was another problem: almost a quarter of survey respondents highlighted difficulties accessing a doctor or receiving treatment.⁸⁷

In some cases, asylum seekers are having to share hotel rooms as part of the UK government's plan to maximise capacity of hotel accommodation.⁸⁸ This places people in situations where they may feel uncomfortable and lack privacy, and it puts them at risk of re-traumatisation.

Asylum seekers also face issues with housing stability, sometimes being moved multiple times between different types of accommodation.⁸¹ The experience of being repeatedly moved from one type of accommodation to another has a significant impact on asylum seekers.⁸¹ Moving is associated with severe strain on people's mental health and reduces asylum seekers' ability to build and maintain social connections, and to learn about the area they live in and what services and facilities are available.⁸¹ The

Foundation has heard from asylum seekers in Scotland that experiencing accommodation changes while claiming asylum is particularly distressing for families with children:

“As a result of being moved to different accommodation, my child had to move school. My child said to me – ‘when will I see my friends again?’”

We also heard that housing conditions can be poor, and it can take a long time for issues to be fixed once they are reported:

“After waiting for two hours to get through to someone, I was told I had to wait 28 working days for someone to come to fix the washing machine in my accommodation. How can I not do my washing for 28 days with small kids?”

In other cases, asylum seekers have been housed in former military barracks. Asylum seekers living in this type of accommodation have reported that this type of setting has brought back

memories of traumatic experiences.⁸⁹ Furthermore, medical assessments of 15 asylum seekers accommodated at Napier Barracks undertaken by clinicians from Doctors of the World in 2020 and early 2021 revealed that they faced significant barriers in accessing health care.⁹⁰ Asylum seekers also reported going weeks or longer without basic needs such as socks or shoes, and reported overcrowded conditions.⁸⁹



In 2023, the government started housing people on the Bibby Stockholm barge. Many asylum seekers have endured horrific journeys across the water to reach the UK and living in this type of environment puts people at risk of re-traumatisation. Asylum seekers have described “experiencing very difficult conditions” on the barge.⁹¹ At

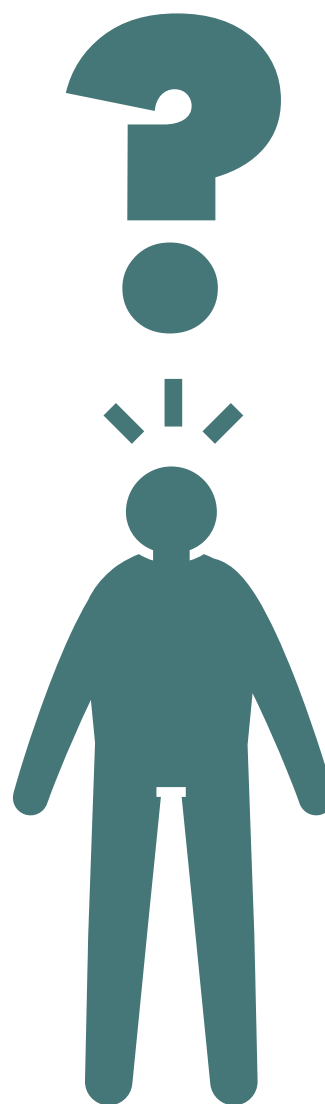
the time of writing (January 2024), an inquest was underway into a suspected suicide on the barge. It is evident that accommodation such as barracks and barges put asylum seekers at risk of re-traumatisation and prevents them from being able to integrate into communities.

Gaining refugee status: withdrawal of financial and housing support

Under Home Office policy, when someone is granted refugee status they should have 28 days before their financial support and accommodation under Section 95 is removed. However, securing a job, applying for mainstream benefits, receiving their first wages or payment, and finding or moving into new accommodation is likely to take longer than 28 days.⁹² Towards the end of 2023, a growing number of cases were reported of people who had been granted refugee status, receiving notices to leave their asylum accommodation with as little as seven days' notice.⁹³

The UK government's Homelessness Reduction Act recognises that those at risk of homelessness need at least 56 days to find accommodation.⁹⁴ Additionally, government guidance on Universal Credit states that it can take

around 5 weeks (35 days) for someone to receive their first payment.⁹⁵



Asylum seekers are not permitted to work while their asylum-claim is being processed (unless they have been waiting for 12 months and the delay is not considered to be their fault – and even then jobs are restricted to a limited Shortage Occupation List). This can mean they are unable to save for a housing deposit or advance rental payments.⁹⁶ There is also a lack

of affordable housing available in local areas.⁹⁷ Refugees are therefore at high risk of homelessness from the moment they receive their refugee status.⁸¹ Newly-recognised refugees also face other barriers to accessing housing including language, a lack of local knowledge, and discrimination from landlords.⁹⁶

British Red Cross research has estimated that extending the timeframe for removal of Section 95 support to 56 days could benefit the UK economy by £4-7 million annually.⁹⁸ Allowing refugees more time to find themselves a permanent home would reduce the use of more expensive local authority temporary accommodation, saving more than £2 million a year. Preventing rough sleeping amongst refugees could save up to £3.2 million every year. Allowing new refugees to engage with employment support for longer (which would positively impact employment pathways, and lead to income tax and national insurance contributions) could save up to £1.3 million. Meanwhile, NHS and mental health services could also save up to £1 million a year by reducing the need for NHS interventions for refugees related to poor mental health and suicide risk.⁹⁸

Refusal of refugee status

Where an asylum seeker receives a negative decision on their claim for refugee status, and they have no dependent children under 18, any support they had been receiving from the Home Office (Section 95 support) will stop 21 days after their asylum claim is refused. If an individual has dependent children who were part of their household before the initial asylum claim was fully refused, they may continue to be treated as asylum seekers and remain entitled to Section 95 asylum support until either the youngest child turns 18 years old or the individual is removed from the UK.

Under Section 4 of the Immigration and Asylum Act, the Home Office can provide housing and financial support to a person when their asylum claim is unsuccessful if they cannot afford to meet their essential living needs or they do not have accommodation. Further to demonstrating they are destitute, the person must show they are taking reasonable steps to leave the UK, are unable to leave due to a physical impediment, have no safe route to return, or meet other specific requirements.⁹⁹

At the time of writing this report (January 2024), the weekly amount provided is £49.18 for each person in self-catered accommodation. A person who is being provided with full-board accommodation will receive a weekly allowance of £8.86.

Financial support under Section 4 is provided on a payment card which can be used to make purchases. However, even with this support, people are still at risk of destitution. Unlike financial support received under Section 95 support, people cannot withdraw cash.⁸¹ In some instances, being unable to withdraw cash can create difficulties in being able to buy food from local shops,⁸¹ and difficulties with accessing transport.¹⁰⁰

Impact of destitution on mental health

One study found that the most reported negative effect cited by people who experienced destitution during their time in the asylum system was its impact on their mental health, which was reported 74% of the time.⁸¹ This contrasts with



physical health effects being reported 51% of the time. As a result of a daily struggle to make ends meet, respondents reported high levels of stress, and a lack of dignity, control, and sense of agency. This was largely because of their near-complete dependency on others to maintain an adequate standard of living, having little choice or control over most aspects of their lives and living in a state of constant fear and uncertainty with no clear end to financial hardship in sight.⁸¹ Other research has similarly found that everyday experiences of living in poverty reduce asylum seekers' and refugees' confidence and enhance their fear, dependence, and isolation.¹⁰¹

Section 2: Policy recommendations on financial support and accommodation

- The Home Office must urgently review and increase the financial support provided under Section 95 and Section 4 support to ensure it keeps pace with the cost-of-living.
.....
- The Home Office and its agencies should process asylum support applications more quickly to ensure that financial support and accommodation are provided without delay when a person qualifies for them.
.....
- To ensure consistent review against fluctuating cost-of-living rates, the level of financial support provided under Section 95 and Section 4 support should be reviewed on a quarterly basis.
.....
- The UK government should abandon the NRPF policy for asylum seekers, which excludes people subject to immigration control from accessing vital benefits including Universal Credit.
.....
- If the NRPF policy is to continue, the UK government must include people with NRPF in cost-of-living support measures and ensure there is an alternative way for them to claim cost-of-living support.
.....
- The Home Office should improve the quality of hotel and other short-term accommodation and shorten the length of time asylum seekers need to be housed in it.
.....
- Asylum seekers should be housed in community-based accommodation. Settings far away from communities likely to result in 'warehousing'

like former military barracks and barges should not be used as they are harmful to integration and mental health.

- The Home Office should introduce regular formal third-party inspections at all asylum accommodation sites to ensure any concerns over the quality of accommodation are identified. This should be followed up with publicly available reports, setting out what actions have been taken to remedy issues.

- The Home Office should ensure that all asylum accommodation sites have a dedicated mental health team to regularly screen the mental health of asylum seekers and offer appropriate mental health support.

- The Home Office must ensure that asylum seekers housed in asylum accommodation have access to free and accessible community spaces to build their social connections.

- The UK government should ensure that people are moved between asylum accommodation locations only with good justification and with reasonable notice. This will reduce mental stress and help people to build and sustain social support networks.

- The UK government should permanently extend the timeframe for withdrawal of Section 95 support (financial and housing support) to 56 days for new refugees, to provide them with more security and give them more time to find work and/or apply for social security benefits.

- The Home Office should lift the restriction on cash withdrawal for those on Section 4 support, to allow people to make their own choices about how and where their money is spent.

Section 3: Barriers to employment

People seeking asylum in the UK can only apply for permission to work if they have been waiting 12 months for a decision on their claim and they are not considered responsible for this delay. Even then, people who are granted this permission are rarely able to work in practice because their employment is restricted to the list of skilled professions included on the government's Shortage Occupation List.^{103,104} The Home Office does not currently provide data on the number of asylum seekers who are granted permission to work, and has described this information as not being held in a reportable format.¹⁰⁵

The Foundation heard from asylum seekers in Scotland about the difficulties they faced once granted permission to work:

"I can't work in the same field here because my field isn't listed in the shortage occupation list."

"[I've been asked to demonstrate] six months of work experience. How can someone seeking asylum have six months of work experience [in this country]?"

"[Whilst looking for a job, some organisations] didn't want to help me as I had NRPF [status]. That is discrimination between people who have access to public funds and people who don't. It should be equal for everybody."

Without the right to work and because of NRPF, asylum seekers often rely only on their Asylum Support payment from the Home Office to meet their living costs. For some people this will mean relying wholly on the state for months, or even years, to avoid destitution.¹⁰³

Work as a 'pull factor'?

The government has long raised the concept of avoiding a 'pull factor' as its main objection to giving people seeking asylum the right to work, arguing that this could attract people to apply for asylum in the UK rather than elsewhere.¹⁰³

However, analysis commissioned by the Home Office found little evidence that interviewees had targeted the UK because it was thought to offer better employment opportunities.¹⁰⁶ Further, a systematic review of research into the relationship between labour market access for asylum seekers and the numbers of asylum applications received found not one study reported a long-term correlation between labour market access and destination choice.¹⁰⁷

Further, asylum seekers often have very little knowledge of their destination country before arriving, and limited ability to choose where they go. Refugee Council research with asylum seekers

and refugees found that the primary objective for all those interviewed was reaching a place of safety.¹⁰⁸ Around three quarters had no knowledge of welfare benefits and support before coming to the UK, with most having no expectation they would be given financial support. 90% were working in their country of origin, and very few were aware they would not be allowed to work when they arrived in the UK.¹⁰⁸

The reasons people seek asylum in the UK are often complex, and asylum policy in the country of destination does not appear to be a dominant factor in explaining the patterns of destination for asylum.

Potential economic benefits of allowing asylum seekers to work

In 2023 the National Institute of Economic and Social Research estimated that allowing all people seeking asylum the right to work would save the government £6.7 billion a year, increase tax revenue by £1.3 billion, and increase GDP by £1.6 billion.¹⁰⁹ If the government lifted the right to work restriction for people waiting longer than six months for a decision on their application, this would save the government a total of £4.4 billion

annually, increase tax revenue by £880 million, and add £1 billion to GDP.¹¹⁰

In addition to these economic benefits, giving asylum seekers the right to work would enhance their wellbeing. They could provide for themselves and their families, live with dignity, strengthen their chances of integrating into their new communities, and would have the opportunity to use their skills. All of these things would improve their mental health.¹⁰³



It is important to note that there is support in the business community for asylum seekers being allowed to work sooner. In 2019, 67% of more than 1000 business leaders polled agreed that asylum seekers should be allowed to work if their claim takes more than six months to process.¹¹¹

The damaging effects of unemployment

Not having the right to work was raised

as a factor harmful to the wellbeing of asylum seekers, both in the workshops we held in Wales and those with our Young Leaders policy group in England:

“There are a lot of unnecessary barriers for asylum seekers, not having the right to work and contribute to the economy doesn’t make sense to me.” MHF Young Leader

“It is repetitive and tiring having to explain why I can’t work to other young people who don’t always understand the rights of asylum seekers.” MHF Young Leader

“Being stuck at home and unable to work can feel as though you’re in prison.” Asylum seeker in Wales

People who are unemployed are more likely to experience loneliness,¹¹² financial strain,¹¹³ and loss of self-esteem,¹¹⁴ which can further limit their ability to engage in social contact. Among Somali migrants in London, being employed was found to reduce the risk of major depression.¹¹⁵

Without the right to work, and with low levels of financial support, asylum seekers also face the risk of exploitation. The United Nations High Commission for Refugees (UNHCR) and the British Red Cross have reported cases of asylum seekers for whom prolonged periods of living in financial hardship led them to take up informal offers of employment. In some cases, these became situations of exploitation.¹¹⁶ This includes cases of domestic servitude, a type of modern slavery in which people work in private homes and experience unbearable conditions while being abused and underpaid – if they receive any pay at all.¹¹⁶ Asylum seekers have also reported exploitative work in other settings, such as fast-food shops, nail bars, and cleaning work.¹¹⁶ Unsafe and illegal work often equates to a lack of access to health and safety measures, regulatory and legal protections and ways to report workplace abuse and exploitation to the police.¹¹⁶

Volunteering and wellbeing

Asylum seekers in Wales told us that when faced with limited employment opportunities volunteering can help to support wellbeing.

“You could volunteer and keep yourself active; that takes your mind away [from your situation].”

“I would feel that I’m alive and happy when I am volunteering and helping others.”



Asylum seekers and refugees using volunteering as a coping strategy to help them feel part of their host society has been well documented in other research.¹¹⁷ This suggests that migrants who volunteer experience significant benefits in the form of skills development, increased confidence, subsequent employment prospects and feelings of social inclusion and community cohesion.¹¹⁸

Barriers to employment for refugees

Once refugee status is granted, refugees living in the UK can still face barriers to gaining employment. Much of the existing research on this focuses on individuals' skills and capabilities, such as: a lack of UK work experience, low levels of English, unfamiliarity with the UK labour market and job-seeking practices, and health problems that interfere with their ability to work.¹¹⁹ Indeed, the UK government's Refugee Employability Programme, which aims to support refugees into employment in England, states that 'refugees face additional barriers to entering the labour market [when compared with] the UK-born population due to a lack of awareness of how the UK job market works, language and cultural differences.'¹²⁰

Although these individual factors must be considered for identifying ways to support refugees into work, it is also important to address the wider institutional and structural barriers that influence employment opportunities.¹¹⁹ These structural barriers include: career and employment advisers lacking the skills and understanding of how best to support and work with refugees,

employer misunderstandings of the rights of refugees, and prejudice and unconscious bias, such as employers setting requirements that cannot be met by refugees.^{119,121}

Skills and qualifications obtained abroad are not always recognised in the same regard in the UK, which is another barrier refugees can face when accessing the UK job market. Further, delayed access to employment opportunities whilst waiting for one's asylum claim to be approved, can result in a loss of skills.¹²² Tackling these wider institutional and structural barriers would both help refugees to gain employment and aid their integration.

Northern Ireland is the only part of the UK where the government provides no employment-related support to refugees, such as a bespoke refugee careers service, employability programmes or pathways into specific employment sectors.¹²³ Further, there is no Northern Ireland government-led support for companies that may be interested in offering work opportunities to refugees.¹²³ This lack of support can lead to highly skilled refugees leaving Northern Ireland and moving to other parts of the UK to seek employment.¹²³

Fair Start Scotland (the Scottish Government's devolved employment service), is requiring providers to recognise the specific support needs of people from minority ethnic communities, and be sensitive to cultural issues which affect them,

particularly women and refugees.¹⁷ This is an important action in improving the employability support provided to refugees, and we encourage the same approach to be taken across other UK nations.

Section 3: Policy recommendations for employment support

- **The Home Office should automatically grant people the right to work if they have been waiting for longer than six months for a decision on their claim. This would have both economic benefits for the government and wellbeing benefits for asylum seekers. This right to work should apply to all sectors, and not be limited to jobs on the Shortage Occupation List.**
.....
- **The Department for Work and Pensions (DWP), the Economic Strategy and Fair Work Directorate in Scotland, and the Department for the Economy in Wales and in Northern Ireland should:**
 - work closely with refugee organisations to better understand the challenges people face with accessing employment, and ensure this information is embedded into training for Job Centre and employability service staff
 - ensure that Job Centre and employability service staff offering employment support to refugees have received appropriate training, enabling them to offer bespoke, high-quality advice
 - ensure that interpreters in multiple languages are available in Job Centres and employability services as needed, so that refugees with low English-language proficiency can communicate their needs and feel understood
 - increase employers' knowledge of refugees' rights and require them to adopt inclusive work practices for refugees, including their job-application processes

- work with employers to develop high-quality apprenticeship programmes for refugees to help them secure employment and earn a living.

-
- **The UK government and devolved administrations should take steps to develop programmes that allow refugees who have been certified to practice professions overseas to do so here. This may require retraining but should also seek to recognise the validity of qualifications and experience gained overseas. Professional registration processes differ widely and there will be a role for a number of government departments and professional bodies in doing this. The government should set out clear expectations to regulatory bodies that such practice becomes the norm.**

-
- **The Department for the Economy in Northern Ireland should increase the employment-related support provided to new refugees, including employability programmes and pathways into specific employment sectors.**

-
- **The UK government should revise the eligibility criteria for England's Refugee Employability Programme so that it can be accessed by all refugees.**

-
- **The UK government and devolved administrations should work with local councils and other partners to identify, invest in, and promote opportunities for asylum seekers and refugees to access volunteering opportunities. We welcome this being included in the Welsh government's Nation of Sanctuary plan and in the Scottish Government's New Scots Strategy for 2018 to 2022, and urge other governments in the UK to prioritise this.**

Section 4: Difficulties engaging with and accessing public services

Education

Education is important for accessing good employment opportunities and achieving wider life goals.²⁸ Research suggests that asylum-seeking and refugee children face barriers to accessing, remaining in, and thriving in education; this occurs at systemic, institutional, and personal levels.⁶⁹

At a systemic level, asylum-seeking and refugee children's entry to education can be delayed by long waiting lists and complex online application processes that families can struggle to navigate.⁶⁹

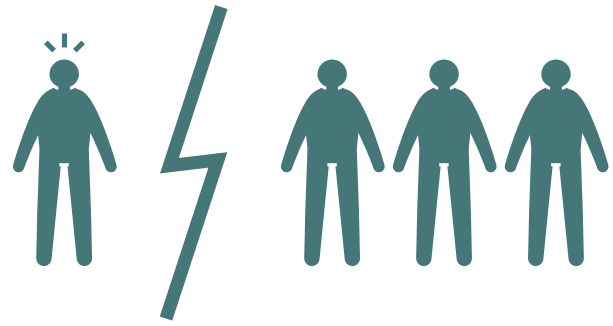
At an individual institution level, it can be delayed by a lack of readily available places for children with additional education needs, and a reluctance at upper-secondary level to admit refugee children because of fears that the child's results will negatively influence the school's results profiles.^{69,124}



Further, refugee and asylum-seeking children's ability to remain in and thrive in education can be adversely affected by social issues within schools such as bullying, and teachers and other school/college staff lacking awareness of the issues that affect them.⁶⁹

One of the Foundation's Young Leaders told us that the education experience whilst seeking asylum can be an alienating one, and it can be difficult to form friendships:

"Being alienated [from] people in my school was very difficult. Children were confused by me. I was someone new, I didn't speak English well. It was difficult for them to accept me with open arms, maybe [because of] things they heard from their parents or TV. No one was open to being my friend, which was difficult for me. There was a new girl from somewhere else in England and she was comforted overwhelmingly, and this was different from what I dealt with."



Another Young Leader told us:

"I was scared of people judging me [as an asylum seeker] so I always hid it. I didn't mention the word asylum seeker when I talked about myself until sixth form. For me, as a child, it was very overwhelming and burdensome because of the fear of being excluded. It made me not be myself and forced me to be someone else unnecessarily. It meant I lacked confidence, and I wasn't able to be myself due to the fear of judgement."

There are also personal contextual factors that can hinder refugee and asylum-seeking children's ability to remain in and thrive in education. These include mental health difficulties (either associated with past experiences or present asylum-claim anxieties), living in unstable accommodation, and experiencing poverty.⁶⁹

Significant numbers of children from asylum-seeking families are reported to experience difficulties in obtaining school places whilst in initial accommodation provided by the Home Office, as they are not classed as a resident in that area.⁶⁹

In 2017, the Foundation in Scotland started delivering a programme, called *Voices and Visibility*¹²⁵ (our new iteration of this programme, called *Beyond Visibility*, began in April 2023). *Voices and Visibility* was set up to help people from refugee backgrounds take part in their local communities and decision-making in Scotland. As part of this, we worked with schools to ensure that parents from refugee and asylum-seeking backgrounds were represented on school parent councils. Parents from refugee families can play a valuable role in helping to inform schools about different cultures and the needs of pupils from diverse backgrounds.

As previously set out, asylum seeker and refugee families are vulnerable to experiencing financial hardship. Poverty and debt can be closely linked to education outcomes: research tells us that children from low-income families do not, on average, do as well academically as those from families with higher

incomes.¹²⁶ This education inequity can start at a very early age, and can lead to a cumulative learning disadvantage that has a lasting effect into adulthood. Lower educational achievement has also been associated with mental health problems in adulthood.²⁸

Poverty has been identified as a major factor affecting the educational chances of children from asylum seeker and refugee families. For example, families often have difficulties affording learning equipment (including laptops and dictionaries), the cost of daily transportation to and from school when allocated a school place far from their accommodation, and the cost of school trips. Older children (16-18 year-olds) living in poverty can experience conflicting priorities, feeling torn between managing their education and needing to contribute to the family income, whether through formal or informal employment.⁶⁹

Asylum seekers can also face barriers to higher education. Asylum seekers are considered as international students and are not usually eligible for the home rate of tuition fees or eligible to apply for student finance. This means that higher education can be stalled for asylum

seekers who are waiting months or years for a decision on their claim. One of our Young Leaders explained:

“The biggest impact [on] my mental health was when my friends in sixth form went to university, and I wasn’t able to. I couldn’t apply to university, as I wouldn’t have access to funding.”

Without the right to work and the right to apply for student finance, asylum seekers are often forced to rely on scholarships if they want to go to university. However, these scholarships are competitive, and young people with experience of the asylum system have cited numerous other challenges in gaining scholarships, including schemes only partially covering university costs or restrictive eligibility criteria.¹²⁷

This once again reinforces the need for timely decisions on asylum claims. Asylum seekers should not be waiting months or years for a decision on their claim, as this can seriously damage their children’s education prospects.

It is important to note the combined effects of current employment and education policies on the life chances of asylum seekers. An asylum seeker in Scotland who shared their experiences with us said:

“After finishing school, my asylum seeker son won’t be able to apply for work and he can’t go to university without access to funding. This is a barrier for the young generation.”

Education policy recommendations

The UK government and devolved administrations should:

- **help support the wellbeing of all pupils by making it a statutory requirement for all schools and colleges to have a mental health lead with a good understanding of the complex lives and needs of asylum seeker and refugee children**
.....
- **offer financial aid for education materials for asylum seeker and refugee families who cannot afford them**
.....
- **ensure that schools provide interpretation services for children and parents, if needed. Schools in geographical areas with particular racial and ethnic diversity should hire bilingual teachers and support staff, where possible**
.....
- **take action to remove the barriers that prevent asylum seekers from accessing university including extending access to university home fees and student loans to asylum seekers**
.....
- **continue supporting local authorities to invest in more specialist school places for children who have additional education needs.**

Local authorities and education settings should:

- review and consider simplifying the application process by which a pupil is accepted by a school. Particular attention should be given to undertaking actions to make the process easier for asylum-seeking and refugee families who may have language difficulties or those who struggle with completing online forms
- ensure that training for teachers and mental health leads in schools is not only trauma-informed (as recommended in section one), but also includes specific content on supporting refugee and asylum-seeking children, to support the children from day one of arrival at their school
- ensure that refugees and asylum seekers are explicitly named as part of their anti-bullying policies, and thought is given to how bullying can particularly affect them (for example, related to stories in the media, or their lack of English language skills). This could sit beneath broader work on identity-based bullying, as recommended by the Equality and Human Rights Commission¹²⁸
- introduce evidence-based anti-bullying programmes. Our report with the London School of Economics and Political Science on the economics of prevention¹²⁹ showed that these programmes are a cost-effective way of improving the mental health of the general population, and where refugees and asylum seekers are part of the school population they are likely to - delivered appropriately to the context - help prevent mental health problems in this group

Continued...

Education policy recommendations (cont.)

- schools should roll out peer-support or buddy schemes with asylum seeker and refugee children supported by another pupil to reduce experiences of alienation
- make every effort to involve parents from diverse backgrounds (including parents in asylum-seeking and refugee families) in school parent councils (where they exist), or to contribute to equivalent parent forums or boards
- all schools should have a confidential list of the names of children from asylum-seeking families. If a school is asking for a financial contribution, such as for a school trip, this information should be communicated sensitively to the parents, and consideration should be given to providing them with a free or subsidised place
- including lessons on what it means to be a refugee or an asylum seeker in curriculums (responsibility for this will vary by type of school and jurisdiction)
- schools should inform families seeking asylum that they will not usually be eligible for regular student finance or home rate of tuition fees, so the student is aware they may need to apply for a scholarship in order to access higher education
- higher education institutions should expand the number of scholarships offered to young asylum seekers and refugees.

Healthcare

Asylum seekers and refugees face barriers to accessing healthcare services, which fall into six main areas: knowledge of the UK health system, language proficiency, financial difficulties and accommodation issues, cultural barriers including fear of stigma, cultural competency of healthcare professionals, and stretched healthcare services.



Knowledge of the UK health system

The inability of someone to provide proof of address or identity are not reasonable grounds to refuse GP registration.¹³⁰ However, in some cases, people have been denied GP registration where they are unable to provide proof of identification.¹³¹ For asylum seekers, refugees, and undocumented

migrants, being asked to provide proof of identification can discourage them from accessing NHS care, including registering with a GP, for fear of being removed from the UK.¹³¹ Not understanding how the healthcare system operates for overseas visitors also presents a challenge.¹³¹ Asylum seekers and refugees have reported struggling to know where to go within the NHS for different needs.¹³² Difficulties reported include accessing GP services, such as not knowing where to find a practice, how to make an appointment, or how to register.¹³³ There are also cases of asylum seekers and refugees lacking knowledge of healthcare services that exist (e.g. for mental illness, drug and alcohol abuse, and tests for sexually transmitted infections).¹³² For those experiencing homelessness, a lack of digital access can make it hard to get information on services, or to contact GP practices.¹³²

Language proficiency

Other barriers to accessing healthcare services include language barriers, particularly difficulties with interpretation and translation.^{131,134} These include: a lack of interpreters and translators, inappropriate use of family, friends or other non-professionals as interpreters,

and differences in dialect between patients and interpreters.¹³² Further, where refugees and asylum seekers are unable to read or write in English, this creates difficulties in understanding medical information or literature and booking appointments.¹³² As healthcare information is not always presented to asylum seekers in a language they understand, research suggests that they would value written information in languages other than English.^{125,135}

The Mental Health Foundation in Scotland and the Mental Health Network held a focus group to explore asylum seekers' and refugees' experiences of accessing community mental health services. They told us:

"The interpreters just translate what they like, not what you are saying."

"Often they [NHS staff] say to look on [their] website for help, but they are assuming that everyone has access to the internet, knows how to use the internet, and can read in English."

Financial difficulties and accommodation issues

Poverty also acts as a major barrier to accessing health care.¹³⁶ Many asylum seekers cannot afford costs associated with healthcare such as travel to appointments, and in some cases have to choose between medicine and other essentials such as food.¹³⁴ Frequent accommodation moves can also create difficulties registering with a GP and disrupt continuity of healthcare.¹³⁷ These barriers are a particular issue for people with disabilities and pregnant women, who are likely to have a greater need for health service appointments. Pregnant women need to follow important nutritional advice for their own and their unborn babies' benefit.^{134,137} The charity Amma Birth Companions has spoken of how some pregnant asylum seekers lack the money to attend antenatal appointments and to afford the nutrition they need when pregnant and breastfeeding.¹³⁸

Access to secondary (specialist) healthcare

There have been cases of refugees being incorrectly refused secondary (specialist) healthcare^v and being asked to pay upfront for assistance that is not immediately necessary, because staff are unfamiliar with their rights and treat them as foreign visitors.¹³⁹ Additionally, in England, refused asylum seekers and undocumented migrants are not necessarily entitled to free secondary NHS care. Their ability to access care depends on whether the care is urgent and whether specific exemptions apply.^{131,140}



Maternity care and infant deaths in asylum accommodation

There is evidence that pregnant asylum seekers and refugees are not being supported to receive the care to which they are entitled. An investigation by Liberty Investigates found that between October 2017 and May 2022 eight babies born to asylum-seeking women living in Home Office accommodation died before their first birthday. A further two deaths were disclosed in August 2022.¹³⁸ In one of the cases reported, staff in the asylum seeker's accommodation failed to provide adequate assistance to the woman when her labour pains began,¹³⁸ contrary to Home Office guidance.¹⁴¹ Experiencing the death of a child is an extremely traumatic experience which has been found to be associated with high rates of mental distress¹⁴² and worse mental health outcomes.¹⁴³

It is not known how many pregnant women experienced miscarriages or stillbirths in Home Office accommodation, as the Home Office does not record this information.¹³⁸ Recording and reporting these deaths is an important step in treating these lives

v. Secondary care is treatment delivered by a specialist in a particular area. Such services generally need a referral from a GP.

with dignity and improving the care that pregnant asylum seekers receive.

Cultural barriers including fear of stigma

Stigma is multidimensional; it both drives discrimination against people with mental health problems and can prevent them from seeking help. Stigma can take different forms, including experienced stigma (day-to-day experiences of prejudice and discrimination), anticipated stigma (the expectation of being a target of prejudice and discrimination) and internalised stigma (stigma towards oneself).¹⁴⁴

Mental health and mental ill health are regarded differently across cultures, and in some cultures stigma about mental health symptoms or receiving mental health treatment can delay or prevent a person seeking help.¹⁴⁵ For asylum seekers and refugees fear of stigmatisation is a barrier to accessing healthcare.¹³⁴ They may fear stigmatisation not only from their original community, but also from the community to which they have migrated:

“I am scared that it [mental ill-health] will be added to my record and it will affect me in the future, such as by stopping me getting jobs.”

Refugee from Scotland

Cultural competence and humility of healthcare professionals

In the context of healthcare, cultural competence refers to the ability to provide culturally appropriate care to patients who have diverse beliefs, behaviours, and values, and to tailor such care to an individual patient’s needs.¹⁴⁶

The following factors are important components of cultural competence:

- cultural knowledge (staff within a service having knowledge of asylum seekers’ and refugees’ cultural and religious beliefs and practices, ethnic identities, and languages and dialects)
- staff demonstrating an appreciation of the unique experiences of asylum seekers and refugees (through possessing knowledge of their experiences and journeys, and the social, historical, and political contexts in their countries of origin)

- staff demonstrating that they are being mindful of asylum seekers' and refugees' past harmful experiences, by showing sensitivity when discussing difficult topics, including torture and trauma.¹⁴⁷

Cultural competence training is primarily based around increasing the provider's knowledge, attitudes, and skills. Cultural humility refers to an orientation towards care that is based on: self-reflexivity and assessment, appreciation of patients expertise on the social and cultural context of their lives, and an openness to establishing power-balanced relationships with patients.¹⁴⁸ Training targeted at cultural humility, can complement cultural competence training by encouraging healthcare providers to reflect on their own beliefs, values and biases (both implicit and explicit), and guiding providers to adopt a person-centred stance which is open to and respectful of patients' views.¹⁴⁸

Studies have shown that healthcare professionals often feel unprepared to respond to asylum seekers' and refugees' mental health problems.¹⁴⁶ Further, people with experiences

of seeking asylum have reported experiences of difficulty building trust in health professionals and some have reported negative experiences with health professionals that undermined their trust.¹³⁴ Refugees have reported concerns about GP-practice staff lacking cultural competence and failing to consider the effects of trauma and migration on a person's demeanour and confidence.¹⁴⁹ As one of the Foundation's Young Leaders told us:

"I've experienced mental health professionals being desensitised to asylum seekers and refugees and not having knowledge of how to help them."

The approaches outlined above do not remove professionals' responsibility to protect clients from any risks that may come from harmful cultural practices.^{vi}

Stretched healthcare services

It can take time for a person to build up enough rapport with health professionals to feel comfortable to speak about their difficult experiences. However, both

vi. For information on dealing on healthcare providers' role in addressing such practices, see <https://www.healthscotland.scot/publications/harmful-traditional-practices-what-health-workers-need-to-know>

asylum seekers and refugees in Scotland and our Young Leaders in England told us that asylum seekers and refugees often feel they are being rushed when accessing healthcare support:

“Working with mental health services it feels like you are being rushed and that they are trying to move you on to the next service.” MHF Young Leader

“I feel rushed when I’m in a [GP] appointment. It’s hard to express everything I want [so] quickly.” Asylum seeker in Scotland

The stretched NHS is of course a major topic of policy and political discussion, but there is rarely consideration of how this affects our most minoritised communities, including asylum seekers and refugees. As well as being rushed through services, asylum seekers and refugees have reported long waiting times to access mental health support. Participants in the Mental Health Foundation and Mental Health Network focus group in Scotland told us:

“Having to wait [a] long [time for mental health support] makes your life worse and damages your mind more.”

“I’ve been waiting for mental health support since I arrived [in Glasgow]. I need help from a doctor and a nurse to help me forget things and help me sleep.”

These accounts of refugees and asylum seekers being rushed through services, and experiencing lengthy waiting times, reinforces the importance of the government and local systems ensuring that recent NHS reforms are effective. Specifically, ensuring that Integrated Care Systems (ICSs) in England deliver a population health approach which addresses waiting times and the other challenges that the whole population (particularly, minoritised communities) face, when using the NHS. This requires effective workforce planning, funding, and central government oversight of ICSs to make sure that they apply their responsibilities to asylum seekers and refugees.

Specific considerations for migrant women

Refugee and asylum-seeking women can be physically, socially, and psychologically vulnerable, based on experiences they have had either in their country of origin or during their migration journey. Women and girls can face various forms of gender-related specific harm, persecution, and violence.¹⁵⁰ The Refugee Council found that a significant proportion of refugee women living in the UK have experienced violence, including sexual violence prior to their arrival to the UK, and remain vulnerable to violence in the UK.¹⁵¹ In a sample of 54 refugee women, more than 70% had experienced violence either in their country of origin

or in the UK.¹⁵¹ Therefore, refugee women can have complex health needs, arising from trauma and deprivation in their countries of origin, which can then be compounded by trauma and deprivation in the UK.

A systematic review identified fear of stigmatisation, discrimination, and a lack of culturally appropriate resources, as barriers to the use of mental health services specifically among refugee women.¹⁵² Where refugee women are shouldering the responsibility of childcare, this has also been linked to diminished priority to take personal care of themselves such as accessing mental health care.¹⁵²

Health policy recommendations

- The UK government, devolved administrations, and NHS services should develop and deliver training for healthcare staff and asylum accommodation staff on the healthcare rights and entitlements of asylum seekers and refugees. As recommended by the Equality and Human Rights Commission, there must be mechanisms to monitor and address any barriers to accessing healthcare services (including maternity care) experienced by these groups.¹³⁴
- The UK government, devolved administrations, and the NHS should ensure healthcare services provide appropriate professional interpreters. This is an important step in ensuring asylum seekers and refugees can engage with healthcare services and are supported in navigating an unfamiliar healthcare system.
- The UK government, devolved administrations, local authorities, and NHS services should ensure that healthcare information and support is available in the languages required by asylum seekers and refugees, including pregnant women. Based on current migration data, this is likely to include: Arabic, Persian, Albanian, Ukrainian, Dari, and Pashto. Materials should be available both in hard copy and online.
- NHS services should identify the language needs of their patients in primary and secondary care services and ensure that where asylum seekers and refugees require additional language support this is provided (e.g. where someone has low English language proficiency, they may need support using the booking system, or may be unable to read an appointment letter sent to them in English).

- The NHS should continue to increase the diversity of its workforce, including recruiting mental health professionals and other members of staff from a range of ethnic and cultural backgrounds. This can be accomplished in part by easing the means by which asylum seekers can enter the workforce and use their skills in contributing to the NHS and social care (see recommendations under 'Employment').

- The NHS should ensure that training in cultural competency and humility, and anti-discrimination training (including anti-racism) training is mandatory for all staff who have contact with patients, including receptionists.

- UK and devolved administrations should ensure that healthcare provision recognises the situation and personal characteristics of migrant women and girls and that it is age- and gender-sensitive.¹⁵³

- The Home Office should ensure that providers of asylum accommodation secure timely medical support for pregnant women if they experience pregnancy complications.

- The Home Office should ensure that any women who experience pregnancy complications or the death of a child whilst in asylum accommodation are provided with mental health support.

Continued...

Health policy recommendations (continued)

- **The Home Office should ensure that any infant deaths that occur in its accommodation are reported to the local Child Death Overview Panel,^{vi} consistent with UK government guidance to report all deaths of children under the age of 18.¹⁵⁴ In Scotland, such deaths should be reported to the National Hub for Reviewing and Learning from the Deaths of Children and Young People, in Wales to the Child Death Review Panel, and in Northern Ireland to the Child Death Overview Panel (when established). Recording and reporting these deaths is an imperative action to prevent future deaths and to reduce the risk of trauma amongst pregnant asylum-seeking women.**

vi. The purpose of child death overview panels is to learn what happened in each case and why, and to prevent future child deaths. Learning from all child death reviews is then shared with the National Child Mortality Database which may also consider information from other reviews in order to identify any trends or similarities with deaths. Information from the database may be able to inform systematic or local changes to prevent future deaths.

Public transport services

“Transport is really important for those who come to the country as asylum seekers, as they don’t have the choice to have a car or take a taxi – we must use the bus, otherwise we have to walk.”

Asylum seeker in Scotland



People’s ability to build and maintain social connections is known to be enhanced by public transport availability.¹⁵⁵ Asylum seekers and refugees in Wales told us that opportunities to be involved in the local community, such as participating in sport, attending places of worship, and volunteering, positively supported

their wellbeing. Difficulties in affording public transport can limit such social opportunities. We have already outlined how poverty can limit the ability of asylum seekers and refugees to access services.

We welcome the announcement from the Scottish Government in October 2023 that £2m will be made available from the 2024-2025 budget to progress free bus travel for asylum seekers in Scotland.¹⁵⁶ Prior to this announcement, asylum seekers in Scotland told us that getting out of the house improved their wellbeing, but that affording public transport services was difficult:

“It really supports our mental health to go out, but sometimes it’ll be one week, ten days, two weeks [when] I won’t go out of the house because I can’t pay for the bus.”

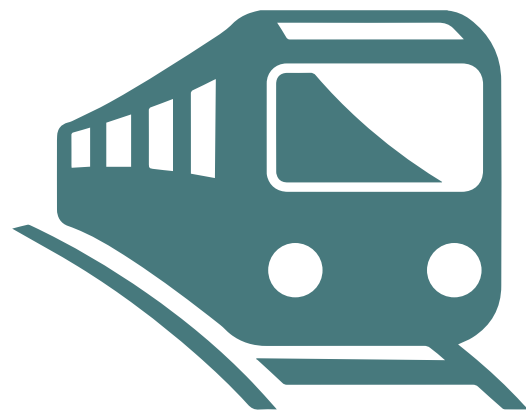
“Many times, I am struggling. I don’t have enough money for the bus. I have walked many times from my house to the city centre, two and a half hours, many times.”

In early 2023, the Foundation, in collaboration with the Community Transport Association, conducted a survey to better understand the experiences of asylum seekers and refugees with Scotland's transport system.¹⁵⁷

- 84% said they had experienced being unable to use public transport because of the cost (with 19% explaining they could only afford to use public transport in an emergency)

- as a result of being unable to afford public transport, 66% of people said they would stay home instead of going out
- 77.9% of people surveyed wanted free public transportation for asylum seekers
- 77% of those surveyed said being able to access public transport in Scotland would benefit their mental health.

“Not having [access] to transport gives me depression. If I am stress[ed] I [want to] simply take [a] bus and go to a park or sit and interact with someone on the bus. Going out of the house eases my brain.”



“[If I had a] free bus pass I [could] buy food with my money. I [could] go to different wellbeing activities. I [could] go to meet my friends.”

Transport policy recommendations

- The UK government, as well as Metro Mayors in England with delegated transport policy powers, should provide free bus travel to all asylum seekers.
- The Scottish Government should deliver on its pledge to provide free bus travel for asylum seekers and this should continue beyond 2025.
- The Welsh government should extend its current scheme providing refugees with free travel on local buses and transport for Wales rail services, beyond its current end date of March 2024.¹⁵⁸
- In Northern Ireland, the Executive Office should provide free public transport for all asylum seekers. We are aware that some asylum seekers (those living in Mears accommodation on 1st November 2023), are eligible for an iLink travel card providing free transport on Translink buses and trains for six months.¹⁵⁹ Although this initiative is welcome, we urge the Executive Office to provide this support indefinitely and for this to be available to all asylum seekers.

Section 5: Language proficiency



Language skills are vital for adjustment and integration into a new country and culture. Difficulties with speaking and understanding English can affect the formation of social connections, employment, and accessing or engaging with vital services including healthcare, education, and legal advice. The inability to speak English is one of the reasons for feelings of loneliness and isolation amongst asylum seekers and refugees.¹⁶⁰ Low English-language proficiency amongst migrants has been associated with poorer mental health outcomes, including anxiety and PTSD.¹⁶¹

One of our Young Leaders with experience of seeking asylum told us:

“You experience being ‘othered’. You don’t speak the language. You’re different.”

A person with experience of seeking asylum in Wales said language abilities affect their integration into their community:

“You feel you are lost; you feel you know nothing. You can’t orientate yourself when you can’t speak. You feel you are in the jungle and you don’t know where the way out of it is.”

Although many asylum seekers and refugees are not fluent in English, it appears that many of the services which

asylum seekers and refugees come into contact with fall short of having adequate provision to account for this. An inspection of the Home Office's use of language services in the asylum process found instances of agencies providing interpreters for interviews who came from a different country or spoke a different dialect from the applicant.¹⁶² In the same review, concerns were reported about how accurately information shared in Home Office asylum interviews is translated, and the negative impact this can have on an asylum decision if it is inaccurate.¹⁶²

One of our Young Leaders advised us:

"Having a support aid [who] speaks the [same] home language [as] the asylum seeker would make them feel more comfortable."

The Refugee Council also found cases where during the screening process, asylum seekers were given leaflets in English setting out important information about the asylum system. This is despite the fact that English language proficiency among asylum seekers can be low, and these leaflets are available in different languages.⁵⁴

Section 5: Policy recommendations for language support

- The UK government and devolved administrations should support asylum seekers and refugees to access tailored English language support where this is not already happening, as their language skills will vary.
- The Home Office should increase the availability of highly skilled interpreters within the asylum system.
- The UK government, devolved administrations, local authorities, and public services (including education, healthcare, employment services and legal services) should take action to increase the availability of highly skilled interpreters across their services.
- Public services (including healthcare, education providers, employment support, and legal services) should extend the languages in which their resources are available, to improve accessibility of these materials for asylum seekers and refugees.

Section 6: Experiencing hostility, discrimination and maltreatment

The process of forced migration can be a challenge for a person's sense of identity.¹⁶³ Asylum seekers and refugees can experience cultural bereavement as a result of losing their homes, jobs, and their families.¹⁶³ Sense of identity can further be impacted by the difficult post-migration conditions which asylum seekers can experience. We have discussed in this report how asylum seekers are usually living in uncertainty for long periods of time as they await a decision on their claim, as well as how the asylum system strips away their autonomy and limits their ability to contribute to society.

Living in uncertainty for years and the prolonged stress of not being allowed to fully take part in society can erode a person's identity.¹⁶³ Feeling isolated from

their culture of origin, unaccepted by a new culture and lacking social support can lead people to feel rejection, alienation, and poor self-esteem,¹⁶⁴ all of which are harmful to mental health.

We have previously outlined the negative effects of the 'hostile environment' created by UK government migration policy. However, many people in the UK are in favour of welcoming refugees. According to the British Red Cross (April 2023) research, 81% of the UK public agreed that it is understandable that people fleeing war would make desperate journeys to achieve safety and 62% agreed that the UK should welcome refugees fleeing war or persecution in other parts of the world.¹⁶⁵

Public hostility

Undoubtedly, there are also instances of public hostility towards asylum seekers and refugees, led by a vocal minority, which can reinforce their feelings of isolation and loneliness.⁴³

It is particularly concerning that anti-migrant activists have targeted housing accommodation for asylum seekers, demonstrating harassment and discriminatory behaviour.¹⁶⁶ Hope Not Hate research published in March 2023 found that in the previous year, anti-migrant activists had visited asylum

accommodation 253 times, a 102% increase on 2021.¹⁶⁶

These activists harassed people whom they deemed to be foreign around their hotel, as well as hotel staff, and posted videos onto online pages of anti-migrant groups.¹⁶⁶ These videos have been accompanied by hateful messages towards migrants. Examples include someone posing as a local reporter who tried to coax asylum seekers into giving her more details about their crossing into the country, and how long they had been in the UK, before shouting verbal abuse about them.¹⁶⁶

In the UK news and media, there are often instances of asylum seekers and refugees being framed as dangerous criminals and an economic risk.¹⁶⁷ One of the Foundation's Young Leaders told us:

“The media portray asylum seekers very differently and a lot of people take that media and develop their opinions around this false news. Recently there was a lot of media around Albanian people, and this affected me, and the comments made [about] me”.

Asylum seekers and refugees can also experience discrimination and harassment because of their nationality, race or ethnicity, religion, sexual orientation, or disability.

Race and religion

According to 2021/2022 Home Office hate crime statistics, racially motivated hate crimes are the most frequently reported type of hate crime in England and Wales.¹⁶⁸

A total of 109,843 racially-aggravated offences were reported to police in England and Wales in 2021/2022 – an increase of 19% compared to 2020/2021.¹⁶⁹ Further, 8,730 religious hate crimes were reported by the police in England and Wales in 2021/22 – an increase of 37% compared to 2020/2021.¹⁶⁹ Although this data was not broken down to specify the number of asylum seekers and/or refugees affected, according to Migrant Help, race and religion are two of the hate crime categories most likely to affect asylum seekers and refugees.¹⁷⁰

In Scotland, asylum seekers and refugees have reported concerns of experiencing racism from the wider community as well as at the hands of the police.¹⁷¹ Some refugees and asylum-seekers have experienced hate crimes first-hand whilst others have reported being aware of this happening to someone familiar to them.¹⁷¹

Research into experiences of policing

arrangements in Northern Ireland found individuals from Black and minority ethnic communities were reluctant to report racist crime for a variety of reasons.¹⁷² Two of the reasons people from minority ethnic communities (including asylum seekers) appeared to be reluctant to engage with the police were poor experiences of policing in their country of origin and feelings of insecurity around residency.¹⁷²

Fear of racism can be experienced in many settings: one asylum seeker in Scotland told us they felt unsafe using public transport because “[they had] been exposed to racism more than once”.¹⁵⁷

A study of the issues faced by migrant, asylum-seeking and refugee children in Northern Ireland found young people had experienced racism at school, in public spaces and on public transport.¹⁷³

Sexual orientation

Asylum seekers and refugees can also experience discrimination based on their sexual orientation. Research by Micro Rainbow International found in a sample of 50 refugees who identified as lesbian or gay, 86% (43 people) felt they had been discriminated against

because of their sexual orientation both in their country of origin and in the UK. Experiences of discrimination in the UK included inappropriately being asked questions regarding their sexuality in job interviews.¹⁷⁴



Wider research has documented incidences of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) asylum seekers experiencing verbal and physical harassment in asylum accommodation.¹⁷⁵ Additionally, lesbian, gay, bisexual and transgender (LGBT) asylum seekers have reported experiencing discrimination and harassment while in detention facilities, both from other detainees and from members of staff.¹⁷⁶ This challenging and unsafe detention environment has been associated with constant stress and severe anxiety, with depression,

self-harm, and suicide attempts being reported.¹⁷⁶

LGBT asylum seekers can also find it difficult to settle back into society after their experiences of detention; experiencing severe mental health issues, isolation, and further discrimination.¹⁷⁶ They can feel excluded from the community and may struggle to access LGBT community networks.¹⁷⁶ Micro Rainbow International also found that 36% of people (in a sample of 50 refugees who identified as lesbian or gay) said that they did not socialise with co-nationals in the UK, unless they were also lesbian or gay, explaining they did not want to risk encountering the same levels of homophobia to which they were previously exposed in their country of origin.¹⁷⁴ Both of these pieces of research evidence the importance of accessible community networks and groups for LGBTQI+ asylum seekers and refugees.

Disability

Asylum seekers and refugees living with disabilities are also vulnerable to discrimination. According to the UN High Commissioner for Refugees, in times of crisis, people with disabilities may be at a heightened risk of exploitation.¹⁷⁷

Asylum seekers living with disabilities have been housed in unsuitable accommodation without access to adequate support or services.¹⁷⁸ Reports have included asylum seekers living with disabilities being trapped in inaccessible accommodation where they have struggled to reach bathroom facilities, or were unable to go outside for days because of accessibility issues.¹⁷⁹ The combination of disabling barriers and lack of social networks can lead to feelings of extreme isolation.¹⁷⁸ The Joseph Rowntree Foundation cites a case where an asylum seeker living with a disability described their life in exile as providing sanctuary from persecution, but also feeling like a prison sentence.¹⁷⁸



According to an Equality and Human Rights Commission (EHRC) report, asylum seekers with disabilities needing NHS care have chosen to go without medical help because of fears of their data being shared with the Home Office.¹³⁴ Further, most people seeking asylum live in accommodation provided by the Home Office, and can be moved or dispersed between accommodation, on a no-choice basis. This dispersal has been found to disrupt continuity of healthcare particularly for those living with disabilities.¹³⁴

The experiences of asylum-seeking and refugee women

This report has already discussed that refugee women can have complex health needs, arising from trauma and deprivation in their countries of origin, and this can be compounded by trauma and deprivation in the UK. Although both asylum-seeking men and women can be met with disbelief by the Home Office, claims of gender-based violence by women can be poorly assessed due to insufficient understanding of how these harms may fall into the remit of the Refugee Convention.¹⁸⁰

Whilst experiencing destitution, asylum-seeking women can face gender

specific difficulties, including accessing period products. In some cases, women reported having to overuse products, or having to beg for money to try and access these products.¹⁸⁰ Poor menstrual hygiene can pose serious health risks, and we have already addressed the wider impacts that destitution can have on mental health.



Exploitation and abuse have also been reported amongst destitute asylum-seeking women.¹⁸⁰ Research by Women for Refugee Women found almost a third of women who had been sexually abused in their country of origin were subject to further sexual violence while destitute in the UK. Women who are refused asylum are particularly vulnerable to abuse. Women for Refugee Women reported cases where women who were refused asylum became homeless, and experienced

sexual abuse whilst homeless or whilst living with strangers. Asylum-seeking women facing destitution are also at a heightened risk of domestic abuse. Over a third of women with experience of the asylum system who had experienced violence from their partner, said that destitution forced them to stay in a relationship they would not have otherwise stayed in.¹⁸⁰

Research into the UK labour market has found lower levels of participation amongst refugee women compared to their male counterparts.¹⁸¹ Although both men and women can have child caring responsibilities, childcare commitments can particularly act as a hurdle for refugee women to engage in employment. Refugee women may lack a social network to help with informal childcare and in some cases culturally strong gender norms will mean the women takes on the responsibility for caring for the family.¹⁸² In one study of refugees, more than half of the women interviewed were not looking for work because of family and/or childcare commitments compared with 5% of men.¹⁸¹ Sectors like cleaning, domestic work, and hospitality have a disproportionate number of migrant women working in them.¹⁸²

These sectors are characterised by low pay, few opportunities for career advancement and insecure working arrangements like zero-hours contracts.¹⁸² Labour exploitation is also high in these sectors; in some cases women are paid less than minimum wage or denied paid leave.¹⁸²

The impact of discrimination on mental health

Being involved in any traumatic event – something that causes fear, helplessness, or horror – harms people’s mental health and in turn increases people’s vulnerability to developing mental health problems.¹⁸³

Discrimination and harassment can cause trauma and therefore increased vulnerability. Research suggests that people experiencing multiple forms of discrimination are at higher risk of depression.¹⁸⁴ Due to the multiple



disadvantages that are faced by refugees and asylum seekers, many will be at higher risk of experiencing the compounding effect of being discriminated against in more than one way.

People who experience discrimination can also suffer from a negative internalised self-image:¹⁸⁵ this is likely to damage their mental health. Further, as individuals realise they have been targeted for characteristics they cannot change, it is common for those who have experienced discrimination to fear repeat victimisation. This can lead them to alter how they live their lives, and they may avoid certain public places, which can exacerbate self-isolation.¹⁸⁶

Loneliness and the value of peer support

This report has outlined how asylum seekers and refugees face barriers to employment, difficulties accessing services, experience cultural differences, and discrimination and stigma connected to being a migrant and/or their other characteristics. All these experiences – individually and collectively – increase their risk of experiencing loneliness. A survey of refugees in London found that 58% of those interviewed identified

loneliness as their biggest challenge when attempting to settle into a new country.⁴³ The asylum seekers and refugees we work with in Wales and the Foundation's Young Leaders in England have spoken to us about their experiences of loneliness:

"When I came here, I was lonely... the problem [was] how I would stop the feeling of loneliness." Asylum seeker in Wales

"From a young age I felt very alienated, like I didn't belong; these other children were very aware that I wasn't like them. I think it led to a lot of me as a child trying to mould myself into an ideal person that would make me like the other children. That affected me a lot because it made me hate the fact [that] I was so different and that it's not something I can change."

MHF Young Leader

Meaningful social contact, and stable and supportive relationships, are linked to good mental health. Whereas chronic loneliness is linked to poorer

mental health, including depression and suicidal thoughts (sometimes referred to as 'suicidal ideation').¹⁸⁷

It is widely evidenced that peer-support interventions can be effective in reducing feelings of loneliness. Specifically, peer-support groups for asylum seekers and refugees allow individuals to meet others in their communities in a similar situation, and this increased social support has been linked with enhanced wellbeing.¹⁸⁸

The Foundation's Perthyn community programme in Wales initially trained women with experience of seeking asylum to lead peer-support groups to discuss concepts designed to increase emotional literacy, to create new friendships, and reduce their isolation. Our evaluation found that the women benefited from peer support. They felt a connection with each other because of their shared experiences, and through the group they developed a sense of belonging, which improved their wellbeing.³¹ Wider research has found that peer interventions for asylum seekers and refugees can aid community integration and improve access to community resources, as well as offering benefits in emotional support.¹⁸⁹

Section one of this report sets out why the process of reporting to immigration officials can be an extremely stressful process for asylum seekers due to fears of detention. In some areas, local support groups have been set up to help reduce the psychological burden for asylum seekers reporting to the Home Office. Ahead of reporting to immigration officials, the asylum seeker can check-in with their local support group and let them know of emergency instructions on what to do if they do not come out (e.g. calling a lawyer). This form of community support can provide some sense of security to the asylum seeker, as they feel they have someone looking out for them if things go wrong and they are detained.¹¹

Mental Health Policy Impact Assessment

To address the factors we have identified that actively damage the mental health of asylum seekers and refugees, policy decisions about the asylum system and local decisions around asylum seeker and refugee support should be subject to assessment of their mental health impacts.

The UK government's Interim Major Conditions Strategy provides an important opportunity to realise this vision in England, as it commits the government to developing a 'mental health and wellbeing impact assessment tool' to support policymakers to consider the mental health and wellbeing effects of their policies.¹⁹⁰

The Foundation has welcomed this and encourages the UK government to make sure it is used in contexts where government policy is actively damaging population mental health. Applied in this way, it could form the basis of an asylum system based on compassion.

Tools of this nature already exist, such as the Mental Well-being Impact Assessment (MWIA)¹⁹¹ produced by the MWIA collaborative, which includes the Local Government Association and the NHS Confederation. The MWIA emphasises the need to involve communities in its processes, by asking them what effect policy decisions are likely to have on their wellbeing.

An approach involving the assessment of the mental health impacts of proposed policies should be adopted by local authorities and health systems. This could be used in the following ways:

- To ensure that local initiatives (including planning decisions and the planning of health services), support - and do not worsen - the mental health of asylum seekers and refugees. Such an assessment would cover the whole population, not just asylum seekers and refugees.
- To aid the development of initiatives that aim to mitigate the destructive effects of central government policy on mental health. For example, it could be used to assess the proposed policy of free bus travel for asylum seekers, to determine its likely impact.

We also encourage devolved administrations to adopt mental health impact assessment of their policies and strategies on refugees and asylum seekers. In Scotland, a mental health impact assessment should be carried out for the follow-on to the New Scots Strategy 2018 to 2022 which is currently under development.

Such tools offer the opportunity for champions of asylum seekers' and refugees' mental health working in local government or health systems to demonstrate the likely impact of policies and thus advocate more effectively for them within their organisations.

The importance of involving asylum seekers and refugees in decision making

At the Foundation, our Voices and Visibility project in Scotland was set up to help people from refugee backgrounds take part in local decision-making structures (such as school parent councils or health and social care forums). We have discussed throughout this report how the asylum system limits the autonomy of asylum seekers, and asylum seekers and refugees are at risk of experiencing feelings of isolation and loneliness because of the challenging circumstances they can face.

Participation in public decision-making structures can create a sense of citizenship and can help to reduce feelings of alienation. Engagement with public decision-making structures can potentially enhance feelings of self-worth by providing refugees with the opportunities to be heard. This can help to support confidence and also provides refugees with opportunities to build relationships with other individuals in their community.¹²⁵

This report sets out a number of ways that asylum seekers and refugees can

face discrimination. Allowing asylum seekers and refugees to participate in decision making structures at a local and national level - and decision makers actively using the information shared by these community members to guide decisions - is an important part of tackling the discrimination that persists across multiple systems.

Further, national and local systems must support asylum seekers and

refugees in engaging with opportunities for their voices to be heard. Our Voices and Visibility project found that asylum seekers and refugees face several barriers to participating in decision making structures. This included not being aware of such structures and how to participate in these, experienced racism or fear of racism, and being scared of engaging out of fear of perceived repercussions.¹²⁵

Section 6: Policy recommendations for a more inclusive environment

- The UK government and devolved administrations should always consider the impact of immigration policy on the mental health of asylum seekers and refugees. Where legislative changes occur, every effort should be made to mitigate any potential negative effects on their mental health.
- The UK government must fulfil the commitment recently made in its Interim Major Conditions Strategy report (which covers England) to develop a mental health and wellbeing impact assessment tool to support policymakers to consider the mental health and wellbeing effects of their policies. This should involve full consideration of the likely impact on asylum seekers and refugees and be applied during the development of immigration policy and legislation.
- The devolved administrations should develop a similar tool and use it to ensure that new policy initiatives support the mental health and wellbeing of their populations, including asylum seekers and refugees.
- At a local level, local authorities, the NHS, and other health and care providers should use mental health impact assessments to determine whether their existing or future policies are or will be damaging to the mental health of their communities and users, in particular, asylum seekers and refugees.

Continued...

Section 6: Policy recommendations for a more inclusive environment (cont.)

- The UK government should develop a clear strategy for refugee integration in the UK, working alongside and learning from devolved national governments, local authorities, the voluntary sector, and people with experience of seeking refuge. This strategy must have measurable outcomes and robust accountability mechanisms. This should draw upon and build on work that has already been carried out in this area by the Welsh and Scottish Governments (in particular, the Welsh Nation of Sanctuary Plan and the Scottish New Scots Strategy and their follow-on plans). The Scottish Government's New Scots Refugee Integration Strategy 2018-2022 recognises that asylum seeker and refugee women can face particular challenges. Any future integration strategies should continue to include gender specific considerations.
- The UK government and devolved administrations should fulfil the recommendations of the Council of Europe to 'ensure that migrant, refugee and asylum-seeking women and girls do not face discrimination on any grounds', and, among other measures, 'pay special attention to measures aimed at dismantling all forms of stereotypes which have a negative impact on the rights of migrant, refugee and asylum-seeking women and girls.'¹⁵³
- The UK government, devolved administrations and local authorities should deliver training to staff across community public services which promotes anti-discriminatory attitudes towards asylum seekers and refugees.
- Asylum accommodation sites and detention centres must have safeguarding protocols in place to protect asylum seekers from discrimination and harassment from members of the public and from staff.

- The UK government, devolved administrations, local authorities, and public services should ensure their policies and practices are fully inclusive and comply with equality legislation.
- The Home Office must ensure that asylum seekers with physical disabilities are housed in suitable accommodation based on their accessibility needs.
- The UK government and devolved administrations should invest in peer-support programmes and community initiatives for asylum seekers and refugees. Local authorities should be able to determine at the community level how best to use this funding to address the issues asylum seekers and refugees are facing in their areas.
- Local authorities should consider how peer support and community initiatives can be accessible to asylum seekers and refugees, who may have difficulties affording public transport, or feel intimidated when they use it.
- Existing LGBTQI+ migrant groups, community groups, and local authorities, should work together to increase the accessibility of community networks and groups for LGBTQI+ asylum seekers and refugees.
- National governments and local systems should develop engagement forums with asylum seeker and refugee communities, providing them with a voice in public policy decision making. This should involve the development of peer ambassadors.

Section 7: Suicide risk among asylum seekers and refugees

This report has outlined some of the ways that asylum seekers and refugees can experience a range of pre-migration and post-migration conditions that put them at risk of experiencing poor mental health. The complex and unique challenges they have often faced, and continue to face, means that asylum seekers and refugees are more likely to experience poor mental health than the general population. This includes higher rates of PTSD,²³ depression,²² and anxiety disorders.²⁶

Poor mental health is a major risk factor for suicide; people with mental health

problems have a nearly eight times greater risk of taking their own lives than those without.¹⁹²

Asylum seekers and refugees also experience many factors that research has shown can lead to suicidal ideation, including: the inability to provide for one's family, low levels of social support, poor quality of life, and insecure visa status.²⁷

In the UK, suicide is a major public health issue. In 2022, 5642 suicides were registered in England and Wales,¹⁹³ 762 in Scotland,^{194, ix} and 203 in Northern Ireland.¹⁹⁵ In the UK as a whole there are yearly fluctuations in the figures

viii. These data show how many suicides were registered in a certain year, and because of the way suicide is recorded, there can be delays. This means that the figure for suicides registered in 2021 will include suicides which occurred in the previous year

ix. Deaths in Scotland are 'probable suicides'.

but there has been little progress on reducing suicide rates in the past 10 years.¹⁹⁶ We know far too little about the rates of suicide, and the factors behind them, among refugees and asylum seekers.

Unseen suicides: the need for better data

Neither asylum nor refugee status are recorded as part of the death registration process, and the government does not routinely collect data on suicides among asylum seekers and refugees. We therefore do not know from Office for National Statistics (ONS) data how many asylum seekers and refugees have taken their own lives in the UK. Nonetheless, we know from independent research that asylum seekers have taken their own lives in the UK, and that some are at high risk of suicide.

In 2021 the charity Katherine Low Settlement found evidence of at least 11 teenagers who arrived in the UK as unaccompanied asylum-seeking children and had died by suicide in the previous five years.¹⁹⁷ Liberty found that at least 23 people were confirmed or suspected to have died

by suicide between 2020 and 2023.¹⁹⁸ Furthermore, a Home Office response to a Freedom of Information request revealed that there were 159 suicide attempts in detention centres between April and June 2018, which is an average of more than 50 per month during this three-month period.¹⁹⁹

We also have a picture of the number of suicides among migrants who are under NHS mental health care. University of Manchester research found that between 2011 and 2019, 593 patients who died by suicide under NHS mental health care were recent migrants, with 48 being in the process of seeking permission to stay in the UK.²⁰⁰ The study found that, while there was some uncertainty, the suicide rate amongst those seeking permission to stay in the UK appeared to be over twice as high as the suicide rate in the general population. The same study found that a higher proportion of recent migrants died within three months of discharge from psychiatric in-patient care compared to non-migrants (19% vs 14%), a matter of great concern that requires review and action.

The Foundation in Scotland has spoken to asylum seekers and refugees about their experiences of fleeing their homes and seeking sanctuary.

One person told us:

“The asylum process is not easy, it’s a very bad experience. After my first interview, I was refused. I felt like I should kill myself. The second time I applied, the Home Office took me to court, and they refused me again. The third time, I made a fresh claim which dragged on. I had a lot of things on my mind, I wanted to kill myself.”

We have discussed throughout this report the ways in which asylum seekers are unable to benefit from many of the most important things known to support and protect our mental health, such as a sufficient income, good work, and the ability to play a full role in one's community. The link between economic deprivation and suicide is particularly well-evidenced.²⁰¹ These adverse experiences can continue when refugee status is granted, and refugees may also struggle to access mental health support when it is needed, because of linguistic and cultural barriers. Efforts to prevent suicide must include accepting compassionate and trauma-informed policies and practices, and supporting asylum seekers and refugees to integrate into communities as smoothly as possible.

We welcome the UK government's Suicide Prevention Strategy for England: 2023 to 2028, which includes an ambition to improve the data and evidence on suicide over this period, with asylum seekers and refugees being specifically mentioned as a group that must be included in the scope of this work.²⁰²

We are also pleased that the Department of Health in Northern Ireland has extended its Protect Life 2 Suicide Prevention Strategy until the end of 2027.²⁰³ This strategy identifies migrants as an at-risk population group for suicide and makes a commitment to strengthen the evidence base on suicide patterns, trends, and risks.²⁰⁴ However, this strategy does not explicitly mention asylum seekers and refugees. The Department of Health in Northern Ireland must ensure that their targets to strengthen the evidence base on suicide include asylum seekers and refugees.

The Scottish Government's Creating Hope Together: Suicide Prevention Strategy 2022 to 2032 also makes a commitment to building the evidence base on suicide through improved data and commits to engaging with migrant communities to understand their suicide-prevention needs.²⁰⁵ The action plan for this strategy specifies that the Scottish Government will explore how to effectively support people seeking asylum to access the services they need to support their mental health including those at risk of suicide.²⁰⁶

The Welsh government's Suicide and Self-harm Prevention Strategy 2015-2022 made a commitment to reduce suicide and self-harm rates among priority groups.²⁰⁷ This included asylum seekers, those at risk of homelessness, and certain minoritised groups. The strategy also pledged to continue collecting data on suicide and self-harm to enable the identification of "priority people", determine action, and monitor and evaluate the impact of any interventions.

Beyond data on suicide rates, we need better information across the UK on the determinants of suicide among asylum seekers and refugees: for example, the role of social factors and mental health problems. More research is urgently needed so that targeted public health interventions can be developed to prevent suicides amongst this group, and action from the government and research institutions is required to improve our understanding.

Section 7: Policy recommendations for suicide prevention

All national governments in the UK must take action to make visible and increase knowledge of suicidality among asylum seekers and refugees to inform suicide prevention strategies at a national and local level. Specifically:

- **the UK government, the Scottish Government and the government in Northern Ireland should expedite their commitments to improving data collection on the suicides of asylum seekers and refugees, including those of unaccompanied asylum-seeking children, as we urgently need to understand the nature and scale of suicidality in these vulnerable groups**
.....
- **now that its suicide prevention strategy has ended, we urge the Welsh government to maintain its ambition to improve data and evidence on suicide and self-harm amongst asylum seekers, and to extend this ambition to all refugees**
.....
- **as part of its ambition to improve the data and evidence on refugee and asylum seeker suicides over the next five years:**
 - the UK government must incorporate the recording of migration status into its recently-established real-time suicide surveillance programme (in addition to its welcome plans to include ethnicity as the programme is developed). This would support the improvement of local and national responses to suicide trends, including the development of new national policy initiatives.

Continued...

Section 7: Policy recommendations for suicide prevention (cont.)

- the Department for Education and Home Office should: i) ensure that all cases of suicide among unaccompanied asylum-seeking children are reported to the relevant child death overview panel and its equivalents in the devolved administrations and ii) use the learning from these cases to update their strategies for safeguarding unaccompanied asylum-seeking and refugee children²⁰⁸ by including a section on preventing suicide in this vulnerable group
- the UK government has committed to recording people's ethnicity on death certificates, noting that it is likely to require new legislation. This commitment should be expedited, and individuals' migration status should also be recorded. This will require information-sharing between government departments and their agencies and related processes to ensure the accuracy of such data.
- the government and research institutions should carry out new work to improve the evidence base on what drives suicidality amongst asylum seekers and refugees, so that public health interventions can be targeted at them to reduce suicide rates

.....

Professional practice and local health and care systems must review and improve their responses to asylum seekers and refugees at risk of suicide, as follows:

- **NHS staff likely to have contact with asylum seekers and refugees must be appropriately equipped to judge suicide risk amongst people in these groups. All healthcare staff should receive mandatory suicide prevention training, but training for staff likely to be working with migrants in these categories should go beyond this, helping them to understanding the pre- and post-migration traumas and stressors**

they are likely to have experienced (see also our recommendations on trauma-informed working)

- suicide prevention training is also required in other parts of the system, beyond healthcare. Asylum seekers and refugees will be in contact with the state in various ways, and in addition to staff taking a trauma-informed approach they should be specifically equipped to be alert to suicide risk for people in these groups. This includes Home Office staff and should build on commitments in the UK government's most recent suicide prevention strategy to strengthen the mental health and suicide awareness of DWP staff ²⁰²
-

- Integrated Care Systems and other health and care systems in the nations of the UK should take a public mental health approach to protecting the mental health of the refugee and asylum seeker populations in their areas through identifying and addressing the drivers of suicidality amongst these groups. Responses will vary according to area but are likely to include: culturally-appropriate approaches to reducing loneliness, peer support programmes, and local measures to mitigate the poverty and financial insecurity they experience, in the ways set out in this report.

Section 8: The future for asylum seekers and refugees

Mental health problems are continuing to rise in the UK.^{x, 209, 210} Preventative work is scattered, with local authorities and Integrated Care Systems doing what they can with tiny budgets. There is little scrutiny from the UK government or the devolved administrations, and in England, the public health grant, which is used by local authorities to pay for local preventative physical and mental health work, has been cut by £1bn since 2015.^{xi 209} Further, social factors like poverty and discrimination are contributing to ever greater numbers of people experiencing mental illness, and are impacting the most minoritised

communities disproportionately, including asylum seekers and refugees.

People facing persecution will continue to seek sanctuary in the UK and political debate will continue about how best to manage this migration. We hope that this is conducted in a less harmful, and more compassionate way than has been the case in recent years. Asylum seekers and refugees have made major contributions to the British economy, culture, and society - and it is clear from the evidence presented in this report that people want to utilise their skills and contribute to our economy as they rebuild their lives in the UK.

x. The trend for increasing levels of mental health need is most clearly evidenced in England and Scotland.

xi. In real-terms, accounting for population growth.

We need an infrastructure that is capable of meeting the needs of these aspiring new members of our communities.

If we fail to do so, we will see increasing costs to public services and the NHS, and risk trapping our newest immigrant communities in a cycle of poor mental health, poverty, and discrimination. We will be consigning people from all walks of life who could contribute to our society to workless stagnation, becoming deskilled and demotivated. And we will be preventing those who want to study

or train, and contribute to our economy and society through employment, from being able to do so. Our economy will increasingly bear the weight of mental illness that we are creating by systematically denying asylum seekers the keys to a well-lived life.

But it does not have to be this way.

The recommendations set out in this report offer a blueprint for a better way of treating new arrivals to this country; one based on compassion and mutual care. We urge policymakers to adopt them.

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