Asylum, Ethics and Healing

The lived experience of Iranian and Afghan sanctuary seekers through the asylum process and research activity

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Abstract: The right to asylum is a fundamental and historical right that, in the contemporary Western world, is rooted in colonial policies. This right is gradually being eroded, especially in the EU and UK, through the granting of fewer rights and entitlements, use of illegal migrant push backs, and criminalisation of migrants. The increased legal, social and economic restrictions on people seeking asylum links with, and produces, mental health risk factors around economic deprivation, a lack of social support, and insecure housing. Accordingly, studies have shown that people seeking asylum have high rates of mental health problems.

Given the colonial influence on modern migration policies, I adopt a postcolonial lens throughout this thesis. A postcolonial lens suggests that researchers working with sanctuary seekers could usefully explore the manifestations, experiences and impacts of racism and discrimination, as well as how researchers can pathologise participants. With this context and these warnings in mind, I set out to understand what affects Iranian and Afghan mental health during the asylum process. The questions addressed by this PhD and the methods used to investigate them are as follows:

Question 1: To what extent are postmigration social environmental factors associated with mental disorders in people seeking asylum? Method: A systematic review with narrative synthesis.

Question 2: How should researchers work with migrants, migrant organisations, and migrant communities? Method: An ethnography of three participatory action research projects with Iranian and Afghan community groups.

Question 3: How does the UK asylum process affect the mental health of Iranians and Afghans? Method: Walking and in-depth qualitative interviews with Iranian and Afghan

people who have sought asylum, those who work with them on migration or mental health issues, and community members.

Systematic review results identified 7,004 unique records, 49 of which were eligible for inclusion. Findings demonstrated an association between discrimination and mental health problems among people seeking asylum, as well as between general postmigration stressors and mental health problems. The review produced a typology of postmigration social environmental risk factors that informed the topic guide for qualitative interviews and could be used to direct further research on the mental health of people seeking asylum.

Analysis of ethnographic data produced three major thematic categories. The first concerned how researchers should negotiate differences between their values and the values of participant communities, in the process navigating cultural misconceptions and empowering quieter voices. The second focussed on identifying sources of power within migrant organisations and using this to produce effective collaborations. The final theme examined the difficulties of enacting participatory action research (PAR) principles, and the importance of equity rather than equality within the PAR process.

Internal oppressions embedded in the Iranian and Afghan communities disrupt the ability to conduct inclusive research. Moreover, collaborating migrant organisations were structured very hierarchically, impeding the participatory process and inviting me, as a researcher, to replicate harmful power dynamics. The ethnography also produced six practical lessons learnt for future research that mapped onto themes, including on being conscious of the nuances of migrant identities, offering participants a choice of research approach, and ensuring that ethical procedures are culturally accessible. These findings guided the approach and working relationship with qualitative interview collaborators, resulting in more reciprocal arrangements moulded to benefit partners. They also encouraged a focus on disseminating and implementing findings in collaboration with interested participants.

Qualitative interviews produced three major sets of themes around how Iranians and Afghans conceptualise mental health, asylum process factors affecting their mental health, and the mental health support and coping strategies they adopt. Mental health problems could be seen as a personal weakness and shame, described through metaphor and acculturation issues, and were often embodied. These conceptualisations helped contextualise findings

around the effects of the asylum process on mental health. Deprofessionalisation through an inability to work was associated with resultant loss of identity, though education could act as a mental health protective factor. The perceived life-freezing and future-destroying waiting inherent to the asylum process was linked to a loss of dignity and a fearful uncertainty. Moreover, people's financial precarity and poverty, often involving a lack of money for everyday needs such as food, led to feelings of worthlessness and humiliation. In terms of treatment and coping, participants often drew on their internal resilience and resourcefulness to keep going through the gruelling asylum process. There was also a desire to proactively counter the stagnation of the asylum process, in particular by volunteering. Few sanctuary seekers, especially Afghans, accessed formal mental health services. This was partly due to a lack of English language ability, but also due to a limited practitioner understanding of Afghan and Iranian conceptions of mental health. Those who did access formal services, felt that therapists could be more direct and practical in the mental health advice they gave.

Synthesis of findings highlighted several ways in which mental health was negatively affected during the asylum process. Firstly, sanctuary seekers are silenced through discrimination and marginalisation. Sanctuary seeker experiences during the asylum process were characterised by neglect and exclusion alongside targeted discrimination. Secondly, identity is devastated through the minoritisation and deprivation sanctuary seekers experience during the asylum process. Sanctuary seekers underwent a process of minoritisation once they arrived, accelerated by Home Office restrictions on access to employment, education, and welfare. Sanctuary seekers reported they did not have enough money for their everyday needs, including for food, and were unable to provide for themselves being denied the right to work. Thirdly, as a consequence of the pervasive Home Office discourse of distrust, disbelief and orientalism, participants reported feeling attacked, threatened, disbelieved and re-traumatised by the asylum interview and, resultantly, betrayed by the institution and process they had anticipated would protect and support them. Fourthly, participants had few stable physical spaces in which to feel safe and recover either from these experiences or from the experiences that preceded their arrival in the UK.

The Iranian and Afghan diasporas provided practical support in response to sanctuary seekers' need for community networks and support. However, they were less effective at providing the emotional solidarity needed to manage mental health during the asylum process.

Sanctuary seekers' own agency and internal attributes were critical to managing mental health problems during the asylum process. Interviewees and participatory work suggested a resourceful, determined strength that sanctuary seekers brought with them. This kept them going through the gruelling asylum process, although some interviewees suggested that eventually, everyone succumbed to the mental health pressures of the asylum process.

Synthesis of findings and critical appraisal of the completed work identified three findings related to migration and mental health researcher practice, processes and frameworks. First, was that a reliance on Western mental health concepts obscures learning from other cultures. Iranians and Afghans viewed mental health problems as a personal weakness and, relatedly, there was shame attached to mental health problems. Thus, using Western mental health terms during research could be counterproductive. Second, was that the legal term "asylum seeker" does not meaningfully describe participant experiences, and was actively rejected by some participants. I offer a new conceptual framework, based on the term "sanctuary seeker" and a move away from Home Office discourse. The framework offers a means of categorising migrants that is grounded in people's experiences as an alternative to using the legal and discursive category 'asylum seeker' in defining study populations. Finally, the thesis suggests that researchers working with sanctuary seekers must negotiate the balance between respecting and challenging diaspora values. In aiming to build relationships with community collaborators and produce mutually beneficial work, researchers should explore and recognise community ethical values.

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List of commonly used acronyms

- United Nations Human Rights Council (UNHCR)
- Post-Traumatic Stress Disorder (PTSD)
- Participatory Action Research (PAR)
- United States of America (USA)
- The European Union (EU)
- Non-Governmental Organisations (NGOs)
- National Asylum Seeker Support (NASS)

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1 Introduction

Asylum is a fundamental and historical human right. In the modern era, this right has been characterised by, and rooted in, colonialism. In the contemporary Western world, the right to asylum is based on the 1951 Geneva Convention. Over the last few decades in Europe, this right has been weakened by increasing restrictions around the asylum process. These restrictions include: the criminalisation of migrants, extra bureaucratic hurdles to registering and completing an asylum application, fewer appeal rights upon refusal, limitations of access to legal aid, more government powers to deport people who have been refused asylum, and less socioeconomic support.

High rates of mental health problems have been demonstrated by research with asylum seekers and refugees. These are likely to be made worse by restrictions on the asylum process that act to increase migration- and post-migration stressors. This thesis uses a postcolonial lens to examine asylum seeker mental health along three lines, with a particular focus on the post-migration period. A deeper examination of the influence of race and discrimination, a

critical researcher self-reflection on the potential harm the mental health research can cause through pathologisation, and the benefits of a more culturally relativistic approach to defining mental health.

As one of the major modern colonial powers, the United Kingdom (UK) provides a useful context to explore asylum and mental health. Within the UK, I have chosen to focus on Iranian and Afghans. This is partly because they constitute a sizeable portion of the asylum-seeking population in the UK. In the year ending March 2020, Iranian nationals constituted the most common asylum applicants in the UK, accounting for almost 14% of all applications, with Afghans the sixth most common, constituting around 6% of applicants (Home Office 2021a). I have also chosen these populations because I anticipated that my Iranian heritage and Persian language skills would facilitate recruitment, trust building and interpretation during the research process. I write in detail about how my identities contribute to the research in Chapter 2 (Section 2.6).

The thesis aims to understand the how the mental health of Iranian and Afghan asylum seekers is affected by the asylum process and to recommend how negative impacts might be mitigated. The research questions are methods used during this thesis are:

1. To what extent are post-migration social environmental factors associated with mental health outcomes in people seeking asylum? A systematic review with narrative synthesis.
2. How should researchers work with migrants, migrant organisations, and migrant communities? An ethnography of three participatory action research (PAR) projects with Iranian and Afghan groups.
3. How do Afghan and Iranian practitioners, community members and asylum applicants perceive that the asylum process affects mental health? Qualitative interviews with Iranian and Afghans who have sought asylum, those who support them with mental health or administrative issues, and members of the Iranian and Afghan communities.

This thesis grew through a grounded, iterative process of self-development and exploration of issues around the lived experience and mental health of Iranian and Afghan sanctuary seekers. I began rooted in the epidemiological framing of my department and research background. Accordingly, the first study is a systematic review of epidemiological,

quantitative literature. This review helped me understand the plethora of mental health and wellbeing stressors sanctuary seekers might face when they come to the UK.

However, the systematic review also made me question the definitions epidemiologists use for sanctuary seeking populations. The postcolonial framing of my thesis encouraged me to make the review as international as possible and include relevant literature from countries such as Iran and Pakistan. Yet, because these countries do not use Western legal labels such as 'asylum seeker' I found it difficult to include them in my search criteria. My postcolonial frame also made me question how relevant my review's medicalised mental health criteria were for Iranian and Afghan sanctuary seekers, as well as the absence of non-Western mental health concepts from the migration and mental health literature.

Due to the difficulties matching the values of postcolonial theory with my rigid systematic review, I started thinking about how people might be defined more broadly and through lived experience. My dilemma led me to criticise epidemiological research framings more generally and consider some of the ways in which they can be oppressive, for example in flattening diverse experiences and imposing harmful government labels. Consequently, I added an ethnographic study to this thesis. This study examined how power-equalising participatory methods might help researchers work with migrants in a less exploitative, more mutually beneficial way. The ethnography confirmed that many Iranian and Afghan sanctuary seekers rejected the labels 'asylum seeker' and 'refugee' and helped me develop the sanctuary seeker framework for grouping people based on experience.

Having completed the ethnography, I finally felt ready to interview people about the mental health effects of the asylum process and how any negative effects might be mitigated. The ethnography informed how I approached organisations and participants for recruitment, especially around being direct on my positionality and how the work could benefit people. It also led me to offer people the choice of two types of interviews (walking interviews or in-depth interviews) and approach interviews with a more open mind around the multiplicity of people's migration experiences. The systematic review helped inform the topic guide so that I addressed a broad range of mental health stressors and it encouraged me to ask about different cultural conceptions of mental health. The latter reflected how my thesis had adopted elements of anthropology.

Overall, I chose a grounded approach to my thesis methodology, allowing emerging findings to shape the research design and methods. Though the ethnography was not planned at the start of the thesis, nor the more anthropological bent and fluid style of my qualitative interviews, each study helped inform the other and to create a strong, diverse evidence base.

1.1 The right of asylum

1.1.1 The fundamental, historical right of asylum

The right of asylum is neither a recent nor European creation. Rather, it has roots in ancient history outside of Europe, particularly in the Middle East. Records of granting asylum are present in ancient Egyptian, Hebrew, and Greek cultures (Rabben 2016). Religious shrines and temples were often protected places where people would be given refuge. Sanctuary seekers might have included people fleeing blood feuds, escapee slaves, and political dissidents (Ibrahim and Howarth, 2018; Rabben 2016).

In the first millennium AD, Islam was born as a religion, with asylum a central concept in its doctrine and practice (Elmadmad 2008). The Islamic calendar starts with Prophet Muhamad's flight from Mecca to Medina due to religious persecution. This event led to the development of *hijrah* in Islamic law; the right of asylum and the duty to provide it to any person who approaches an Islamic community and asks for protection (ibid). In the latter part of the first millennium Churches across Europe offered sanctuary to those fleeing from feuds among barons and warlords (Marfleet 2011). In the modern era, the nation state became responsible for safeguarding and determination processes relating to refugees. This was partly signified by the end of the Church's right to provide sanctuary in 1623 (ibid).

The long history of asylum suggests that it is related to basic human rights. This has been explored in Arendt's (1973) work on the rights of man. She argued that there is a fundamental mismatch between universal human rights and state sovereignty that is predicated on the restriction of rights to citizens only. Bell and Hirsch (2017) describe a problem Arendt believes arises from this tension: refugees have been ejected from their previous national political community and, at the time of seeking asylum, have found no replacement. Given that human rights are enforced by the state, Arendt questions who will enforce the rights of refugees. She reasons that humans should, therefore, have a 'right to have rights'. That is, 'a human right to belong to a political community as a precondition for the protection of all human rights'

(Azar 2019, p2). Bell and Hirsch suggest that sovereignty, and hence state responsibility and potential human rights, apply to all those under a state's territorial control. Thus, they explain, the 'problem today is not access to citizenship, but access to territory' and a right to have rights can be interpreted as a right to enter a state (Hirsch and Bell 2017). This right to enter state territory is the fundamental human right that underlies asylum.

After World War II, members of the United Nations signed the 1951 Geneva Convention relating to refugees. This was partly in response to the high number of people forcibly displaced by the war (Jaeger 2001). A refugee was defined as a European person with 'a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country' (United Nations, 1951, p1). A person seeking asylum is someone asking a country to accept them as a refugee. Often such people are given temporary protection while they wait for states to process their claims.

In 1967, the 1951 Geneva Convention was extended to include people fleeing countries outside of Europe and those fleeing because of events occurring after 1951 (OHCHR 1967). However, the 1967 protocol is limited in terms of who qualifies for protection. Therefore, many regions and countries have added extensions. Latin America countries signed the Cartagena Declaration in 1984, expanding the definition of a refugee to include people fleeing because of 'generalized violence, foreign aggression, internal conflicts, massive violation of human rights' (UNHCR, 1984). In 1969, the Organization of African Unity similarly added factors relating to 'external aggression, occupation, foreign domination or events seriously disturbing public order' (OAU, 1969), inserting text recognising 'victims of generalized conflict and violence' (Feller, 2001), including those subject to colonial domination.

European countries have also created additional categories of protection relating to asylum. In the UK, Humanitarian Protection can be granted to those who face 'torture, inhuman or degrading treatment or punishment' on return to their country (Home Office, 2017). Discretionary Leave can be granted on grounds of human trafficking or in cases where someone's return would breach the European Convention on Human Rights. Other European countries have equivalent or similar statuses. Denmark, for example, provides Temporary Protection Status to those who might face inhuman or degrading treatment 'due to severe

instability and indiscriminate violence against civilians in their home country' (Library of Congress, 2015).

In the United States of America (USA), as with many other countries, people are allocated different status depending on if they ask for sanctuary while overseas (refugee status) or when in the USA (asylee status) (American Immigration Council, 2020). In certain situations, special statuses, procedures, and visa categories may be created. For example, Cubans arriving in the USA from 1966 to 2017 were fast-tracked to residency status. Brazil created a Humanitarian Visa for Haitians, partly in response to the 2010 earthquake and ongoing socioeconomic problems in the country (Reliefweb, 2018). Though Tibetans refugees in India are granted residence permits on arrival, they must 'obtain identity certificates from the Ministry of External Affairs on the recommendation of His Holiness Dalai Lama' in order to travel outside of the country (Refworld 2014). Syrians in Turkey are given temporary protection status if they can register with the Disaster and Management Agency. However, their rights are limited to the area they register in. Moreover, Syrians cannot apply for permanent residence in Turkey, rather, they must apply for permanent status in other countries that offer resettlement programmes (Baban et al. 2015).

There have been several, particularly postcolonial, attempts at resistance in the face of state refusal to grant permanent status to asylum applicants. In Australia, for instance, the Aboriginal community issued Aboriginal passports to Sri Lankan sanctuary seekers illegally detained by the Australia government in Indonesia (The Juice Media 2010). Their detention in another country was an attempt to stop them entering Australian territory and a denial of Arendt's (1973) right to have rights. The passport was issued by the Aboriginal Tent Embassy, and part of an ongoing protest since 1972 demanding land, sovereignty, and self-determination of Aboriginal people (Korff 2020). Similarly, the World Government of World Citizens created a world passport that has been issued to almost a million people thus far. This passport is accepted in the formerly colonised African countries of Tanzania, Togo, and Mauritania. It has been used by sanctuary seekers as identity documents for administrative purposes, such as opening bank accounts (Claire 2016).

1.1.2 A colonial control of movement

Migration in the modern era has been punctuated by colonialism. Colonialism can be defined as a 'practice of domination, which involves the subjugation of one people by another' (Kohn and Reddy, 2017). It entails a more militarily powerful country exploiting another country for its resources, often justified through ideas of racial supremacy. From around 1500, Europeans started colonising and subjugating the world, requiring administrators and farmers, and attracting "entrepreneurs" (Massey, 1993). These Europeans demanded cheap labour that was satisfied by the indentured labour of workers from Asia and the kidnapping and enslavement of around ten million people from Africa (ibid). Industrialisation in Europe destroyed many rural communities and led to 48 million people leaving for former colonies such as 'Argentina, Australia, Canada, New Zealand or the US… from 1800 to 1925' (Massey 1990, p61). Once slavery was legally and practically abolished, colonisers turned to indentured labour from China and India (Massey 1993).

The colonial and white supremacist influence on modern migration policy continues into the 20th century (Rodriguez 2018). Many of the first Western immigration controls were based on race. For example, the Aliens Act of 1905 was created to restrict the number of Jewish people arriving in UK having fled persecution in Eastern Europe (Ibrahim and Howarth 2018). Around the same time, in British Canada immigrants were charged different entry fees based on their race; $500 for Chinese migrants, $200 for South Asians and $25 for white migrants (Rodriguez 2018). These charges were coupled with laws targeting Indians, only allowing entry to those who did not make a stop along their journey. Known as the Continuous Journey legislation, it barred the 'entry of immigrants who did not travel by a "continuous journey" from the country of their birth to Canada' (Parnaby and Kealey 2003, p224). The law was targeted at British-colonised South Asians travelling to British-controlled Canada in an attempt to keep Canada white (ibid). These laws paralleled similar legislation that Spanish and Portuguese "former" colonisers introduced for South Americans (Rodriguez 2018). In 1986, the UK passed the Commonwealth Act to stop the arrival of Asian British citizens expelled from Kenya. Archives show that this decision was explicitly and primarily based on their race (Lattimer, 1999).

The Western world's current migration policy is linked to racist postcolonial ideas. For example, the postcolonial undertone of asylum controls is evident through the extraterritorial

nature of European borders, enforced via unequal agreements with African countries (e.g., Libya and Morocco) and centred on European interests (Amnesty International 2017, Adepoju et al. 2010). Again, the aim is to deny people the right to have rights by entering European territory (Arendt 1973). The continuation of colonial relations can also be seen in the UK's preference for migrants from its former white colonies, with people from Australia, New Zealand and Canada enjoying preferential treatment at passport control and through schemes like the Youth Mobility Visa. In contrast, visa requirements for South Africans, a majority Black former colony (comprising a range of groups including Zulu, Xhosa and South Ndebele people), have been made more stringent. Due to British colonialism, English is spoken in government, courts, and many universities and schools in South Africa (Gough 1999). However, English speaking South Africans, 'even those whose mother tongue is English', are now required to prove their language ability through an exam (Breytenbachs 2020).

Australia's Stop the Boats operation, implemented from 2013 onwards, provides a modern parallel to British Canada's Continuous Journey policy, targeted at poorer boat arrivals from formerly colonised countries. The Stop the Boat policies, also known as Operation Sovereign Borders, seeks to stop asylum applicants arriving by boat to Australia through the military interception of boats carrying refugees and off-shore detention of refugees (University of New South Wales 2020). These were implemented alongside communication campaigns in other countries to deter arrivals (Sun 2017). The operation was built on the hard-line immigration and asylum policies of former Prime Minister Julia Gillard and became central to the successful election campaign of then Prime Minister Tony Abbot. When sanctuary seeker boats are intercepted, people are detained potentially indefinitely on Papua New Guinea and Nauru (Deslandes 2018); the former was a Australian colony until 1975, and the latter a former post World War I Australian mandate (ibid). The policies are illegal under international law, violating the 'UN Convention on the Law of the Sea, the Search and Rescue Convention, the Safety of Life at Sea Convention, [and] the Refugee Convention' (Moreno-Lax 2017).

Parallels can also be drawn between British Canada's Continuous Journey Legislation and the European Union's (EU) Dublin II regulations (since replaced with Dublin III), that required a person seeking sanctuary to claim in the first EU country they arrived in (Right to Remain 2013). Though the UK has left the EU, it is seeking to reproduce this agreement (e.g., Brussels

Times 2021). The Dublin regulations use the countries people have travelled through as a basis to deny permanent status. These policies sanctuary more difficult to obtain for the majority who travel by land. In initially assuming that all EU countries are equally safe for every refugee, the regulations reinforce the image of the West as civilised while homogenising those coming into Europe (Juss 2013). This replicates orientalist discourse than began in the 18th Century (Said 1978), framing Western as educated and civilised, and non-Western countries as dangerous, savage and barely discernible from one another. This discourse was notably, though briefly, challenged in a MSS vs. Belgium and Greece (EHCR 2011) where the European Court of Human Rights ruled that 'the conditions in Greece were so dire, asylum seekers' human rights would be breached if returned' (Alper 2019). Only a few years later, the European commission stated that returns to Greece could continue, even though conditions had demonstrably deteriorated (ibid).

Colonial control of movement is an exercise in biopower, which can be defined as 'power over life', and is the state's power to regulate the population, to increase it, protect it and optimise its functioning (Foucault 1978). Biopower is manifest in European asylum policy, maintaining the sanctity of European society through the surveillance, detention, and deportation of migrants. Maritime border enforcement at Europe's "frontiers" provides an extreme example of biopower, with thousands of people drowning after the EU stopped the Mare Nostrum search and rescue operation for people seeking asylum (Heller and Pezzani 2018)[1]. From a biopolitical standpoint, the implicit message was that Europe is full and cannot take any more migrant bodies. Any resistance against state biopolitical power is seen by politicians and publics as an attack on sovereignty. This explains why asylum policy is politically important, despite the relatively small number of people coming to the UK and most other high-income countries in search of sanctuary.

In the UK, a vital facet of the government's biopolitical control of sanctuary seekers is the criminalisation of their existence (Banks 2008). Biopower is enacted through limiting legal routes for migration, electronic monitoring of people subject to immigration control, and the growth of detention centres and use of detention prior to deportation. The asylum seeker is

[1] The Mare Nostrum was a naval operation, in collaboration with Italian forces, to rescue migrants drowning at sea in the Mediterranean (IOM 2014).

an “Other”, created as an object of fear whose bodies are, and must be, controlled to protect society. It follows logically, that some detention centres used to be prisons (e.g., Taylor 2020, Griffin 2014), and that prisons are used to detain migrants (Avid 2021); places arguably designed to keep an “unruly” and unwanted population under control through a process of segregation and repression. The breadth of people seeking asylum who are considered criminal and illegal, and hence Other, has been expanding in the UK throughout the last century (Open University 2016). Schuster (2011) finds that refugee bodies are similarly criminalised in Greece. Bodies are branded as illegal contraband through low asylum acceptances rates and the threat of deportation.

Asylum determination, however, goes further than a biopolitical control of life. It also entails a control over death and a ‘right to kill’, known as a necropolitical power (Mbembe 2003). Mayblin et al. (2020) suggest that in relation to asylum, this power is exercised by states through ‘closing borders, detaining adults and children, and burning down spontaneous camps occupied by homeless migrants’ such as the British and French actions in Calais. Mbembe explains how the right to kill is based on a racialised ‘state of exception… and a fictionalised notion of the enemy’. Thus, the necropolitics of asylum may also be built through its demonisation and othering of applicants, partly through deprivation and legal barriers to inclusion and integration.

The necropolitical outcome of the asylum process, that is, the death of asylum applicants, is evident in the high suicide rates of people who have sought asylum. In their summary of the global literature, Vijaykumar and Jotheeswaran (2010) suggests that ‘the overall prevalence of suicidal behaviour among refugees ranges from 3.4% to 34%’ (p198). The necropolitics of the asylum process is inherent in its judgement of whether or not someone’s life is truly in danger. People’s lives are staked on the efficacy of the process, and there have been reports of refused asylum seekers being killed upon their return to their country of origin (e.g., Väänänen, 2018). Mayblin at el. (2020) suggest that asylum process necropolitics ‘point to a general consensus among politicians and publics that some human lives are worth less than others’ (p108), revealing a discriminatory cultural attitude crucial to the context of asylum in the UK and other Western countries.

1.1.3 Limiting the right to seek sanctuary

Across the world, there has been a general shift towards more hostile immigration and asylum policies, and a rise in the popularity of nationalist political parties and of politicians that hold anti-immigrant and anti-Muslim views (e.g., Krastev 2019; Henriques-Gomes 2019). Developments suggest that many countries perceive asylum not as a fundamental right but as a gift to give and take away with political and economic convenience (Zetter 2007). Countries including Australia, Bangladesh, Spain, and the USA have violated the 1951 Geneva Convention principle of non-refoulement by pushing back people even once they have arrived in their territory (Callamard 2017), and countries such as the Australia and the UK have made their borders malleable in order to restrict the right to seek sanctuary. Weber (2006) draws on border theory to identify four methods by which borders can be malleable: functionally mobile borders, spatially mobile borders, and temporally mobile borders. A *functional border* is the location(s) where Government performs border functions. *Personalised borders* are 'equated with the location of officially sanctioned border crossings' and embodied in migrants. *Spatially mobile borders* are where 'the physical location of the border is directly manipulated in the interests of border protection' (Weber, 2006, p23). *Temporally mobile borders* are borders that 'can be made to appear or disappear retrospectively as required'. Weber's conceptualisation of borders complicates Bell and Hirsch's (2017) appeal to allow entry into physical sovereign territory to ensure the right to have rights; it suggests that sovereignty is not a fixed concept, but that it can be selectively withdrawn to the detriment of people seeking sanctuary.

Weber argues that in the UK, 'the functional border is everywhere, and internal controls can be operated by anyone at any time' (p24). In the UK, the functional border reaches places of employment - in immigration raids, hospitals - with the use of immigration checks before providing services, and private housing - through the removal of the right to rent for those without status. Weber (2006) states the UK has concurrently created personalised borders, where people are considered to be in the UK if they have a valid visa, regardless of whether they are physically present. Conversely, without appropriate status, even if someone has physically entered the UK they are not recognised and excluded from the country, with no ability to create a bureaucratic footprint such as a bank account, driver's licence or rental agreement. Thus, these people are still technically at the border, without any sovereign rights

and yet to cross. The functional border is thus made both personalised and mobile, following the individual and ignoring geographical location. Externally, the UK's functional border has been expanded through juxtaposed border controls to France, Belgium, and the Netherlands, while the EU has invested vast sums of money in establishing externalised borders through deals with Turkey, Sudan, Morocco, and Libya (Chandler 2018, Valdivia 2018, BBC 2010).

In addition to using the malleability of borders to deny the right of asylum, many countries have shut their borders and, consequently, suspended the right to asylum when there has been a nearby humanitarian crisis. Developing economies often find little international support for hosting refugees and close their borders. For example, in 2000 Guinea shut its borders to Sierra Leonean refugees fleeing the civil war and in 1999 North Macedonia closed its borders to Albanian Kosovans escaping genocide (Human Rights Watch, 2000). Restrictions have also been put in place by high-income countries: in 2015, for example, many EU countries introduced border checks within the check-free Schengen zone to stop refugees (Dockery, 2017). Moreover, many countries have invested in physical infrastructure at their borders over several decades (Triandafyllidou, 2017).

1.1.4 The contemporary asylum determination process

The latest figures from the UN Refugee Agency (UNHCR 2020) suggest that across the world there are 26 million refugees, as well as 4.2 million people going through an asylum determination process. The report states that 'between 2010 and 2019, States or UNHCR registered more than 16.2 million individual asylum applications globally' (p36). Among those seeking asylum in 2019, Syria, Afghanistan, Venezuela, Iraq, and the Ukraine constituted the top five nationalities (ibid). In 2018, a decision was made on approximately one third of asylum applications (1.1 million), with about half of these (500,100) resulting in some form of humanitarian protection (ibid). It is clear from these figures that, worldwide, most applicants spend at least a year in the asylum system.

Applicants face different waiting times and acceptance rates depending not only on the country in which they are seeking asylum but also on how their nationality is treated by that country (Asylum in Europe, 2021). This could be due to a host country's geopolitical relationships, clear, well-known and straight forward life threatening circumstances in the country of origin, cultural similarities, and how easy it is to deport people back to their country

of origin according to country of origin rules and conditions. Across Europe, for example, only Syrians have consistent acceptance rates. Waiting times can also rise or fall over time. For example, a comparative report from Asylum in Europe country reports show how waiting times in Sweden increased by more than 50% to 16.5 months between 2016 and 2017, and by almost 40% to 11.2 months in Switzerland over the same period. In the UK, 'the number of asylum seekers who wait longer than the six-month decision target… increased by more than a quarter in [2017], despite asylum applications having fallen by 21 per cent in the same period' (Bulman 2020, p1).

During the asylum determination process, applicants must navigate a socio-political atmosphere that has become increasingly unwelcoming over time. Politicians such as former USA President Trump have presented people seeking sanctuary as a threat to national security (Scribner 2017). The limited EU public sympathy in 2015, when migration flows began to substantially increase, has dissipated and given way to security and financial concerns (e.g., Greussing and Boomgaarden 2017).

Asylum determinations processes – and thus States' exercising of biopolitical power- differ between countries. In theory, there is some standardisation between the asylum processes of European countries following a series of EU directives that established the Common European Asylum System (CEAS). This sought to ensure standard determination processes as well as substantive rights (European Commission, 2021). However, there is substantial variation between almost all EU countries, including with regards to asylum procedures (Trauner, 2016), 'welcome and integration policies' (Bordignon and Moriconi, 2017), access to healthcare (Bell and Zech, 2009), housing (Dell'Olio, 2007), and permission to work (Valenta and Thorshaug, 2013).

When it was in the EU, the UK chose to selectively participate in the CEAS. Accordingly, its process looks different to many EU countries. At the time of writing, the UK process has a two-stage interviewing process: a screening interview followed by a substantive interview, both of which can inform the asylum determination decision. Several months, or even years, after the substantive asylum interview, a decision is made either granting some form of humanitarian status or rejecting the applicant. After a negative decision, applicants can undergo a lengthy appeal process, after which they are considered "appeals rights

exhausted". At this stage, they would be able to continue in the asylum process only by submitting a fresh claim based on new evidence.

While in the UK asylum process, applicants can apply to the National Asylum Support Service (NASS) for limited financial support (currently £39.63 a week). As part of the 1999 Immigration Act, NASS financial support was no longer tied to UK citizen welfare rates (Parker 2020). Consequently, this rate has only increased by around few pounds in the last two decades (Refugee Council 2021). Gillespie (2012) notes how 'asylum support rates are below most poverty measures but, with no income, destitute asylum seekers fall below even the UN global poverty target of $1.25' (page vi), and UK studies have demonstrated how these measures have led to poverty (Parker 2020, Allsopp et al. 2014).

Under NASS, asylum process applicants can also apply for a room in a shared occupation house in certain sites across the UK such as Glasgow, Middlesbrough and Cardiff (BBC 2016). According to the Home Affairs Select Committee, NASS accommodation conditions are frequently unsafe and unhygienic, and can be unsuitable to house people (Home Affairs, 2017). People are offered housing under a policy of compulsory dispersal across the UK, with accommodation typically provided in 'areas of deprivation and social exclusion' (Parker 2020). The UK Home Office policy of dispersal to deprived areas of the UK with little cultural diversity is likely to have made social inclusion much harder for asylum applicants (Parker 2017).

1.2 The mental health of people seeking asylum.

Restrictions on the right to asylum and the negative political rhetoric about those who seek asylum are likely to contribute to poor mental health among asylum seekers. Risk factors include economic deprivation, insecure living conditions, and a lack of social support. However, the prevalence of mental health problems among asylum seekers varies substantially across primary studies and systematic reviews, reflecting the differing geographical foci, sample sizes and study settings. This literature is small relative to the larger body of work on premigration trauma. It is additionally limited by a lack of focus on the effects of asylum process bureaucracy on mental health and a disproportionate focus on populations in high-income countries.

1.2.1 Prevalence of mental health problems

The prevalence of mental health problems among people who have sought or are seeking asylum is generally high. Turrini et al. (2017) conducted an umbrella review of the prevalence of common mental health problems in refugees and asylum seekers. They identified 13 reviews on the topic, finding substantial variation but reporting overall that PTSD, depression and anxiety were experienced by 25%-50% of asylum seekers and refugees in middle and high-income countries. Similar findings were reported by Blackmore et al. (2020), updating an earlier systematic review and meta-analysis by Fazel et al. (2005). Fazel et al. (2005) found that the prevalence of depression was 32% (2%-58%), PTSD was 31% (range 4%-63%), and anxiety was 11% (2% - 39%). Blackmore et al. also reported a prevalence of psychosis, 2%. The review placed no restrictions on language, countries of origin or settlement, but the inclusion of systematic reviews may have led to some double counting.

Similarly, high and wide-ranging estimates were reported in an earlier review by Ryan et al. (2009) in a review of the prevalence of mental health problems among non-help seeking populations of asylum seekers. Their review of 23 studies reported that the prevalence for depression ranged from 9% to 69%, anxiety from 22% to 69% and PTSD from 2% to 48%. Sources of variation included participant nationality, host country, mental health measure and participant demographics. The lowest rates for PTSD and depression were from Crowley's (2005) study in the UK. They reported the prevalence as recorded by GPs in an extended health check. Given the stigma around mental health, inconsistencies between GP assessments and difficulties accessing healthcare, the reported prevalence is likely to be an underestimate. The highest estimates were from a Finnish study working with ten families from a single asylum centre (Sourander 2003). The limited size sample and recruitment strategy suggest that high estimates may be due to chance. Furthermore, neither study used validated scales to assess mental health problem. Excluding these two studies produces a narrower estimate of the prevalence of depression (30-62%), anxiety (22-48%) and PTSD (24-48%).

In studies focussed on low- and middle-income countries, people with de-facto asylum seeker status have also reported high levels of mental health problems. These studies are often overlooked in the reviews described above because they do not use "asylum seeker" as a population category. Magoba et al. (2010) interviewed 51 Kenyans at a transit centre in

Uganda. They found a one-week period prevalence of 23% depression, 21% PTSD and 14% substance abuse. As the study worked with a help-seeking population attending a clinic, rates are likely to be an overestimate for asylum seeking Kenyans in Uganda. Alpak et al. (2015) conducted face-to-face interviews with 352 Syrians living in a tent city near Gaziantep, Turkey, diagnosing PTSD in 34% of participants. Alpak et al. mirror other studies conducted in Turkey in that they worked with Syrians in refugee camps (e.g., Cantekin and Gencoz, 2017, Marwa 2013), though around 90% live in urban settings (European Commission, 2018).

Although the majority of literature on asylum seeker mental health focuses on anxiety, depression and PTSD, a small number of studies have reported on other mental health problems. For example, Crepet et al. (2017) found a high prevalence of somatoform disorder (13%), and sleep-wake disorder (21%) in clinical diagnoses of people seeking asylum who had recently arrived in Italy. A review (Horyniak et al. 2016) that included people who had sought asylum, reported a range of 4-7% for harmful alcohol use from 12 studies conducted in refugee camps and urban settings, with little evidence on drug abuse.

1.2.2 Factors impacting the prevalence of mental health problems

Mental health research conducted with asylum seekers has traditionally focussed on premigration stressors, such as how traumatic experiences in countries of origin affect mental health in host countries (e.g., Lindencrona et al. 2008, Bhui et al. 2003). This may reflect an orientalist attitude (Said 1978), with Western scholars locating trauma, danger, and savagery in low- and middle-income countries, rather than in the “civilised” West. However, in recent years, there has been increasing focus on postmigration stressors and how they interact with premigration issues. Mawani (2014), for example, suggests that premigration risks to mental health feed through into postmigration factors, stating that ‘the economic, political, social and physical contexts refugees have experienced pre-migration affect their [postmigration] perceptions, understandings and expectations of the economic, political, social and physical environments’ (p31). This thesis hopes to continue this trend and build this part of the literature. Postmigration mental health stressors directly emerge from restrictions to the right of asylum imposed in the context of increasingly negative public and political attitudes to migration.

Economic factors and living conditions are commonly found to be associated with mental health problems. For instance, Silove et al. (2000) conducted a review of post-migration risk factors for mental health problems to people seeking asylum. They found that financial support, the elements of the asylum process such as 'the interrogative approach used to test claims during lengthy interviews with asylum officials' (p605), difficult living conditions and isolation were associated with PTSD, anxiety and depression. Porter and Haslam's (2005) review and meta-analysis of 'predisplacement and postdisplacement factors associated with mental health of refugees' (p602), found that negative mental health outcomes were associated with 'institutional accommodation [and] experiencing restricted economic opportunity'. Both Silove et al. (2000) and Porter et al. (2005) are likely to be biased towards studies conducted in Western countries, excluding any non-English language studies and using a limited number of databases

Social support is another potentially important postmigration mental health risk factor. Giacco (2019) conducted a systematic review focussing on five 'crucial time points for mental health of asylum seekers and refugees in high-income countries' (p1). Integration, after 'initial settlement in the host country', was one of these and was dominated by factors relating to social support. The review reports that isolation and downward social mobility are risk factors, and social networks 'with people from different ethnic groups' and a feeling of belonging protective factors. In Bogic et al.'s (2015) narrative synthesis of 'long-term mental health of war-refugees' social support, economic factors and accommodation were found to be associated with mental health problems, as well as language deficiency.

Perhaps in part because of limitations in the asylum and mental health literature, systematic reviews do not often focus on the impacts of bureaucratic asylum procedures on mental health. These procedures have become more difficult over time. For instance, in 2015 the UK government changed the asylum procedure so that any applicants wanting to submit a fresh claim must do so in person, in an office in Liverpool (Electronic Immigration Network 2015). Allsop et al. (2016) suggest that 'the inability to pay for travel… is a barrier to asylum seekers attending appointments' and a possible pathway into poverty. An exception is Patel et al. (2011), which looked at mental health risk factors stemming from the asylum process. Findings included that living in immigration detention, asylum seeker status compared to refugee status, and the 'length of the asylum process' was associated with mental health

problems. Again, they only included English language studies from high-income countries. Patel noted that 'the majority of the studies were cross-sectional', limiting the ability to comment on causal relationships. In one of the few longitudinal studies conducted, Schock et al. (2015) interviewed people seeking asylum before and after their asylum interviews. They found an increased number of posttraumatic intrusions after the interview, after accounting for demographic factors and the number of traumatic events.

The evidence is mixed around the effect of demographic factors. Whereas Bogic et al. (2015) find no consistent association between demographic factors and mental health problems in their review, Porter and Haslam (2005) found that those 'who were older, more educated, and female… [with] higher predisplacement socioeconomic status and rural residence also had worse outcomes' (p602). Similarly, in the UK context, survey findings suggest women report lower 'self-reported health, ability to budget for household expenses and access to formal networks and quality housing' (Cheung and Phillimore 2017, p211). The wider migration and mental health literature suggest that associations between ethnicity and mental health may be mediated by host country attitudes. Bhugra (2000) describes how 'while studying the rates of schizophrenia among three ethnic groups [including African Caribbeans] in London [they] also set up two studies in the Caribbean Islands of Trinidad and Barbados' (p69). They found that African Caribbean people living in London had higher rates of schizophrenia than those living in their countries of origin. Hence, they claim 'the impact of racism' is more important than biological factors in explaining the high rates of schizophrenia amongst people with African Caribbean heritage living in the UK.

1.3 A postcolonial critique

Postcolonial theory provides an instructive angle through which to explore mental health risk factors for sanctuary seekers, with three key insights. Firstly, it suggests that race and discrimination are key factors, potentially understudied in the asylum and mental health literature, that can explain high prevalence rates. Secondly, a postcolonial lens suggests that the mental health researchers working with people seeking asylum may fall into a pathologising discourse harmful to participants. Thirdly, to mitigate the risk of pathologisation and move away from the dominance of Western knowledge, postcolonial thinking advocates for a more culturally relativistic approach to mental health.

I draw on classical postcolonial authors, Said, Fanon and, to a lesser extent, Spivak, to construct my postcolonial lens, critique and conclusions. These authors are sufficient given that my work emerges from the often quantitative, sometimes a-theoretical, discipline of mental health epidemiology. It is also essential to engage with these authors in the first instance due to the relative paucity of postcolonial theory in the field migration studies (see Mayblin 2020). Rooting myself in the work of these seminal authors and avoiding the complexities of contemporary debates is also a practical decision. It helps manage the expansive range of literature included in thesis from postcolonial studies to migration studies, mental health and epidemiology, health service and population research, political communication, social psychology and medical anthropology among others.

I am aware, however, of the important theoretical advances and debates in transcultural psychiatry that have arisen out of postcolonial theory. Transcultural psychiatry and social psychiatry developed in the latter half of the twentieth century as the world was decolonising (Antic 2021). The Eurocentrism and universality of psychiatry was challenged through these related disciplines, partly by exploring the role of culture in mental health (ibid). Transcultural psychiatry has encouraged a multidisciplinary understanding of mental health – especially through engagement with anthropology, attempted to acknowledge different cultural interpretations of mental health - particularly in postcolonial indigenous settings, helped reveal the role of racism in psychiatric diagnosis and treatment, and incorporated colonial histories and political structures into understandings of mental health (Kirmayer et al. 2014, Kirmayer 2006, Bains 2005).

Transcultural psychologists have engaged in critical debates with scholars in the field of Global Mental Health. Global Mental Health academics have called for large, scalable mental health interventions in low- and middle-income countries, based on more universalist, medicalised understandings of mental health (Patel 2014, Collins et al. 2011). These approaches have been fiercely criticised by transcultural psychiatrists as ‘medical imperialism’ (e.g., Summerfield 2013). Medical imperialism describes the imposition of Western biomedical knowledge in non-Western settings, and the dismissal of the multiple perspectives, philosophies and practice around mental health across the world (ibid). Recently, there has been a more collaborative approach between scholars from these disciplines with Global Mental Health literature acknowledging ‘local and cultural specificity’ particularly around stigma reduction -

though there are still considerable issues around epistemic justice (Bemme and Kirmayer 2020).

1.3.1 Race and discrimination in sanctuary seeker mental health

Postcolonial theory both supports the assertion that there an association between sanctuary seeker discrimination and mental health problems, and refutes it by indicating that discrimination is linked with misdiagnosis. The former line of argument posits a pathway from racially informed colonial power dynamics between asylum applicants and the Home Office to mental health problems for those applicants. Fanon (1986) contended that colonised people are made to feel inferior if they do not adhere to the coloniser's social and cultural norms, thereby engendering an unhealthy dependency on the coloniser. Fanon believes that this could result in a rejection of one's culture and a process of becoming white. Usually, colonised peoples were forced to adhere to these norms in a brutal fashion, causing further distress. This practice was known as "civilising". Fanon argues that people denied their liberty and cultural expression endure significant mental distress (ibid). Fanon's arguments can be used describe a potential causal chain between race, discrimination, and mental health problems.

Applying a postcolonial lens to the above issues can be controversial. For instance, Hickling and Hutchinson (1999) built on Fanon's theories around the colonised subject rejecting their culture, applying it to African-Caribbean people living in European societies. They described "roast breadfruit psychosis" as a syndrome in African-Caribbean people which includes 'an overwhelming desire for acceptance by European society, being ashamed of one's indigenous culture… [and] attempts to alter skin color to appear more White' (p133). This can be applied to many other migrant groups and is commonly associated with an assimilationist model of migrant integration and inclusion. Terms such as "Roast Breadfruit Syndrome", "Coconut Syndrome" and "Oreo Syndrome" can be used in a derogatory way. They are often used against people from migrant backgrounds, particularly those in the second generation, who have necessarily grown up between cultures. Hickling and Hutchinson (2000), respond to criticism by stating that they are not describing a 'nosological entity' but a complicating risk factor in the process of identity negotiation in a racist society which can trigger psychopathology.

Fanon's (1968) analysis of the links between colonialism and mental health problems link to Selten and Cantor-Graae's (2005) social defeat hypothesis. They argue that the experience of being excluded from the majority social group increases the risk of developing schizophrenia. This hypothesis is particularly relevant to people seeking asylum, who are effectively separated from the mainstream population through restricted rights and entitlements and might be targets of racism. The social defeat hypothesis is closely linked to ideas about stereotype threat. Stereotype threat (Sherman et al. 2013) is when an individual identifies with a marginalised group about which there are negative stereotypes, and might feel pressured to act to confirm it or avoid situations where this stereotype might arise. Pethig et al. (2017) summarise the evidence on refugees being stereotyped as helpless, needy, and dependent on benefits. They go on to suggest that this may lead people to reject the label refugee and support designed specifically for refugees.

However, postcolonial theory also suggests that the institutions sanctuary seekers interact with may discriminate against them. Consequently, institutional racism might explain higher prevalence rates of mental health problems in people seeking asylum, and the association between discrimination and mental health problems is artefactual. For instance, in the UK, people identifying as Black Caribbean, Black African, and Other Black, are around four times more likely than white people to be sectioned under the Mental Health Act (NHS Digital 2019). In their meta-analysis on pathways to care in the England and Canada, Anderson et al. (2014) also find evidence that Black Caribbean people, 'people who identified as Black and were born in the Caribbean', were generally more likely to enter mental health care through police involvement, though the evidence was mixed. Institutional racism can also manifest itself in omission; a lack of extra support and guidance for migrants, or a failure to consider race in policy making. For example, a search of the UK's Department for Health and Social Care (DHSC) finds almost no discussion of racism and access to healthcare. Certain racial groups may be more negatively affected by institutional discrimination than others. Williams et al. (2007) found that of those who met the symptom criteria for depression, 45% of African Americans, defined as 'persons who self-identified as black but did not identify ancestral ties to the Caribbean' (p307) compared to 24% of Caribbean Black people, defined as 'persons who self-identified as black and indicated that they were of West Indian or Caribbean descent' (p307) received relevant therapy.

Misdiagnosis of mental health problems is a logical outcome of an orientalist mindset, potentially revealing the link between discrimination and mental health problems as artefactual. In their review of the USA literature, Schwartz and Blankenship (2001) find higher rates of diagnoses of psychotic disorder in migrants compared to natives from the majority white racial background. They cite Feisthamel and Schwartz (2009) in suggesting that these differences might be due to a 'a combination of less access to healthcare, more distrust in mental health professionals and systems, higher social stigma associated with mental illness, and more culture-specific methods of addressing personal distress' (p139). A lack of cultural sensitivity in services may mean that people are less likely to get treatment and hence, prevalence is higher. Similarly, use of Western mental health definitions may mean that some patients may struggle to explain their culturally dependent mental health experiences and that doctors are unable to identify them.

Eack et al. (2012) find evidence of misdiagnosis potentially based on discriminatory clinical attitudes. In their work with 700 African American and white patients in USA, all of whom had been diagnosed with depression, bipolar disorder or schizophrenia. They asked clinicians and qualified professionals to re-diagnose the participants. African Americans were three times more likely to be diagnosed with schizophrenia. When taking into account symptoms, co-morbidity and age, race and perceived honesty were predictive factors in whether people would be diagnosed. One explanation could be that psychiatric interviewers trusted people less because their race and, as a result, felt that the patient responses were more erratic, odd and delusional. Relatedly, Gara et al. (2012) found that racial biases in USA clinicians were related to an under diagnosis of affective disorders in African Americans, and a possible disproportionate focus on schizotypal symptoms.

Healthy paranoia is another possibility concerning race that might explain high asylum seeker levels of mental health problems. It is a 'healthy normative, and adaptive response to racism' perceived by African American people from White people that manifests in a 'cultural mistrust' (Psychology 2021). It was first described by Grier and Cobbs (1968) in the context of African Americans, but it could also be extended to other people of colour. It is a 'cultural response style, based on experiences of racism or oppression, helped Blacks to function effectively in a predominantly European American society' (Zalaquett, 2008, p1153). Though it may protect people of colour from some of the consequences of racial prejudice,

'misinterpretation of healthy paranoia as pathological delusion is one cause of the misdiagnosis of Black clients' (ibid, p1153).

1.3.2 Weaponising mental health labels

A postcolonial lens suggests that the asylum and mental health literature may be at risk of reproducing pathologising and harmful colonial oppressions through the use of mental health labels. Fanon (1963) argued that the French colonists in Algeria frequently used mental health to mute and dismiss colonial resistance and further subjugate Algerians. In the context of the Algerian anti-colonial resistance, French psychiatrists argued that Algerians had a mental disability; they were obstinate, lacked emotion, puerile, prone to unnecessarily extreme reactions. Moreover, Algerians were described as incapable of seeing the bigger picture, primitive and instinctive. According to French psychiatrists, depressed Algerians killed the French because they could not kill themselves. This, in turn, was because they had little understanding of themselves, an under-developed 'moral conscience'.

Similarly, in their discussion of Sadowsky's (1999) book on Nigerian colonisation, Keller (2001) notes how, in the early 20th Century, the colonial press "reported" on 'the problem of mad Nigerians roaming the streets', leading to the mass construction of asylums. Though people were locked up in 'worse conditions than convicts', asylums symbolised the British "civilising" mission and racial superiority (ibid). British psychiatrists argued that because of the racial inferiority of Nigerians, 'it was impossible for them to cure these patients…. so they urged a cost effective confinement' (ibid).

Fanon's (1963) analysis suggest that mental health problems are defined in contrast to what the dominant society considers normal. This, of course, differs across time and culture. Estrada and Restrepo-Ochoa (2015) conducted a historical analysis of what is considered normal, arriving at four defining concepts:

1. Maladjustment: does someone accept society's common rules and social standards? Do they work, produce, and relate to others according to society's social rules?
2. Biomedical: does someone have a disease which can, objectively, be physically defined, diagnosed, and treated?

3. Statistics: is someone's behaviour very usual, is it outside of the natural variation one would expect to see, does it occur at the time and place such behaviours usually occur? This behaviour does not have to be ideologically or biologically defined.
4. Self-described welfare and wellbeing: does someone feel a sense of hedonic wellbeing - 'seeking pleasure'… or 'avoidance of suffering' or eudemonic wellbeing – 'self-fulfilment and actualisation'?

The first three concepts have, at points, been weaponised to suppress dissent, as well as justify persecution and orientalist oppression. Social revolutionaries or marginalised groups might be particularly susceptible to being labelled "abnormal" according to one or more of the above concepts. For example, Muslim Uighurs in China have been forcibly detained by authorities, and potentially tortured and killed (Samuel, 2018). People have been sent to the camp for 'manifestation[s] of Muslim identity', such as growing a beard (ibid). Sources say that people are being 'forced to renounce Islam… eat pork and drink alcohol'. The Chinese government has framed Islam an 'ideological illness' and the detention centres as 'hospitals'. Thus, belief in Islam is characterised as a mental illness and justifies the Chinese government persecution as medical intervention. As they are a religious and ethnic minority, the government may also be defining Uighur behaviour as statistically abnormal and, hence, mentally ill. Uighurs constitute less than 1% of the total population and their behaviour in a country with over 90% Han Chinese people, may be perceived as a statistical abnormality.

Non-governmental organisations (NGOs), common partners for migration and mental health researchers, can also use mental health language in a way that marginalises sanctuary seekers. Summerfield (1999) describes how many NGOs state that refugees who have been through difficult experiences have mental health problems related to trauma. Trauma is an exceptionally broad, catch-all category encompassing experiences from amputation, to sexual assault, serios illness and the death of a loved one (ibid). In the language of trauma, people are constructed as victims, a process Malkki (1996) suggests can remove people's agency, depoliticise them and, in doing so, strip people of their rights. More recently, Clark (2019), that NGOs' use of trauma discourses in the context of 'conflict related sexual violence' can be disempowering, essentialising, and collectivising. They advocate for 'a shift away from trauma rhetoric towards resilience'.

The pathologisation of asylum seekers and refugees can create meaning for NGOs that work with these groups. Malkki (1996) suggests that pathologisation helps charities mould refugees into "exemplary victims", a concept that can easily be applied to the asylum and mental health literature. An exemplary victim is someone 'whose judgment and reason had been compromised by his or her experiences'. Exemplary victims help charities justify what they do and why they are doing it; they are victims so helpless that they can only be supported by a charity's trained professionals. Their mental health problem is such that they either cannot speak for themselves or cannot be relied on to provide an accurate account of their experiences. This is the white saviour mentality, the white man's burden come to bear. Summerfield (1999) also argues that NGOs have a better chance of securing funding if they pathologise sanctuary seekers and exaggerate the need for mental health services.

In the UK asylum process, the incentive to pathologise is clear and this incentive could extend to asylum and mental health researchers. Lawyers rely on medico-legal reports on a client's mental health as a basis for asylum applications, as evidence of traumatic events in support of an application, to stop deportations and prevent transfers between EU countries under Dublin II (see Dale et al. 2009) by proving someone is unfit to fly. People working for migrant charities can prevent the dispersal of asylum seekers from London by arguing that they need to stay in the city to access specialised mental health support. Asylum and mental health researchers may have a similar incentive to pathologise, for instance to emphasise the need for their research when applying for grant funding, or to accentuate the relevance of their work in a publication.

Fassin (2008) illustrates how the pathologisation of sanctuary seekers can diminish the space people have to express their emotions and build empathy with the general public. He contends that the broad NGO trauma discourse has moved from the medical realm into the social sphere, while 'the politics of testimony has relied most on psychiatrists and psychologist' as opposed to survivors. Survivors limit the affect in their accounts of traumatic events 'because they need the facts to be established and because they are aware of the risk of not being believed' (p537). In contrast, 'with their capital of credibility' and "objective" mental health expertise, the humanitarian speaks with the emotion of suffering. Psychologists have become sources of political judgement and contestation, witnesses to the horrors that befall people. Asylum and mental health researchers should aim to counter this trend. They

should produce and disseminate research that create spaces for sanctuary seekers to express their experiences of the asylum process without fear of being disbelieved.

A path away from harmful mental health pathologisations, is suggested by Weine et al. (2020). They argue that knowledge of the colonial history and violence of the Western mental health system is essential 'in the wake of George Floyd's killing by police in Minneapolis' and a 'public demand for systemic change'. They suggest that global health institutions should 'commit to decolonising practices', 'promote a more diverse mental health workforce, and 'oppose police violence and structural violence'. In terms of the latter, they suggest that police should not be mental health first responders and that 'new cadres of workers should be established in community health systems' (p3). A postcolonial lens suggests a more fundamental conceptual shift may need to precede, or at least run alongside, practical changes to systems. Mental health definitions need to move beyond maladjustment, biomedical, and statistical definitions of normality that can be abused and defined by powerful institutions, and towards a normality based on eudemonic and/or hedonistic wellbeing. The former speaks to the values inherent in French's (2019) 'radical healing for People of Color' framework around 'critical consciousness… cultural authenticity and self-knowledge'.

1.3.3 Conceptualising mental health across cultures

Orientalism (Said 1978) suggests a cultural superiority in how Western countries view non-Western countries. In the asylum and mental health literature this can manifest as the imposition of Western concepts of mental health on participants from different cultures. As mental health problems are often defined through societal concepts of normal, they are almost always culturally dependent. Accordingly, different countries and cultures have created their own classification systems (e.g., the Cuban Glossary of Psychiatry, Latin American Guide for Psychiatric Diagnosis, and the Chinese Classification of Mental health problems).

The multiple mental health classification systems, partly based on geography, relate to the discussion on whether mental health problems are universal (etic) or particular to cultures (emic). It can be argued that an etic perspective relates to orientalist concerns around the dominance of Western knowledge. It could be argued that a purely emic view of mental health is one that prioritises Western knowledge and the entitlement to impose this

knowledge on other cultures. Both, the International Classification for Disease (ICD) and the Diagnostic and Statistical Manual of Mental health problems (DSM), which largely claim universal applicability, are rooted in Western conceptions of mental health, though the ICD is now managed by an international body. In contrast, emic conceptions of mental health prioritise indigenous knowledge and perspectives, rejecting the standards and psychological invasion of whiteness (see Fanon 1986). An emic perspective may partly explain why rates of certain disorders vary across countries.

Across the world, different behaviours are considered as normal and abnormal, in turn affecting what is defined as a mental health problem. For instance, Canino and Alegria (2011) suggest that the high rates of hyperactivity disorder diagnosed in children in Hong Kong, may be due to the value of stoicism in Chinese culture (although they cite Bird (2002) who highlights the disorder is recognised in all cultures, lending some credence to an etic standpoint). Relatedly, the prevalence of some symptoms – including delusions and hallucinations - has been shown to differ across cultures (Essau et al. 2008, Stompe et al. 2006). Minimal cross-cultural differences in anxiety and depression symptoms have been found, however, by a study using the Hopkins Symptoms Checklist-15 (Haroz et al., 2016). Many disorders and syndromes are entirely country or culture specific, known as culture-bound syndromes, including “resignation syndrome”, commonly described among sanctuary seeking children in Sweden (Sallin et al. 2016).

Mental health problems conceived under etic beliefs may find a home in other cultures and become emic. For example, neurasthenia, a diagnosis which originated in the USA but was dropped from the DSM in 1980 (Schwartz 2000) but became commonly diagnosed in China in the 1980s.

Cultural beliefs, and hence, understandings around mental disorder, can also differ between cultures within a country, including between the diaspora and their host country. For example, Sheikh and Furnham (2000) found that the mental health beliefs for British Asians were between those of Pakistanis living in Pakistan and white British people in terms of supernatural and non-Western physiological causes. The relationship was complicated, with those in Pakistan scoring higher than the other groups on attributing ‘Western physiological causes’, potentially because of a misapplication of the terms Western and non-Western. Western physiological causes were based on the Mental Distress Explanatory Model

Questionnaire created by Eisenbruch (1990) and included 'bad nerves in the body… physical illness… [and] chemical imbalance in the brain' (p714). It is unclear why some of these items are considered solely Western. Bad nerves or narahate asaabi, for instance, is commonly used by Iranians to describe mental health issues (Dejman 2010).

1.4 Iranian and Afghan mental health

Over the last ten years Iranians have been the largest asylum seeking and refugee nationality in the UK, and Afghans fifth (Home Office, 2021a). Though the Home Office does not release statistics on reasons for granting asylum, their Home Office country profile reports (2021b) indicates some of the common reasons underpinning claims. For Iranians, the Home Office has published notes on Christian Converts; membership of persecuted religious or ethnic minorities such as the Ahwazis, Kurds, and Zoroastrians; political activity as journalists or members of the opposition; gendered violence through forced marriage, honour crimes, and domestic violence; and minority sexual orientation and gender identity. For Afghans, the Home Office has published notes on ethnic and religious minorities such as the Hazaras, Hindus, and Sikhs; as well as sexual orientation and gender identity; and gender-based violence. There is also guidance for Afghan people who are perceived as "Westernised", and for people who are fleeing for reasons related to the ongoing civil war.

Both countries are likely to constitute important refugee nationalities in the UK in the years to come. The conflict situation continues in Afghanistan; at the time of writing the Islamic State are carrying out assassinations against female professionals including journalists, doctors and judges (Agence France-Presse 2021) and Taliban attacks in the Afghan capital have increased (Al Jazeera 2021). In Iran, laws on being an apostate, sexuality, alcohol, and political freedoms are unlikely to change under the current theocratic government. Both countries have suffered economically under COVID-19, with Iran also having endured decades of USA sanctions. This section summarises the literature on Iranian and Afghan conceptions of mental health, prevalence of mental health problems and particularly pertinent socioeconomic risk factors.

1.4.1 Iranian and Afghan conceptions of mental health

Alemi et al. (2016) created explanatory models for how Afghans living in the United States understood depression, while Dejman et al. (2010) produced an explanatory model for how

different ethnic groups in Iran understood depression. A comparison of their work highlights the similarities and differences between cultures. A few, but not all, of the cultural idioms participants use for depression are similar. Participants in both studies felt that depression could be caused by a loss of family support and conflict-related trauma. Iranians, however, included personality as a major factor affecting depression. People who were sensitive, pessimistic, and nervous were thought to have weaknesses that could make them depressed. Afghans highlighted the importance of maintaining culture and identity to protect against depression. Relatedly, visiting Afghanistan was considered a possible treatment for depression. Iranians in Dejman et al. suggested 'help from family and friends', working on personality weaknesses such as self-esteem, and 'biological treatment and counselling'. In both studies, participants stated that professional help and medication were strictly a last resort, and that prayer and reading the Qu'ran were useful treatments.

Martin (2009) conducted in-depth interviews with '15 Iranians who had immigrated to the United States after the age of 50', exploring their conceptualisation of general mental health and attitudes towards mental health services. Though the population is more comparable to Alemi et al. (2016) than Dejman et al.'s (2010) work, Martin does not attempt to create an explanatory model for mental health conceptualisation, and her findings are reported in less depth. Martin describes how her participants referred to mental health using the terms hal (condition or mood) and salamati (health). She suggests that these terms are holistic and do 'not distinguish between mental and physical health'. Consequently, participants had trouble using more rigid biomedical terms. Relatedly, participants 'interpreted depression as a state of situational sadness' unrelated to biological factors. Her participants were generally reluctant to access mental health services due to stigma around mental health and a scepticism of the effectiveness of psychotropic medications. These findings are commensurate with Dejman et al.'s (2010) work.

Good et al.'s (1985) work is part of the general academic consensus around how Iranians, and potentially Afghans, interpret depression. They based their findings on a 'variety of ethnographic, clinical, and epidemiological studies of emotion and illness in Iranian culture' (p384). Feelings of guilt, hopelessness and persistent sadness can be viewed as symptoms of depression in the UK. However, Good et al. found that these may be seen as feelings of

unworthiness, sombreness, and mourning for Iranians; attributes valued in a society influenced by the grieving of Shia Islam and tragedies of Persian literature (Good et al. 1985).

Whether and how conceptualisations of mental health problems other than depression are similar or different is unclear, and there has been little work to explore how conceptualisations vary across ethnic or other demographic groups. Dejman (2010), found 'more similarities than differences' between ethnic groups, but that Kurdish people were more likely than Persian or Turkish groups to emphasise conflict as a cause of depression, potentially due to their particular experiences of the Iran-Iraq war. Alemi et al. (2016) found that female Afghan refugees in the USA were more likely than men to identify somatic symptoms of depression.

1.4.2 Prevalence of mental health problems

The overwhelming majority of Afghan sanctuary seekers are in Iran and Pakistan (UNHCR 2020) and have been for over half a century. Accordingly, academics from these countries have conducted mental health prevalence studies with Afghans, and it makes sense to begin with their results. Roozbeh et al. (2018) conducted a systematic review on the health of Afghan refugees and immigrants living in Iran, identifying two studies relevant to mental health. In the first, Kalafi et al. (2002) spoke to 81 Afghan people in Shiraz, Iran, finding a 35% overall prevalence of mental health problems including anxiety and depression. In the second, Azizi et al. (2005) spoke to '321 resettled Afghan refugees' in a refugee camp in the South West of Iran. They found extremely high rates of mental health problems, stating that 'the prevalence of social dysfunction, psychosomatic problem, anxiety and depression in the studied population were 80.1%, 48.9%, 39.3% and 22.1%, respectively' (p1).

Not included in the Roozbeh et al.'s (2018) review, but present in Divkolaye and Burkle's (2017) similar systematic review on Afghan immigrants and refugees in Iran', was Mohammadian et al. (2002). They conducted psychometric surveys with 453 Afghan people living in Tehran, Iran. The found a 55% overall prevalence of mental health problems including anxiety and depression (disaggregated percentages not given), with insecure status a risk factor. In more recent work focussing on refugee women, Dadras et al. (2020) surveyed 424 Afghan women in health centres in Tehran; though they did not use a validated mental health measure, they found 15% reported feeling down, depressed, or hopeless. In terms of work

conducted in Pakistan, Farooq et al. (2001) reported that 80% Afghan refugees attending a psychiatric clinic in Peshawar, Pakistan screened positive for PTSD. Overall, although few studies have been conducted, what evidence is available suggests high rates of mental health problems among Afghans in Pakistan and Iran.

There have been a number of mental health prevalence studies conducted with Afghans and Iranians outside of Pakistan and Iran, particularly in the Netherlands and Australia. These find high rates of mental health problems, particularly for PTSD. PTSD appears to be most commonly assessed condition. Alemi et al.'s (2014) systematic review of 'psychological distress in Afghan refugees', identified nine quantitative studies assessing prevalence, eight of which were implemented in Western countries. Though no synthesis was carried out, all studies found high rates of mental health problems. For example, Gernaat et al. (2002) reported a 65% overall prevalence of psychiatric disorders in their work with 51 Afghans in the Netherlands, including a 57% rate of depression and 35% rate of PTSD. Perhaps the most notable study in the review was Gerritsen et al. (2006), also in the Netherlands. Among their 206 Afghan and 117 Iranian asylum seekers participants there was a 4% and 43% prevalence for PTSD respectively. For depression, Afghans had a 28.9% prevalence and Iranians had the highest rate, though this was unreported in the study.

In Australia, Steel et al. (2011) conducted a study with 89 refugees from Afghanistan and 15 refugees from Iran, attending an intervention programme for torture and trauma survivors. Though they do not report the prevalence of mental health problems, they state that 'PTSD rates were very high at baseline… for those subjected to more restrictive immigration policies'. In contrast 'levels of PTSD were low amongst' those granted permanent status prior to reaching Australia as part of a resettlement programmes. Though they attribute the differences to status, they do not consider the extra support people receive as part of these programmes. A few years earlier, Hafshejani (2003) worked with 59 male Afghans and Iranians in Sydney, Australia, finding that average PTSD symptom scores were marginally above mild.

1.4.3 Mental health risk factors pertinent to Iranian and Afghan mental health

Earlier, this chapter detailed the different risk factors that might affect the mental health of sanctuary seekers in the UK and elsewhere. While Iranians and Afghans are likely to be

exposed to all the mentioned risk factors and were part of some of the cited study populations, there may be certain risk factors endured specifically, or disproportionally by Iranians and Afghans.

Shishehgar et al. (2015) conducted an integrative literature review on the 'impact of migration on the health status of Iranians', providing an insight into mental health risk factors that may be particularly pertinent to Iranians. They found 26 eligible papers, of these, 16 were quantitative, most of which focussed on mental health. They found that Iranian mental health was affected by 'language insufficiency; unemployment; sense of discrimination; cultural shock; lack of social support; lack of information about health care services; and intimate partner violence' (p1). Many of these factors repeat those found in the broader systematic reviews on mental health risk factors discussed earlier in the chapter. However, lack of information about healthcare, culture shock and domestic violence are, potentially, areas of difference between the factors covered earlier in the chapter. Culture shock, a factor encompassed in acculturative stress, is also an important factor arising from studies with Afghans. For example, Jibeen (2018) conducted a study with 137 married male Afghan refugees in Pakistan, finding 'that acculturative stress was positively associated with negative affect (0.26, $p < .01$)' (p148). Similarly, in their field study with Afghans in a refugee camp in Karachi, Pakistan, Kassam and Nanji (2006) found that acculturative stress around language barriers and cultural norms was a source of stress.

Acculturation refers to changes that happen due to interaction with another culture. It might be particularly relevant for Iranians and Afghans sanctuary seekers who may be, very broadly speaking, arriving from a more conservative, religiously minded, anti-imperialist, and collectivist cultural context. Berry's (1997) bidimensional model describes four acculturation strategies a sanctuary seeker could, in theory, adopt: assimilation, separation, marginalisation and integration. Schwartz et al. (2010) suggest that Berry's concept of acculturation could be expanded to think about acculturation not just in terms of behaviours but also 'cultural practices, values, and identifications'. Cohen (2010) presents a tri-dimensional model where the acculturation strategies of the diaspora and host society are also included alongside migrant acculturation strategies. This thesis adopts both Cohen and Schwartz et al.'s suggestions in defining acculturation.

Alemi et al.'s (2014) systematic review, focussing on Afghan asylum seekers and refugees, provides insight into the forms of acculturative stress affecting mental health. The seven qualitative studies eligible for their review suggested that 'discord between parents and their children who adopt new (western) values, values that contradict Afghan familial values, [and] gender role changes stemming from perceived losses of social status among men' (p1255), in addition to socioeconomic risk factors. Thus, acculturation on the level of values and identity may be particularly important for Afghan sanctuary seekers.

1.5 The possibility for change

Though evidence suggests that migration policy in many Western countries, such as the UK, is getting more restrictive and that the mental health risk factors sanctuary seekers experience will only increase, there are suggestions of some limited resistance to anti-migration politics. For example, the same European elections that brought in a wave of far-right parties, also brought in relatively pro-migration left wing parties in a so-called "Green-Wave" (Kirby 2019). These parties won around 10% of the vote. In the USA, Trump has been ejected from office and replaced by the more centrist Biden, who recently 'announced plans… to allow 25,000 asylum-seekers in Mexico into the US' (Associated Press 2021). Around the same time Colombia, a middle-income country, announced that it would 'host 1.7 million Venezuelans', providing a 'ten-year temporary protection status' (UNHCR and IOM 2021). Crucially, the status includes 'access to the job market… and COVID-19 vaccination plans' (ibid).

Moreover, historically, many major refugee hosting countries have implemented open and welcoming sanctuary seeker policy. Naseh et al. (2018) details how after 'the Soviet Union's invasion of Afghanistan in 1979… Afghans were eligible to receive refugee status at the borders of Iran as religious immigrants'. The Iranian government that formed after an anti-monarchist revolution was partly led by Islamists. These figures felt that helping Afghans, who were fellow Muslims, was a religious duty. Until 1992, 'Iran greeted Afghans with open borders and granted them indefinite permission to stay'. Iran has consistently hosted large numbers of refugees over since the revolution and was the eighth largest host in 2019 (UNHCR 2020).

High income countries need to build on the example of countries such as Iran. There are the beginnings of positive signs, with Germany the third highest refugee host in 2019 (UNHCR

2020). In 2015, Germany adopted an open-door policy primarily towards Syrians, for whom it briefly suspended the Dublin regulations in September (DW 2015). However, the suspension lasted little over a month with 'border controls re-established between Germany and Austria' in October that year (Pearce 2016). A few months later, the EU agreed a deal with Turkey; refugees entering the EU through Greece would be sent back Turkey and Turkey would step up border enforcement (Long 2018). Again, the burden passed on to middle- and lower-income countries, with Turkey hosting more than triple the number of refugees in Germany in 2019, the most of any country (UNHCR 2020).

Public opinion in many high-income countries is not universally anti-migration. For example, a 2019 study found that in the UK 17% of people would like more migration, and 39% favouring the status quo (Migration Observatory 2019) meaning that the majority of the British public did not want a reduction in migration. The proportion of people who would like less migration (44%) was down from 77% in the same 2013 survey (ibid). In their analysis of surveys dating back to 1964, the Migration Observatory suggests that though 'opposition to immigration' is still high, 'there has been a recent softening of attitudes'. Similarly, in a regular survey of EU countries between 2002 and 2017, the 'unconditional rejection [of migrants] has decreased from 15% to 10%', with the strongest changes in the UK, Ireland, and Portugal. The COVID-19 pandemic may contribute to this softening trend, with recent research (Hewlett et al. 2021) suggesting that 70% of the British public 'agree that the pandemic has shown the contribution that immigration makes in staffing essential services' (p3) and 64% now valuing 'the role of "low-skilled migrants more'.

Since early 2020, the COVID-19 pandemic has surpassed and largely overshadowed the refugee "crisis". In the UK, the pandemic has brought sweeping changes to the asylum system. New claims no longer need to be submitted in person in Liverpool but can be posted or even emailed (Right to Remain 2020), and substantive interviews are now occurring via video call. Though there are still long waits for appointments (ibid), there is a sense that the asylum process might become more efficient and digitalised. It remains to be seen whether any of these changes are permanent: the requirement that asylum applicants sign in regularly to a reporting centre was dropped for several months in 2020 was, for example, reinstated in 2021. COVID-19 does, however, suggest that rapid changes to the asylum process, potentially to the benefit of sanctuary seekers, can be made.

This thesis hopes to contribute to the limited, but potentially growing, political, academic, and mental health practitioner resistance in the face of anti-migration policies in the UK and worldwide. It seeks to build on historical examples of best practice in asylum policy, encouraging a more humane asylum process in the UK. There is a strong postcolonial imperative for Western countries such as the UK to adopt an asylum policy commensurate with its economic capital and historical involvement in global affairs, and a slight, but potentially timely public opinion and policy window in which to do so. The next chapter details the thesis methodology and how, concretely, I will explore factors affecting the mental health of Iranians and Afghans during the asylum process.

2 Methods

This chapter details the thesis methodologies. This includes philosophical positions regarding ontology and epistemology, as well as the methods used in the three studies presented in this thesis, key ethical issues arising from the work, and a reflexive discussion on how my research identity might have influenced the research.

2.1 Philosophical position

2.1.1 Postcolonial viewpoint

Given the colonial history of modern global migration described in the introduction, this thesis uses a postcolonial lens to inform its ontological, epistemological, and methodological choices. Postcolonial theory is concerned with 'the experiences of people descended from the inhabitants of [former colonies]… their experiences within "first-world" colonial powers' (Reimer-Kirkham & Anderson 2002, p3), and the maintenance of colonial power even as overt

physical control over territories diminishes. Postcolonial theory relates to the modern domination of South America, Africa, Australasia, and Asia, by majority white Christian nations since the 15th Century. The concept can be extended to encompass territories, such as Iran, that were not colonised but nonetheless experienced a colonial relationship focussed on exploitative resource extraction and/or political control (see Akbarzadeh et al. 2011).

The asylum process is a meeting between a Western institution and a non-Western applicant that, due to the unequal power dynamics involved, can be described by a colonial logic. The Home Office has power over an applicant's life and death, acting as both as a gatekeeper and a hoarder to human rights and socioeconomic capital. In understanding the interaction through colonial logic, the potential consequences of racial discrimination, prejudice, and stereotyping, are more evident. Said (1978) argued that during colonial expansion, British and French scholars constructed an image of the non-Western Other: savage, exotic, and uncivilised. In this unequal "meeting" between the Western coloniser and non-Western colonised, Western powers constructed racial cultural stereotypes to emphasise their supremacy as well as justify the exploitation and subjugation of the colonised. Said (1978) argued that this orientalist logic persists in the contemporary world, underlying interactions and representations non-Westerners. As discussed in Chapter 1.3, a postcolonial understanding of the asylum process may help explain the mechanisms through which people's mental health is negatively affected.

Postcolonialism can also invite a self-critical research approach that may be ethically and theoretically beneficial in work with people going through the asylum process, given their typically limited legal rights and resources. In her essay, 'Can the Subaltern Speak?', Spivak (1988) uses the example of the British imperial ban on the Hindu practice of widow immolation to reveal the silencing and colonial nature of research with the subaltern. Spivak describes how both the Hindu patriarchy that was in favour of the practice and the colonial administration that was against it paid scant attention to women's views and agency. In Spivak's case, the subaltern referred primarily to poor women of colour, but the concept can be extended to others under colonial forms of oppression including some of those going through the asylum process. The white saviourism of humanitarian organisations working with people seeking asylum (e.g., Fernando 2016) parallels the condescending British colonialist in the Spivak's example. Similarly, the surveillance, detention, moral judgment and

regulation of gender roles, and control of movement European countries impose on people seeking asylum (e.g., Pinelli and Harbour 2014) mirrors the Hindu patriarchy in Spivak's example.

Darder and Griffiths (2018) highlight two main concerns for academics emerging from Spivak's postcolonial discussion around the reproduction of colonial oppressions and power dynamics. Firstly, that privileged researchers without lived experience are ignoring 'their privilege [and] freely [advancing] themselves as competent to speak for the subaltern' (p1), effectively conducting research exploitatively and without conviction. Secondly, in "granting" a collective voice to the oppressed, researchers homogenise individuals. Archer et al. (2019) describe how Spivak suggests that academics working with the subaltern 'cannot give voice to Others but rather… [should] create the conditions that allow diverse others to speak for themselves'.

As in Unangst's (2020) use of postcolonialism in their work with migrants and refugees, this interprets colonialism as a 'economic, historical, and political practice, as well as… [an] individual experience'. Accordingly, postcolonialism can be applied to the bureaucratic practice of the asylum process and the wider political rhetoric around asylum, as well as the everyday deprivation applicants experience and their individual interactions with the Home Office. Moreover, Said (1978) explained how orientalism involved the centring of "civilising" scientific Western knowledge, alongside the denigration and dismissal of "backwards" non-Western knowledge. Thus, a postcolonial stance allows for a critical analysis of Western conceptualisations of mental health, potentially creating space for a truer reflection of people's experiences, and the impacts of these experiences on their mental health, during the asylum process.

2.1.2 Ontological framework

Ontology is the study of being, of what can exist in the world, and what form reality takes. This includes the 'units that make [reality] up and how these units interact with each other' (Blaikie 2000). An understanding of ontology informs how this thesis will investigate asylum seeker mental health during the asylum process. It dictates whether, for instance, the perspective of Home Office officials and policymakers is needed to reduce the risk of "bias".

Or, for example, if participants will be asked about mental health diagnoses as part of eligibility screening.

Ontological approaches exist on a spectrum between naïve realism and relativism. Naïve realism 'claims that one true reality exists' and can be perfectly described with the appropriate methods (Moon and Blackman 2014). There are several less extreme forms of realism including structural realism, which claims that although reality can be described using the appropriate methods, 'its underlying nature remains uncertain' (ibid). Structural realism contends that 'the structure of something with unknown qualitative features is all that there is to nature… and sees structures as ontologically basic' (Frigg and Votsis 2011, p48). Critical realism accepts that there is a subjectivity in the understanding of reality, though it exists separate to social relations.

Relativism, on the other hand, claims that reality is a 'projection of the human imagination' (Holden and Lynch 2001). Ardent relativists suggest that there 'are many equal versions of reality' each as valid as the other (ibid). Moon and Blackman (2017) explain how, for relativists, 'reality is "relative" according to how individuals experience it at any given time and place' (p1). Thus, reality is dependent on 'emotions, cultural background, social norms, and experience', and constantly changing. Among the different forms of relativism is bounded relativism, for which a 'shared reality exists within a bounded group (e.g., cultural, moral) … but across groups different realities exist' (Moon and Blackman 2014, p4).

Alongside realism and relativism, lies ontological pragmatism. Pragmatism is a philosophy based on 'aspects of social life that have relevance to an investigation' (Moerman 2016), asserting that 'the truth is what is currently in action' (Žukauskas et al. 2018). In doing so, it moves away from the mind-body tension inherent in the realism-relativism debate.

This thesis engages with two main concepts, mental health and the asylum process, that intersect with two sets of actors, the Home Office and asylum seekers. Intuitively, it can be argued that these actors may take different ontological position in relation to the two concepts.

Ontological perspectives on the asylum process

There are a large range of actors involved in the asylum process, each with their own unique ontological and epistemological perspectives. This includes sanctuary seekers, charity staff

and volunteers, asylum interviewers, reporting centre officials, Home Office policy makers, members of the Iranian and Afghan diasporas in London, mental health professionals supporting Iranians and Afghans, GPs and other health practitioners, immigration lawyers and paralegal staff, and many others. There will also be variation within actors depending on their identities and background.

In a very general sense, occupying opposing poles of the ontological spectrum are the Home Office asylum interviewer, and the sanctuary seeking asylum applicant. As a key actor in the asylum process bureaucracy, asylum interviewers may view the interview and the asylum process as a quest to uncover an objective truth about whether an applicant meets a certain set of criteria around the 1967 Protocol Relating to the Status of Refugees. This realist standpoint is reinforced by the legal sanctions for those who lie in their asylum application (Home Office 2021c), the criteria that an applicant's fear of persecution must be well-founded and objective, not simply subjective (Latham 2019), and the acceptance of medico-legal mental health reports as evidence. Of course, the identities and background of the interviewer provide complexity to this ontological picture. They may have, for instance, experienced mental health problems themselves and employ a relativist, experience-based understanding of mental health in the asylum process. It is only that the role of interviewer lends itself to more realist positions.

In contrast, an asylum applicant's reality during the asylum process may be more relativist. Many applicants do not have any substantial knowledge of the asylum process before they arrive in the UK (Gilbert and Koser 2006). It is, therefore, possible that applicants are not asking for asylum with reference to the 1967 Protocol Relating to the Status of Refugees. Rather, they may be appealing to a broader, historical, and socially constructed understanding of asylum based on a shared humanity (Gornik, 2018). From the perspective of an asylum applicant, the asylum interviewer questions can seem arbitrary or even trivial (e.g., Jannesari et al. 2019).

Ontological perspectives on mental health

Ontological discussions on mental health centre on whether mental disorders are universal (etic) or particular to cultures (emic). These debates relate to the extent to which Western mental health classifications, practice and treatment are applicable to other cultures. Adherence to a strict etic standpoint can constitute an assertion of Western mental health

discourse[2]. Through a postcolonial lens, an etic perspective on mental health can be seen as a colonial by-product, a continuation of white supremacist discourse. Archer et al. (2019) reference Spivak in their discussion on how Western discourse and knowledge around science can be used as part of a "civilising" mission and a way of silencing the voice of the oppressed. It links to the debates around orientalism; the condescending, exoticising, and colonial lens through which scholars in the West can view other cultures (Said, 1978). Hickling (2013) cites Said when he describes transcultural psychiatry as 'a discipline born in Europe, and used by White psychiatrists and anthropologists to describe exotic and often patronizing observations what they saw as novel and bizarre behaviours of non-White people from cultures around the world' (p859-860).

The Home Office appear to favour an etic perspective on mental health, while asylum seekers may be more comfortable with an emic understanding. The Home Office, for example, accepts medico-legal reports on asylum seekers' experience of mental disorder as evidence of the credibility of an asylum claim. Mental disorder is almost a necessary corollary to the trauma applicants invariably claim to have experienced. For asylum seekers who are from a range of different cultures, these reports may bear little relation to how they are feeling. It could be possible that people might not believe they have a mental disorder but engage with the medico-legal process in a pragmatic acceptance of Home Office realism. There is little information on how asylum applicants feel about medico-legal reports as most research has thus far focussed on the professional viewpoint (e.g., Abbas et al. 2021, Pitman 2010).

This thesis adopted a bounded relativist ontological approach with elements of pragmatic objectivism and constructivism, mirroring the hypothesised ontological viewpoint of some asylum seekers. It is a reality bound by culture and migration experience. For example, I tried not to approach interviews with preconceived ideas of how the asylum process is structured or on which particular elements of the process might be most harmful to mental health. This ontological position naturally arises from the postcolonial lens assumed by this thesis that demands a focus on non-Western, non-White voices. Moreover, in allowing for the

[2] Discourse is a way of thinking, producing ideas, speaking and behaving. It defines who is reasonable and what is true, who may speak and what people can speak about (Foucault, 1970). It is a way of defining knowledge and a way in which power is exercised. Discourses can be produced by the dominant social order and they will reflect institutional oppressions.

simultaneous existence of 'multiple, contradictory… accounts of the world' (Gray 2014), relativism enables an examination of the tension between competing Home Office and asylum applicant accounts of the process. As Zegarra (2015) implies, in moving beyond bureaucratic categorisations, a relativist position allows more fundamental and creative 'possible policy options' to emerge from findings. At the same time, a pragmatist perspective, that can acknowledge the reality that there is a bureaucratic process, allows for more feasible and immediately beneficial policy recommendations.

A relativist viewpoint also works to counter the historical context of colonialism, where a realist ontology attempted to essentialise non-White people as primitive and savage. In the 19th Century there was a search for a positivist truth around the inferiority of people of colour, embodied in the popular scientific racism of phrenology and eugenics (NYU 2021). This history illustrates the importance of examining the interaction between researcher identity and research outcomes in race and migration work. An examination of this association is key to relativist philosophies (Žukauskas et al. 2018).

2.1.3 Epistemological framework

Epistemology is the study of knowledge and how is knowledge attained. It dictates how this thesis will produce knowledge, such as whether, for instance, it will use validated quantitative tools to assess asylum seeker mental health problems or whether the sample needs to be statistically representative of a larger population. Similarly, it influences how similar each interview with asylum seekers is, and how their words are interpreted, challenged, or supported with pre-existing knowledge around the asylum process.

There are three main branches of epistemology that follow on from ontological positions. Firstly, there is objectivism, that relates to realist ontologies. Objectivists believe that knowledge is the discovery of an 'objective truth' often obtained through controlled experiment and corroboration. For an objectivist, facts lie unadulterated in the world waiting to be revealed (Moon and Blackman 2014) as 'meaning exists within an object… independent of the subject' (Moon and Blackman 2017). Subjectivism, on the other hand, states that meaning 'is imposed on the object by the subject' (Gray 2017). This relates to the extreme relativist viewpoint stating that 'reality does not exist outside oneself (Holden and Lynch 2001). Thus, 'knowledge cannot be discovered, as it is subjectively acquired' (ibid). Sitting

between subjectivism and objectivism is constructivism, where reality is socially constructed from interactions with real phenomena (Gray et al. 2014). Thus 'subjects construct their own meaning in different ways, even in relation to the same phenomenon' (ibid, p20).

These epistemological positions relate to various foundational theories in modern Western epistemology on how knowledge is created. Popper (1959) argued that psychoanalysis was irrefutable and unfalsifiable, labelling it a pseudoscience. Falsifiability was central to Popper's philosophy, arguing that facts can never be confirmed without any doubt, but only proved wrong. Thus, knowledge is built when a hypothesis has been challenged multiple times but remains. Popper could perhaps be called a critical objectivist. Though he thought that an objective truth existed, he did not think it could be revealed through suitable methods. For Popper, knowledge is gained from knowing what is known not to be objectively true. Popper's knowledge production framework mirrors the Home Office's approach to assessing the credibility of asylum applications. They often accept that it is difficult to positively and conclusively evidence an asylum claim, instead basing many judgements on credibility (Rogers et al. 2015). Credibility is partly based on whether an asylum seeker presents a 'coherent, consistent and plausible account of past and present experiences' (ibid, p140). Asylum claims are rejected if they can be falsified, and they are accepted if they cannot.

Kuhn (1962) drew on an epistemological position closer to bounded relativism. Kuhn claimed that science was conducted, or bounded, in a paradigm, consisting of a fundamental set of assumptions (about theories, tools, measures, historical events etc.) that the scientific community takes for granted and does not keep testing. These assumptions are so fundamental that to test them would be to obstruct the production of knowledge. Kuhn believed that science goes through different phases: 1) the pre-science phase, when a scientific discipline is starting out and there is no paradigm; 2) normal science, where scientists conduct everyday research within a paradigm; 3) model drift, where observations arise that cannot be explained by the paradigm but are thought to be due to methodological issues; 4) crisis, where the number of anomalous observations accumulate to the point where the paradigm is questioned; and 5) scientific revolution, where a new paradigm is adopted. Knowledge can only be "built" within a paradigm, as paradigms operate on completely different principles and are incommensurable. Adopting a Kuhnian paradigm would, perhaps, entail generating thesis findings on a broader set of assumptions around asylum. For instance,

that there are defined stages of the asylum process, and that asylum process decisions are made based on the 1967 UN Protocol Relating to the Status of Refugees.

Popper (1959) and Kuhn's (1962) frameworks both clearly demarcate the singular way knowledge can be and is produced. They place science and scientists at the centre of knowledge creation and validation. Feyerabend (1975), however, refutes the rigid frameworks of Popper and Kuhn arguing that knowledge creation can be anarchistic, irrational, and subjective. His epistemological position is close to an extreme subjectivism. He argued that science is an ideology like cultural practices, religious beliefs, and political alignment. These other sources can and should contribute equally to the creation of knowledge; science should not supersede them as knowledge creating practices. Even within what society accepts as science, Feyerabend explains how there are many different methods often producing vastly conflicting findings only explained through ad hoc hypothesis. Scientists pursue these theories not with a calculated falsification, but on gut feelings, ideological beliefs, faith, and personal vendettas.

The postcolonial lens of this thesis encourages the adoption of an epistemology close to Feyerabend's (1975) model, and his model can be read as a postcolonial critique of Popper (1959) and Kuhn (1962). Feyerabend states that conceptions of modern Western science arose alongside European colonialism and the oppression of non-Western peoples. As Said (1978) suggested, part of the violence of colonialism and the continuing orientalist mindset is the erasure of indigenous knowledge. Drawing on Said (1978) and Feyerabend, modern Western science can be seen as part of the racist "civilising mission" of white colonisers where the "savages" were introduced to Western rationalism. In his epistemic plurality, Feyerabend provides a path to prioritise the knowledge inherent in the lived experience of migrants.

2.1.4 A researcher's role in knowledge production

Western scientific discourse produces the traditional researcher role where the research is invested with institutional university or government power and authority. In this discourse, researchers are the primary knowledge producers and experts, with participants often adopting passive roles. Ellis et al. (2007) argue that the traditional role of research can be voyeuristic, one where the participant is studied, and the research "impartially" observes. Quantitative research is particularly likely to adopt this hierarchical view of power relations between participant and researcher. Reason (1994), cited in Ben-Ari and Enosh (2020), argues

that in this context 'the roles of researcher and subject are mutually exclusive: the researcher alone contributes the thinking that goes into the project, and the subjects contribute the action or contents to be studied' (p42).

Karnieli-Miller et al. (2009) imply that, in moving away from positivistic research, qualitative research challenges the role of the university as the sole producer of knowledge. This is because qualitative research typically believes that knowledge is socially constructed and is interested in understanding subjective and marginal experiences. In contrast to the bioethical doctor-patient dynamic in quantitative research, they claim qualitative research mirrors a more patient-centred approach. It is important to note that Karnieli-Miller et al. still suggest that qualitative research can be very hierarchical. This is evident in Pittaway et al.'s (2010) critique of research exploitation, where many of the concerns people raised were about qualitative research. If anything, the ability of qualitative research to delve into great depth on sensitive issues can accentuate power inequalities, as demonstrated in the quote below.

> *'They asked us to lead them to women who had been raped so they could record their stories… Women were so upset after the interviews, we did not know what to do. We never heard from [the researchers] again – we decided then that we would never work with researchers again' (citing a participant in Pittaway and Bartolomei, 2003).*

The discourse of university researcher as knowledge producer and participant as passive subject can have negative consequences for participants. In a humanitarian and migration context, Maillet et al. (2017) contend it can dehumanise participants and reproduce power inequalities associated with receiving aid. Maillet et al. draw on Brown's (1995) critique of research with gay men in Canada, in which Brown argues that AIDS researchers distanced themselves from their participants, reducing the bodies of gay men to vectors for the transmission of the disease. Brown claims that, consequently, the experiences and opinions of participants were silenced. This bears similarities to the way charities may objectify and silence people seeking asylum by considering 'wounds… as more reliable sources of knowledge than the words of the people on whose bodies those wounds are found' (Malkki 1996, p384).

Karnieli-Miller et al.'s (2009) describe how different types of participant roles in research reflect the extent to which the participant is a knowledge producer. Different roles range from

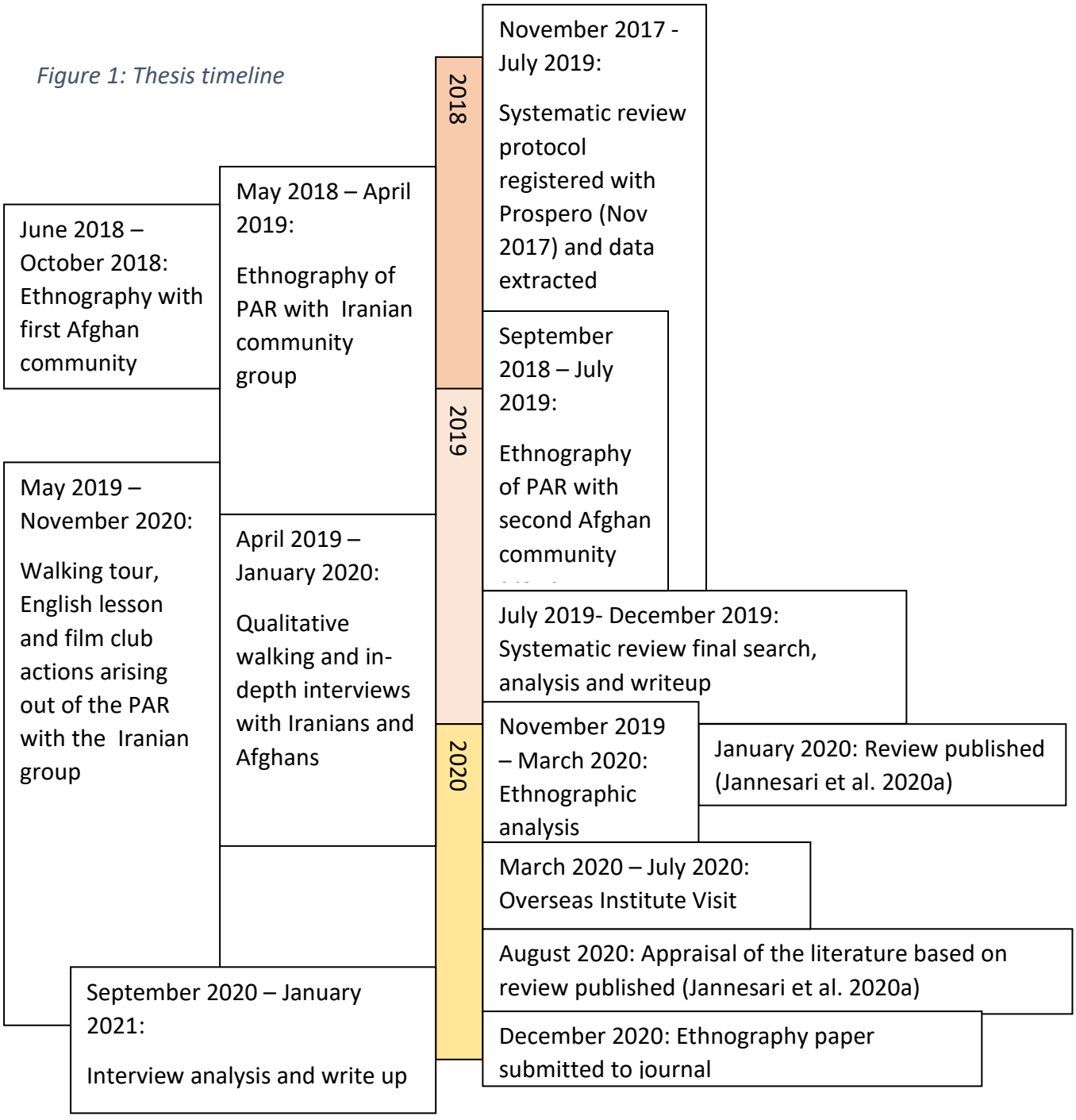
mutual collaborators, where people with lived experience are recognised as knowledge producers, to respondents where the researcher is the sole vehicle of knowledge production. Their work reflects broader frameworks of participation, such as the Ladder of Citizen Participation (Arnstein, 1969) that ranges from manipulation and non-participation to citizen control. Yet, Karnieli-Miller's categorisation still views research, and hence knowledge production, as a top down phenomenon begun by a professional researcher and bears more similarity to scholar activism, where academics engage with, and tailor their research to, social movements and activists. If research is also viewed as a bottom-up enterprise, then another level of mutual collaboration without a facilitator or initiator is needed. This would take into account activist research (see Couture, 2017) where research originates from within social movements.

There are examples in Western academic institutions of participants being accepted as knowledge producers, often through participatory research. Ochocka et al. (2002) explain how one of the primary aims of this participatory shift was to empower marginalised groups. Part of this trend has been to train people in research methods or relevant literature to facilitate their production of knowledge (e.g., Pittaway et al. 2010). In an attempt to mitigate against the reproduction of harmful postcolonial power dynamics through research, this thesis will primarily adopt qualitative methods and include participatory methods.

2.2 Overview of studies

This thesis presents three studies: 1) a systematic review on social environmental risk factors associated with mental health problems during the asylum process; 2) an ethnography of three mental health participatory action research projects with Iranian and Afghan community groups; and 3) qualitative walking and in-depth interviews with Iranians and Afghans going through the asylum process, legal and mental health practitioners who work with them, and members of the Iranian and Afghan community. Together, they attempt to shed light on the mental health of asylum seekers, particularly Iranians and Afghans, during the asylum process. Figure 1 shows the timeline of the work conducted.

Figure 1: Thesis timeline



2.3 Study 1

2.3.1 Design

This study was a systematic review with narrative synthesis. The review presents the more pragmatic ontological and epistemological side of the thesis, partly adopting an objectivist standpoint. Systematic reviews are typically rooted in more objectivist framings, aiming to be

replicable, exhaustive and synthesise different experiences to hone in on an objective truth. An objectivist approach also reflects much of the asylum and mental health literature that I am attempting summarise, studies that appeal to fixed concepts around asylum seeking and mental health. However, I draw on relativist philosophies to critique the literature during my discussion. The review provides an efficient way to summarise the asylum and mental health literature and an academic context to this thesis, and lays the groundwork for the following studies that draw more on subjectivist methodologies.

2.3.2 Aims and objectives

The systematic review aimed to identify, synthesise and appraise the evidence on post-migration social environmental factors associated with mental health problems in asylum seekers. It followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009) checklist and was registered with Prospero (CRD42017081915).

Research question: To what extent are postmigration social environmental factors associated with mental health problems in people seeking asylum?

Objectives:

1. Identify post-migration environmental factors associated with mental health problems, including depression, anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), somatoform disorder, schizophrenia and other psychoses, substance abuse, and suicidal ideation in people seeking asylum.
2. Synthesise the evidence from the most commonly identified post-migration environmental factors and their association with the above mental health problems.

2.3.3 Inclusion and Exclusion Criteria

Studies were eligible for inclusion if they met the following criteria:

Population: Studies were required to include adult asylum seekers. Adults were defined as people aged 18 years old or older. Studies that worked with mixed age groups were included where the paper had broken down results by age, or if over 75% of participants were adults. Asylum seeker is a temporary status with limited rights. It is given while host countries process claims for refugee status based on the 1967 protocol. Rights vary across countries and not all countries have the legal status ‘asylum seeker’, especially those outside of the Western world.

However, it is useful as one of the most commonly used labels around sanctuary seeking. Studies with mixed samples of asylum seekers and people of other status were included if they disaggregated their results by status or if over 75% were asylum seekers.

Studies were excluded if they only worked with people who had refugee status, humanitarian visas or any other non-asylum seeking status. Also excluded were studies working only with people who had been internally displaced within their country. Moreover, the review employed restrictions related to extreme living conditions. Studies only working with populations living in detention or refugee camps, both environments associated with increased risk of mental disorder (e.g., Robjant et al. 2009 and e.g., van de Wiel et al. 2020), were excluded. Similarly, studies working with participants recruited from closed or isolated reception centres were excluded; isolation was defined as not being within 15 miles of a town or city. These conditions can overshadow other social environmental factors and are not representative of the long-term social environmental conditions associated with migrant integration. Again, mixed accommodation studies were included if they disaggregated results by accommodation type or if over 75% of their participants lived in eligible accommodation.

Exposure: Studies were required to measure at least one social environmental factor. Social environmental factors are defined by Barnett and Casper (2001) as a person's 'immediate physical surroundings, social relationships, and cultural milieus', including 'built infrastructure; labour markets... power relations; government... [and] beliefs about place and community' (p465). No restrictions were placed on how these factors were measured.

Comparator: Any comparator population was accepted including 'other asylum seekers, refugees from the same nationality, other migrants of the same nationality who are not asylum seekers, host country population, host country migrant population, host country refugee population' (Jannesari et al. 2019).

Outcome: Studies needed to diagnose or measure at least one mental disorder. The latter was only accepted when researchers used a validated survey or interview tool, and the former only when there was reference to a mental health manual such as the ICD-10 or DSM-5 manuals.

Study design: The systematic review included studies in any language. Google translate was used for title and abstract screening, while bilingual colleagues were contacted for full text screening. Otherwise, any quantitative or mixed methods study design was included.

Online database searches were conducted from 1 January 1967. This date was chosen because the New York Protocol relating to refugees was signed in January 1967, removing the geographical limitations on the 1951 Geneva Convention and creating the modern Western asylum system.

2.3.4 Search strategy

The search strategy comprised searches of electronic bibliographic databases, website searches, citation tracking of included articles, and expert recommendations.

The Ovid platform was used to search the following databases of peer-reviewed resources: 1) EMBASE and 2) MEDLINE, both biomedical databases; 3) Social Policy and Practice, a UK focussed database tailored to those 'working or studying in the health and social care sectors' (Walter Kluwer 2021); and 4) PsychINFO, managed by the American Psychological Association 'indexing literature in the behavioral and social sciences'. The ProQuest platform was used to access a mix of peer-reviewed and grey literature records from: 5) Dissertations and Global Theses repository, drawing on work from almost 100 different countries (ProQuest 2021); and 6) PTSD Publications, a database managed by the USA Department of Veteran Affairs. The EBSCO platform was used to access the peer-reviewed 7) The Cumulative Index to Nursing and Allied Health Literature.

The Virtual Health Library Regional Portal was used to access 8) Latin American and Caribbean Health Sciences Literature database in order to expand the geographical reach of the peer-reviewed records in the systematic review. I attempted to access the Islamic World Science Citations Database, hosted by the Iranian Government, because the majority of world's refugees are hosted in predominantly Islamic countries (UNHCR 2020). However, database administrators could not be reached either through emails to the address listed on the website or through discussions with academic colleagues in Iran.

Two more databases of peer-reviewed resources were searched: 9) the Web of Science, 'the world's largest publisher-neutral citation index' (Clarivate 2021); 10) the Cochrane Library,

'the leading resource for systematic reviews in healthcare' (Cochrane 2021). The (11) Danish Institute Against Torture (DIGNITY) online library, provided a mix of peer-reviewed studies and grey literature. It was an important addition given its focus on refugee populations. Moreover, the review searched two databases that specifically index grey literature: 12) OpenGrey, a 'multidisciplinary European database, covering science… [and] biomedical science' (OpenGrey 2021); and 13) Global Health, an international database accessible from the Ovid platform that includes reports, books and conferences.

Given the key role of not-for-profit entities in supporting people going through the asylum process, the websites of the following organisations were also searched: 1) the UK Refugee Council, a large charity supporting refugees since World War Two; 2) Amnesty International, a human rights investigatory and lobbying group; 3) Human Rights Watch, an international charity investigating human rights abuses; 4) Refugee Action, a UK based migration services and campaigning body; and the United Nations Refugee Agency. The UK Government's website was also searched for any relevant Home Office publications. Due to the overall UK focus of the thesis, most of the public and third sector websites searched were UK-based.

Forward and backward citation tracking was conducted for included studies after full-text screening. Forwards citation tracking was conducted by locating included papers on Google Scholar, clicking on the "cited by" link, and scrolling through the title and description for every entry. Backwards citation tracking was conducted by screening the reference lists of included papers.

Fifteen experts in asylum seeker mental health were contacted (academic, immigration practitioner and policy - listed in **Appendix A**) to explore whether there were unpublished publications that the review had omitted, or if there were any peer reviewed publications the search strategy had failed to capture. Experts were provided with a full list of eligible studies deriving from the online searches and citation tracking and asked to recommendation additional studies. Five responded with a list of potential additional studies.

2.3.5 Search terms

Search terms combined used key words and medical subject headings (MeSH), using an extensive list of International Classification of Diseases, and Diagnostic and Statistical Manual mental health problems. Specific search terms necessarily differed between databases,

primarily due to the different requirements for connectors and characters and in search functionality. For example, the Ovid platform allowed for time limits, human or biological studies, the 'not' function, adjacency and to define relevant subject areas within subject headings. Searches included terms related to mental health problems and asylum seekers and limits relating to year of study publication, research field, age and generation, and studies with human or nonhuman populations. In the more limited Open Grey database, only two sets of key terms were used: one covering mental health problems, the outcome of interest, and one covering asylum seekers, the population of interest. A full list of search terms according to database are listed in **Appendix A**, alongside the list of experts.

2.3.6 Screening process

Search results from all databases were uploaded onto Covidence software on 19 July 2019 and a two-stage screening procedure employed. This began with title and abstract screening, where studies were included or excluded based on either the title or accompanying text in the abstract. During this process, the Covidence search function was used to exclude studies based on obvious characteristics in the title or abstract. For example, a search for 'detention' brought up many studies focussed solely on people in detention that could quickly be excluded.

I enlisted the support of a colleague to independently title and abstract screen 250 articles against the inclusion and exclusion criteria. When comparing screening decisions, there were 23 discrepancies (i.e. < 10%). These were discussed and resolved; the main disagreement was a difference of opinion on whether a study included asylum seekers or populations with another sanctuary seeking status. I initially felt that those such as Afghans in Iran on the Amayesh system[3] should be included due to their high numbers and similar status to asylum seekers in some Western countries. However, after discussion it was agreed that including such participants would introduce too much heterogeneity into the review. Title and abstract screening was followed by full-text screening, where the full paper was against inclusion and exclusion criteria. There was no dual screening at this stage.

[3] The Amayesh system was introduced by the Iranian government in 2003 requiring 'Afghan refugees – who had been granted residency in the 1980s… to re-register… granting them short-term residence permits, which they then had to extend continuously' (Christensen 2016, p11-12)

2.3.7 Data extraction

A standardised data extraction form was created and piloted. Data to be extracted initially included information on basic study descriptors (e.g., year, lead author), research methods (e.g., study design, start and end date for data collection, research country), sample (e.g., recruitment strategy, response rate), demographics (e.g., mean age, nationality), dependent measures (e.g., mental health scale name, translator or interpreter) and social environmental risk factors (e.g., number exposed in total, and number exposed and with mental health problems). In the last category of risk factors, raw numbers were sought so that the odds ratios could be independently calculated. Where papers reported on multiple mental health problems, data were extracted for each mental health problem separately.

After piloting with five eligible papers additional extraction categories were added, particularly around the measurement of mental health problems. These included the reference period, the cut-off score (where mental health problems were measured using a screening tool), and the prevalence of that mental health problem within the sample.

Where data were missing or not disaggregated, lead authors were emailed and asked for further data. To make the process less time consuming for them, they were sent an Excel spreadsheet with all with spaces to fill in numbers as required.

2.3.8 Quality Appraisal

For quality assessment, two versions of the Newcastle–Ottawa Assessment Scale was used. Firstly, the original scale developed by Wells et al. (2003) was used for case–control and cohort studies. Secondly, a version of the scale for cross-sectional studies, adapted by Herzog et al. (2013), was used for studies using this design. The appraisal tools comprise three domains: selection (four items and a maximum score of five), comparability (one item and a maximum score of two) and outcome (two items and a maximum score of three), with a maximum score of ten. I appraised studies alone, reading through each paper to see if there was evidence that they fulfilled the quality appraisal criteria.

2.3.9 Analysis

Analysis began with descriptive statistics to report study and population characteristics (e.g., mean age, median prevalence for the different disorders, number of studies conducted in each country).

Where the raw numbers were accessible, odds ratios and 95% confidence intervals were calculated in Excel using the below formulas. P-values were, by definition of the 95% confidence intervals, tested at 0.05.

Odds ratio: (Number exposed to risk factor with mental health problem/Number exposed to risk factor without mental health problem)/(Number unexposed to risk factor with mental health problem/Number unexposed to risk factor without mental health problem)

Upper confidence interval: Exponential function (Natural logarithm (Odds Ratio) ±1.96*√(1/Number exposed to risk factor with mental health problem + 1/Number exposed to risk factor without mental health problem + 1/Number unexposed to risk factor with mental health problem + 1/Number unexposed to risk factor without mental health problem.

Meta-analysis was planned to estimate the odds ratio for the likelihood of a mental health problem given exposure to a particular social environmental factor. It was decided that a minimum of three studies reporting the association between a similar risk factor and the same – and comparably assessed -mental health problem would be needed in order for meta-analysis to be conducted. This threshold of three studies follows normal practice in mental health synthesis on relatively small literatures. In their meta-analysis on mental distress Burnette et al. (2020) explain how they limited 'univariate meta-regressions to those analyses where there were at least 3 included studies… consistent with past work indicating the instability of meta-regression results' (p6) when the number of included studies is small. Due to the extensive heterogeneity in the asylum and mental health literature this threshold was not reached for any combination of mental health problem and social environmental risk factor, and meta-analysis was not conducted. Narrative synthesis was instead used to analyse and report findings.

Narrative synthesis began by sorting all social environmental factors identified in the included studies into similar variable categories. Factors were required to assess the same core concept to be included in the same variable category. Scoping prior to the systematic review demonstrated that many factors had identical or near-identical phrasing. However, sometimes factors included different phrasing or focussed on different elements of a concept. As long as the fundamental concept was considered the same, they were grouped.

Each variable category was placed into a broader conceptual domain based on an International Organisation for Migration (IOM) (2017) report on migration and health equity. The IOM domains included 'living conditions', 'working conditions', 'social and community factors', 'governance and socioeconomic conditions', 'individual factors' and 'lifestyle factors'. These areas were used as an initial basis for the systematic review domains. They were altered, expanded, dropped, added to, and divided according to patterns emerging in the literature and relevance to the social environment.

Findings were then synthesised for social environmental risk factors that were assessed by six or more separate studies. This relatively high number was chosen given the heterogeneity around participant nationality, and risk factor measures identified in review scoping. This threshold was reduced to three for overall post-migration stress due to the more consistency in assessment measures, identified during scoping. Narrative synthesis closely followed guidelines outlined in Popay et al. (2006). This began with 'developing a preliminary synthesis', where I counted the number of studies assessing each factor and assessing whether they qualified for synthesis. The next stage was to 'explore relationships in the data' by placing the results in tables to identify emerging patterns. During this stage, heterogeneity was considered, and reasons developed for potential variations. Finally, the 'robustness of the synthesis product' was evaluated and a judgement made on the strength of evidence produced for each qualifying factor. This was primarily based on the validity and nuance of the risk factor measure used in the study, their sample size and recruitment strategy, and their study setting.

2.4 Study 2

2.4.1 Design

This study was an organisational autoethnography of thee overlapping participatory action research (PAR) projects conducted with migrant organisations between May 2018 and July 2019. The study draws on relativist thinking with participants actively encouraged to define mental health and community according to their realities and choose research methodologies appropriate to their experiences. The ethnography sought to understand explore my reality of the research process alongside participant realities. There was also an element of pragmatic constructivism as the research-migrant reality was formed at the intersection of

these two perspectives, and of pragmatic objectivism, with the university and organisation recognised as real institutions that influence relationships during the PAR.

2.4.2 Aims and objectives

This study aimed to understand how mental health researchers could effectively implement PAR in research with people going through the asylum process and the organisations that support them. By conducting an ethnography and collecting insights throughout the PAR, it hoped to arrive at detailed findings concerning all stages of the research process. The study sought to address the knowledge gap on culturally specific issues arising during PAR by working with Iranian and Afghan communities in the UK and conducting part of the research in Persian. It also explicitly considered the impact of organisational setting on PAR, given that charities can be a site of power imbalances and evidence of the influence of setting in previous PAR work (e.g., Zhu 2019).

Research question: How should mental health and well-being researchers work with Iranians and Afghan sanctuary seekers in the UK, their communities and organisations that support them?

Objectives:

1. Collaborate with Iranian and Afghan organisations who work with asylum seekers on a research project shaped by the organisation and participants.
2. Identify the research questions, processes, and outputs most important to organisation service users and staff in relation to mental health and wellbeing.
3. Understand the research experiences of the PAR team including culturally specific insights, power dynamics and changes across time.
4. Reflect on the academic researcher experience of the research process, identifying what worked well and what could be improved.
5. Describe how institutional practices affect the implementation of PAR.

2.4.3 Participatory Action Research

Participatory Action Research (PAR) is, theoretically, an effective approach in undermining the power of the researcher and established institutions, in favour of empowering participants. PAR is formed from a combination of the twin traditions of action research and participatory research (see Khanlou and Peter, 2005). Many approaches that seek to

undermine institutional power emphasise a participatory approach and participant agency. Cargo and Mercer (2008) define participatory research as research which has a 'core philosophy of inclusivity and recognizing the value of engaging [participants] in the research process'. They identify a wide range of participatory approaches, including 'community based participatory research [CBPR], participatory appraisal, empowerment evaluation, participatory research, decolonizing methodologies… social reconnaissance [and] emancipatory research' (p326-327). In their systematic review of CBPR, De Las Nueces et al. (2012) find that 'CBPR holds promise as an approach that may contribute greatly to the study of health care delivery to disadvantaged populations'.

PAR combines participatory research with action research; action research being where a researcher generates theories on a social system while using this information to act to change it. Action research partly draws on Freire's (1970) empowerment education work in Brazil in the 1960's. In his literacy training, Freire aimed to raise the collective consciousness of all those involved to name the issues facing participants and transform the world to improve their conditions. Hence, as well as attempting to render the researcher indistinguishable from the participant, PAR attempts to challenge some of the wider structural issues which may have initially led to these power imbalances. For example, a PAR project with forced migrants could result in foreign qualifications being more readily recognised. If the professional expertise of forced migrants is better recognised then the power of researchers over participants, which partly relies on an assumption of expertise, is undermined and participant power to express their views promoted.

PAR constitutes iterative cycles of planning, research, action, and evaluation, with each PAR cycle becoming more and more focussed on the issues that concern participants. Baum et al. (2006) suggest that its three defining features are its action focus, 'attention to power relations' and dynamic approach to research.

2.4.4 Recruitment

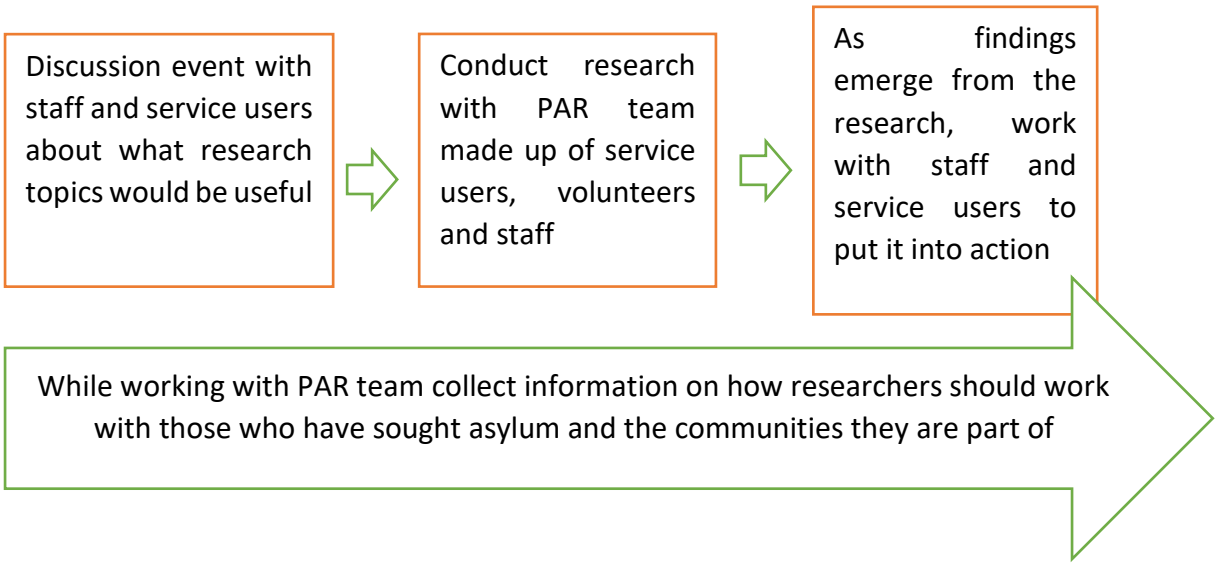
Three PAR projects were started, and one completed, one partially completed, and one discontinued at an early stage. One of the PAR projects was carried out with a charity primarily working with and run by Iranians, referred to as the IR1 project. Two were carried out with Afghan organisations. One was with a community association, referred to as the AF1 project. The other was with a charity primarily working with and run by Afghans, referred to as the

AF2 project. Iranian and Afghan organisations were chosen because of my Iranian background. More information around this is given in section 2.9 (reflexivity).

For feasibility, organisations were chosen so that they were within commuting distance from me. That is, in London or the surrounding areas. Though sources do not detail the exact numbers, London is also likely to be home to the largest Afghan and Iranian communities are in the UK (Afghan Association of London 2005, Encyclopedia Iranica 2002). Organisations also needed to have a mental health or wellbeing offering, given the mental health context of the aims and thesis. This could include advice, services, or activities such as therapy, arts and crafts, and mental health workshops. It was assumed that organisations with pre-existing aims and services around mental health would both be more interested in, and would benefit more from, collaboration. Finally, given the focus of the PhD on people seeking asylum, the organisation had to work with people currently going through the asylum process, and to work with sufficient numbers that it would be feasible to recruit people going through the asylum process to the PAR research team.

Firstly, organisational gatekeepers were contacted, and a meeting was held around the potential collaboration. Three organisations were initially approached, of which two agreed to collaborate; the third could not because it was going through a major restructure. A replacement organisation was therefore contacted and agree to collaborate. For AF1 and IR1 an approach was made using my pre-existing connections. A direct email was sent for AF2 after an introduction by a mutual connection failed to advance the potential collaboration. In all instances the project aim and ethics was explained. Each explanation was tailored to link in with the organisational interests and activities to advance the potential benefit of collaboration, and I gave information on the time they could commit to the project and research training they could offer. A summary of proposed ethnographic data collection was given alongside a visual representation of the project process (**Figure 2**).

Figure 2: A visual description of the project process, sent in each letter of approach



2.4.5 Procedure

Once the collaboration was approved by organisational gatekeepers, interactive discussion events around potential mental health research projects were held with staff, service users, and volunteers to establish mental health research priorities and preferences. Mental health and wellbeing were predefined as the broad area of work due to the focus of the thesis, my research expertise, and the association between marginalisation and mental health (e.g., Selten et al. 2013). In the IR1 and AF2 projects, discussion events included music, poetry and food to incentivise attendance. The AF1 event was held directly after an association meeting in order to improve attendance and included mental health presentations from senior organisation members. A flyer (**Figure 3**), written in English and Persian (adjusted for the differences between Iranian and Afghan dialects), was distributed to members of all organisations as well as Iranians and Afghans in the local community.

Figure 3: Flyer template for discussion events

During and after the discussion events, adult attendees were invited to express an interest in joining the PAR team as long as they were part of the organisation (defined as having received services, volunteered, being employed or having regularly attended events). Once people expressed an interest, I invited them to a meeting at organisation premises (in the case of IR1) or via conference phone (in the case of AF1) the following week. Though AF2 held a discussion event, I decided to discontinue the collaboration after this point due to distance from the organisation and ethical concerns about the management of the organisation. Ethical concerns related to the exclusion of certain ethnicities and corruption. I emailed the

organisation management to discontinue the research. There was no direct interaction between AF1 and AF2, however, the stark difference in the approach to including different Afghan ethnicities in their work helped me decide to end the collaboration with AF2.

The IR1 and AF1 PAR teams met regularly over a one-year period. Depending on the research stage, the teams met from once a week to once a month. IR1 meetings were attended by four to eight people consisting predominantly of middle-aged women who were volunteers or service users at the organisation. Several team members came in and out of the project, with the head of the organisation attending the first few meetings to understand more about the process. AF1 meetings were attended by fewer people, three to five. This attendance was very consistent, with three central members attending almost every meeting, two of whom were men and one who was a woman. The group was formed chiefly of male professionals.

In both groups, almost every member had sought asylum in the UK, most of them being granted status many years ago. Some team members were more "established" migrants, often part of the collaborating organisation management, speaking good English, and with a steady source of income. This compared with less "established" migrants who were service users who needed welfare support or were currently going through the asylum process, had limited understanding of English culture or language, and were newer to the organisation. Others existed on a spectrum between these two poles.

While I facilitated the PAR process, PAR team participants were integral at all points of the research process, including formulating questions, providing time frames and deadlines, collecting and analysing data, and delivering outputs.

2.4.6 Summary of PAR Projects

IR1: The IR1 team conducted a project on personal development; IR1 team members noted that personal development was identified as a key issue by the attendees at the discussion event and that it was something the organisation could assist with. The PAR team defined personal development as positive traits including confidence, adaptability, competence, independence, and motivation. This linked to aspects of the positive psychology literature focussing on positive experiences and personality traits (see Gable and Haidt, 2005).

The IR1 team firstly designed and carried out a survey with 60 organisation members exploring the major difficulties facing their lives in the UK and the skills they thought might

help them navigate through their difficulties. Responses then informed the topic guide for six service user focus groups. Focus groups explored personal development needs and asked what the organisation could do to assist service users with their personal development. As integration was an important aim for the organisation, there was a particular interest among the team in exploring how understanding of the British system and culture relates to personal development. A lack of cultural knowledge was one of the wellbeing issues highlighted in the survey.

The IR1 **research question** was as follows: How can we improve personal development among Iranians who use our services?

The IR1 **research objectives** were as follows:

1. Understand the areas of personal development organisation members would like to improve.
2. Explore the barriers and facilitators for improving personal development.
3. Understand how knowledge of the British system and culture links to personal development.
4. Identify activities and resources that can help people improve their personal development.

At the end of the first research cycle a report was created communicating findings and recommendations for improving personal development in the IR1 organisation. The report was shared with PAR team members and the head of the organisation for approval, it is available in **Appendix B**. The head of the organisation made several small changes to increase the feasibility of recommendations. This report found that, for the members of the organisation 'adaptability and confidence are the two most vital traits for UK integration… [with] language, a lack of status and the culture clash are crucial barriers to developing these traits' (IR1 Report, unpublished, p2). Though the PAR team stopped meeting at the end of the first research cycle, I worked one-to-one with interested PAR team members to action and raise funding for these recommendations, securing a KCL Public Engagement Grant. Actions arising from the work directly benefited organisation service users and PAR participants. These comprised a free tour of London for services users in the organisation, free membership to a streaming service for Iranian films, and free English lessons around sharing the Iranian

culture. Due to PhD time constraints and team member fatigue, the project ended after six months of implementing actions and did not return for another research cycle.

AF1: For AF1, the discussion event provided less clear direction to the PAR team, and it was difficult for them to decide on a research project. As a result, a survey was conducted with 12 members of the Afghan community asking what areas of mental health and wellbeing research would be most useful. Based on this feedback, PAR team members were keen to conduct work that built towards a national prevalence study of mental disorders among UK Afghans. Ultimately, however, and on my advice around feasibility, the AF1 agreed to conduct cognitive interviews to understand the relevance of the Afghan Symptom Checklist for Distress (Miller et al. 2006) to Afghans in the UK. This checklist was created with the aim of developing a measure for 'conflict and post conflict situations', and its generalisability to settings outside of Afghanistan is uncertain. Although Afghans in the UK are less likely to be directly threatened by physical violence, they experience new stressors, such as those related to the asylum process and acculturation. Due to time PhD and PAR team member time constraints as well as budgetary issues, however, the research ended at this point. All the work we had managed to complete was summarised and a PAR team member reported back to the organisation at their annual general meeting.

The AF1 **research question** was as follows: How does the Afghan diaspora in the UK interpret and understand the Afghan Symptom Checklist for Distress?

The AF1 **research objectives** were as follows:

1. Understand how Afghan people living in the UK interpret questions and key terms of translated versions of the Afghan Symptom Checklist for Distress.
2. Identify potential terms and phrases which would help people understand the Afghan Symptom Checklist for Distress better.
3. Identify any differences in understanding of mental health scales based on gender and ethnicity.

2.4.7 Ethnographic methods

Organisational autoethnography was used to gather data during the PAR. Ethnography is the study of culture, social norms and rituals through observation and immersion in an attempt to understand someone else's life and subjective experience (Van Maanen, 2011). The

ethnos, or population, of the ethnography constituted the overlapping members of the PAR team, migrant organisation, and wider diaspora community. This included myself.

Throughout this study, I used Grossman's (2019) definition of diaspora as 'a transnational community whose members (or their ancestors) emigrated or were dispersed from their original homeland but remain oriented to it and preserve a group identity' (p1267). Within the diaspora there may be social groupings based on ethnicity, gender, or other demographic characteristics. Diaspora is a subset of the broader term, community. Community may encompass social groupings around sanctuary seeking, professions, and shared interests, in addition to the nationality-based diaspora. Thus, "diaspora member" and "community member" are used interchangeably in this thesis.

Given the key role migrant organisations play in the conduct of PAR (i.e. arranging, facilitating, recruiting, hosting, providing resource for the research, as well as constituting the cite or mechanism of action), an organisational autoethnography approach was adopted. Ciuk et al. (2017) state that organisational ethnography aims to 'understand social practice and processes' in organisational settings. In organisational ethnographies, the everyday and the mundane are critical. The power and politics within an organisation form other key nodes of analysis (ibid).

The organisational ethnography was autoethnographic. Autoethnography can be defined as research which 'connects the personal (auto) to the cultural (ethnos), placing the self within a social context' (Reed-Danahay, 1997, p145). In autoethnography, the researcher is part of the observed population. Autoethnography helped investigate researcher experience. Doloriert and Sambrook (2009) place autoethnographies on a spectrum between 'researcher-is-researched' where the researcher is the only participant in the study, and 'researcher-and-researched' where the researcher is 'not the sole participant in the study' but part of a larger ethnos. Where a researcher places on this spectrum informs the focus on self-reflection and identity transformation, versus observation of participant interactions. This study lies somewhere between the two. Though I was the only academic researcher participating in the research, I was part of a larger PAR team and, in the IR1 context, part of the wider diaspora community.

Doloriert and Sambrook (2011) summarise the criticisms of autoethnography from the ethnographic literature and beyond. They cite Delamont (2007) who argues that autoethnography is lazy research, as researchers put little effort into understanding the experiences of others, as well as others such as Coffey (1999) who describes it as egotistical. While they note the virulence of this criticism, Doloriert and Sambrook suggest that 'autoethnography must contribute an understanding to the greater culture (i.e. not auto/graphy)' (p85). Relatedly, Doloriert and Sambrook (2009) warn of 'conceptual broadsiding', where an exploration and exposure of the self does not directly relate to concept being explored in the research. I acknowledged these warnings and attempted to mitigate against them through supervisor discussions, a commitment to PAR and the resulting actions, and an honest reflection on the role of egotism in influencing the findings (see Section 2.9, reflexivity). Doloriert and Sambrook also suggest that egotism is an issue across academic research, regardless of the methodology: grades, careers, and self-worth are often at stake.

2.4.8 Data collection

Observation was the primary mode of data collection; three opportunistic interviews were also conducted with IR1 team members. I made detailed field notes and reflections of events, conversations, and interactions with the PAR team as well as with the collaborating organisation. I noted and reflected on interactions observed between two or more PAR team members, and between PAR team members and the wider organisation. Reflections were included alongside the description of the event or key moment. Where possible, short notes for these were made in situ to remind me of particular interactions or insights. Initial notes and reflections were written up within a week of any interaction, usually within days. Participant observation and researcher reflections were supplemented with email records, social media messaging, organisation literature, and a range of other relevant materials. I thought creatively about what might constitute ethnographic data even including, for instance, a scrunched up questionnaire discarded on the floor by one of the few Afghan service users during the IR1 PAR. Overall, by the end of the project, there were around 300 pages of ethnographic material for analysis. As the AF2 collaboration ended prior to informed

consent having been sought for observation, only notes of the researchers' self-reflections were collected for this project[4].

Ethnographic observation enabled examination of the different levels of cultural interaction between myself as an academic and participants, adding nuance to the findings. For instance, the relationship between individual academic and individual participant was considered alongside the relationship between academic institution and migrant organisations, as well as individual academic and migrant community culture. Ethnographic observations were influenced by the findings of the systematic review (reported in Chapter 3) and, in particular, its finding that discrimination was associated with mental health problems. Thus, I was sensitised to the stereotyping around asylum seekers, noting and informally asking about microaggressions and interactions in this area more than I otherwise would have. The systematic review also revealed that social support was a commonly assessed as a risk factor for poor mental health among asylum seekers but was rarely the focus of studies. Accordingly, I approached initial ethnographic observations with a focus on the social relationships between PAR team members and the social support they may receive through organisation members.

During breaks in the research process, three opportunistic in-depth interviews were conducted with IR1 participants about the PAR process. These interviews followed a loose topic guide focussed on the following questions: 'what was your role in the participatory action research?', 'why were you interested in taking part in the research?', 'to what extent do you feel ownership of the project?', 'what was your experience of the research project?', and 'to what extent do you think the research was useful or not very useful?'. The topic guide is available in **Appendix B**. The topic guide allowed space to explore relevant themes emerging from the ethnographic data at the time of the interview. Due to team capacity, interviews were conducted towards the end of the PAR and there was more of a focus on possible actions and an overall reflection of the process. Knowing the interviewees beforehand meant that people were more comfortable with controlling the direction of the interview, however, they were reluctant to directly talk about other team members. AF2

[4] I made detailed field notes and reflections of events, conversations, and interactions with the emerging PAR team as well as with the collaborating organisation.

members and IR1 staff members, who had limited time even for the PAR, were not interviewed in order not to place undue burden on participants who are already collaborating on an intensive project.

2.4.9 Data management

Opportunistic interviews were recorded and transcribed by me. Handwritten notes were transcribed, often undergoing further elaboration during this process. Notes were organised by date and given a meeting, event or interaction title. Events within a particular date were sometimes reordered to increase clarity. Notes were iteratively added to, with later interactions inspiring new understandings of previous observations. This iterative method of note taking has been used in other ethnographic work, such as in Coles and Thomson's (2015) in their work in education research. All materials were uploaded onto NVivo 12 software for analysis.

Due to the sensitive nature of the data, it was not archived for use by other researchers. Research data will be held for 10 years then destroyed. Personal data was held for a year and destroyed.

2.4.10 Analysis

Angrosino (2007) divides ethnographic analysis into two forms: descriptive analysis breaking down data and finding patterns, and theoretical analysis explaining patterns conceptually. My analyses followed a seven step process, the first five of which were descriptive, and the latter two were analytical.

For **Step 1** in my descriptive analysis, I mirrored Angrosino, ensuring I had an effective data management system and organise field notes to make data retrievable. I uploaded all my data onto the qualitative software NVivo, scanning in materials such as flyers and questionnaires when necessary. I collated data into different large files, dividing by community organisation. Personal reflections and ethnographic observations were combined chronologically with emails sent and received. Each new entry was marked with a date as well as a title, if the event was particularly important. Social media conversations from Telegram and WhatsApp were stored in the same files, again dated and sorted chronologically. Opportunistic interviews, presentations given and received, report feedback, report versions, and miscellaneous scanned in materials were held in separate files. Discussion event materials were collated together including the agenda, note taking sheets and flyers.

In **Step 2**, I also followed Angorsino's method, conducting a thorough reading of my data. As Angorsino suggests, this stage stimulated my memory, and I added further reflections to the notes as I read through them.

In **Step 3** in the descriptive analysis was a complete line by line coding of around one third of the ethnographic notes. As the study was designed with a particular topic of investigation in mind, I used 16 a priori codes gleaned from the literature. This is a modification on Angosino's (2007) advice to draw themes from the literature. I felt a priori *codes* were more appropriate than a priori *themes* because of the novel research context. Papers I particularly drew on were Nelson et al.'s (1998) PAR study with self-help organisations, and van der Velde's (2009) focus groups with immigrants and refugees conducting PAR. In addition to the a priori codes, I used as many inductive codes as was necessary to describe data fully, keeping in mind the research question, and assigned text to multiple codes if necessary. This follows Braun and Clarke's (2003) description of initial coding. After coding the first third of the data, I arrived at 62 codes in total.

Step 4 was a fluid, iterative process: refining codes, recoding data, and then continuing to code new data. Codes were merged if they described similar ideas, divided if one category was too generic to be useful, checked for accuracy and coherency when a code was attracting disproportionately few or many codes, and relabelled to better reflect content. This mirrors the philosophy described in Roper and Shapira (2000), emphasising that 'codes are not set in concrete, and you may change your ideas… over time'. Examples of refinement include 'working together' becoming 'team communication', 'team building' and 'driving the research'. Later, 'driving the research' was also refined with many of its codes recorded as 'pace of research', 'trust and reliability' and 'co-designing the research'. Conversely, 'community political differences' and 'community divisions' merged as many codes were present in both. 'Cultural flattery' was renamed 'motivation of prestige' and then the 'importance of prestige'. The first round of refining reduced 62 codes to 46, with a more equal distribution of code frequency. At the end of the process, this number had increased to 57 separate codes.

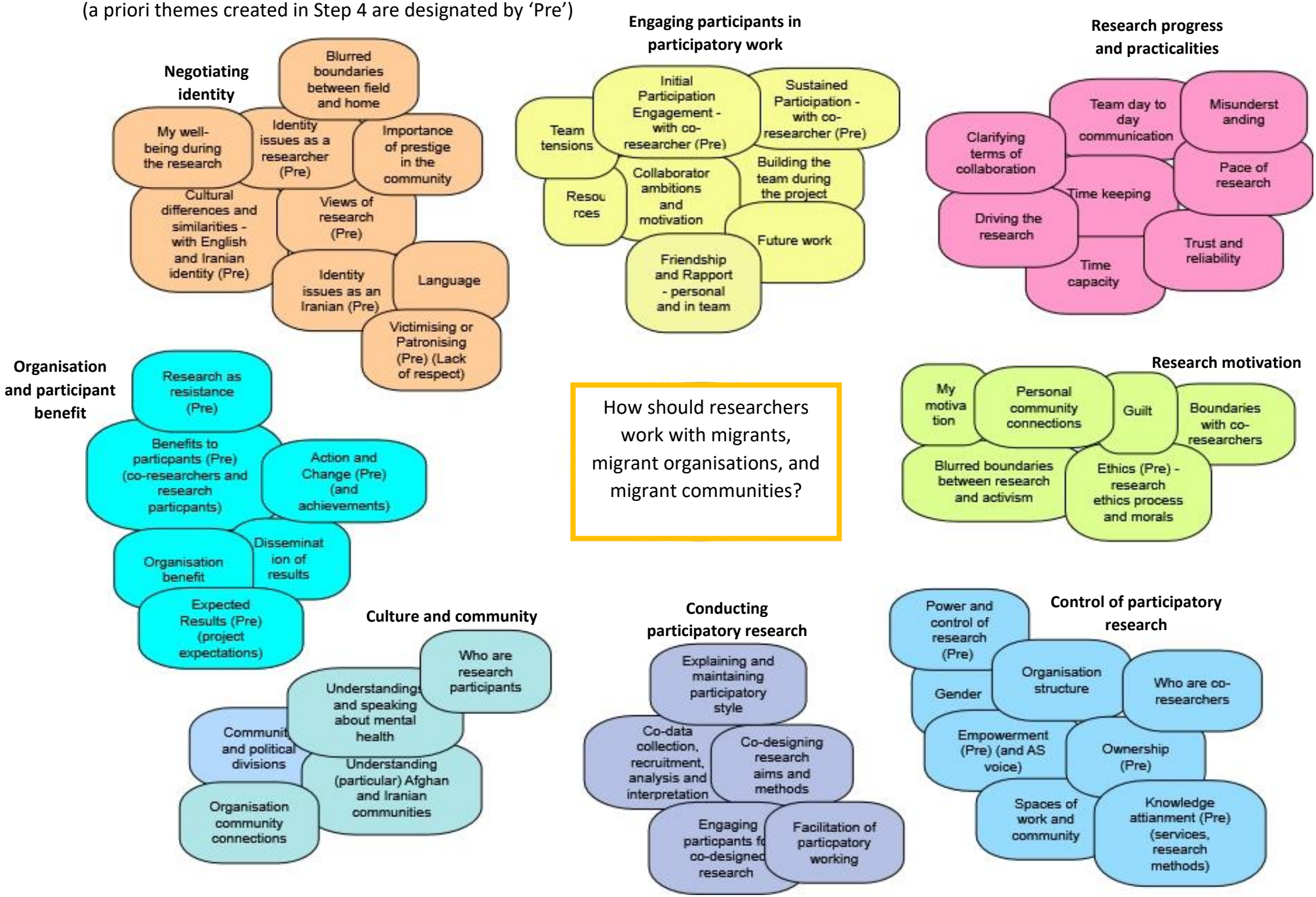
After coding, I categorised my data and searched for patterns, following Roper and Shapira (2000) and Angrosino's (2007) suggestions. This was **Step 5** of the descriptive analysis. I began by grouping my codes based on face-value similarity. This created eight overlapping groupings

(**Figure 4**). I then delved into each group and tried to identify any patterns. To identify patterns, I used Angorsino's suggestions of creating hierarchical trees, metaphors, matrices and informal hypothesis. When searching for patterns in the codes I considered his questions on the context of people's statements and activities, thinking about my influence and the social surroundings. Finally, I drew on Roper and Shapira's key questions: 'are the similarities alike enough… do the differences reflect extraordinary responses… how do patterns related to pre-existing concepts in the literature' (p99).

Step 6 began to produce more analytical thematic findings. I went through the codes in each grouping in detail, rereading key portions of the data. Alongside this, I also created a chronology of my identity changes, research developments and PAR key events. Through this process, I began to understand relationships and conceptual commonalities across the eight groupings, as well as how these connections progressed through the PAR. I initially created 22 analytic themes; by eliminating overlap between the themes, I eventually arrived at 15 final themes. Supervisor discussions were key throughout this process to question, challenge and critique my emerging ideas, and to help me discover fundamental analytic drivers.

Figure 4: Descriptive groupings create in Step 5

(a priori themes created in Step 4 are designated by 'Pre')



After the final themes were produced, **Step 7** was a conceptual analysis attempting to explain the links between themes. Interpretation of autoethnographic data can be characterised in three ways: evocative interpretivist where analysis is emotional, earnest and often distressing (Doloriert and Sambrook 2012); radical political analysis focussing on power dynamics, attempting to uncover oppressions; and the standard analytic approach, which follows standardised steps in interpretation including 'analytic reflexivity… dialogue with informants beyond the self… commitment to theoretical analysis' (Anderson 2006, p378).

Anderson defines analytic reflexivity as a process that 'involves an awareness of reciprocal influence between ethnographers and their settings and informants. It entails self-conscious introspection guided by a desire to better understand both self and others through examining one's actions and perceptions in reference to and dialogue with those of others' (Anderson, 2006, p382). Anderson (2006) argues for the importance of the researcher's engagement with others in the field to guard against accusations of solipsism or self-absorption. My supervisors were again vital in this regard.

I primarily use a combination of radical political analysis and the standard analytical approach in my conceptual analysis. The political perspective is crucial given the context of asylum and PAR, while the analytic method suits the focussed investigation outlined in this study. Given my personal connection to the topic, elements of the first mode of interpretation have also been used. As Doloriert and Sambrook (2012) note, these three interpretations often overlap. Conceptual analysis allowed me to sort the 15 final themes into five major thematic categories.

2.5 Study 3

2.5.1 Design

Qualitative in-depth and walking interviews were conducted with Iranians and Afghans who have sought asylum, professionals who work with them on legal and mental health issues, and members of the Iranian and Afghan communities.

Interviews aimed to understand interviewees' subjective realities and how they constructed the space around them. When speaking to people, the bureaucratic construct of the asylum process, a Home Office reality imposed on people seeking asylum, was assumed as existing. However, outside of this, few a priori concepts were adopted. For example, though the Home

Office attempts to create a "hostile environment" through deprivation of rights and resources (Liberty 2019), this does not necessarily reflect the reality of asylum seekers. Similarly, no judgement was made on mental health, with the interviews seeking to question Western conceptions of mental health and to understand cross-cultural conceptions of mental health. As the interviews sought to understand people's subjective experience, topic guides only provided a loose structure and participants had space to talk about the issues that were important to them. Accordingly, participant categories of asylum seeker, practitioner and community member were fluid, with people shifting between them during the interviews.

2.5.2 Aims and objectives

This study aimed to understand the mental health of Iranians and Afghans during the UK asylum process. A critical element was identifying how Iranians and Afghans conceptualise mental health. Thus, the study identified common Persian words used to describe mental health problems, discussed with participants what Western biomedical mental health terms meant to them, and asked about the social connotations of these terms. Relatedly, this study explored barriers and facilitators to accessing formal and informal mental health services, and strategies used to manage mental health. Finally, and most substantially, this study assessed the impact of the asylum process on mental health. The study focusses in on the impacts of the common bureaucratic elements of the process, aiming to identify the stages of the process and circumstances in which people are at particular risk of mental health harm and to describe differences in experiences by nationality and gender.

Research question: What affects the mental health of Iranians and Afghans during the UK asylum process and how can any negative impacts be mitigated?

Objectives:

1. Discuss with Iranians and Afghans seeking asylum in the UK how they understand Western conceptions of depression, PTSD and anxiety.
2. Identify social, cultural, economic, and institutional barriers to seeking formal and informal mental health support for Iranians and Afghans seeking asylum in the UK.
3. Describe the strategies Iranians and Afghans seeking asylum in the UK use to manage their mental health.

4. Identify the key elements of the asylum process elements that impact on the mental health of Iranians and Afghans seeking asylum in the UK, and any variation by demographic characteristics.

2.5.3 Recruitment and sampling

In March 2019, I approached London-based charity organisations working primarily with Iranian and Afghan people seeking asylum, including those I worked with during the ethnography (study 2), to help with recruitment. Based on experiences in the ethnography, I adopted a transactional approach. In return for assisting with recruitment, I proposed and then participated in a range of organisational activities including an online mental health seminar, research project consultation, and creating a bespoke research summary based on the findings of this study. Participants were assured that I would create a plan to disseminate and/or implement findings where possible as well as keep participants updated and involved post-interviews where there was interest. Interviews were conducted between April 2019 and January 2020. Interviews were conducted with people working for, or using the services of, London-based charities serving Iranians and Afghans who were seeking asylum. Each participant was provided £20 as compensation for their time and £5 for any travel expenses incurred.

2.5.3.1 Inclusion and exclusion criteria

Interviews were conducted with three groups of participants: people who had sought asylum, legal and mental health practitioners who work with people who have sought asylum, and community members. Inclusion criteria common across these groups were that people had to be aged 18 years or older, able to speak English, Persian, or Dari, and able to give informed consent to participate. Individuals participating as people who had sought asylum had to have sought asylum in the UK and to have been born in Iran or Afghanistan. Individuals participating as practitioners had to work or volunteer for a non-profit organisation that serving Iranian and/or Afghan people going through the asylum process. Individuals participating as community members had to be part of a community in the UK (as defined by participant) that includes Iranian and/or Afghan people going through the asylum process.

Exclusion criteria were common across all participants. They included being unable to give informed consent and not being held in detention. This was due to ethical reasons; people in

detention have limited visiting hours that should focus on helping them leave detention. Given that detention is one of the more commonly researched topics in the asylum and mental health literature, warranting its own systematic review (Robjant et al. 2009), I did not feel that enough new knowledge would be gained from interviews with people in detention to justify taking away visiting hour time.

2.5.3.2 Sampling

Interviews addressed conceptualisations of mental health, factors affecting mental health during the asylum process, and treatment and coping strategies. There was incredible scope for variability in each of these areas given the different ethnicities, time spent in the UK, time spent in the asylum process, and mental health services accessed. The complexity and multi-faceted nature of the research question meant that I did not aim for data saturation. This decision can be partly justified through criticisms arising from Vasileiou et al.'s (2018) systematic review of qualitative health studies. They suggest that the vast majority of studies do not justify their sample size. The minority that did, most commonly did so through 'claims of saturation [that] were never substantiated in relation to procedures conducted in the study itself', only sometimes support by appeals to similar literature.

The sample size and basic demographic details are given in the results of this study, beginning in Chapter 6. With regards to sample size, it is difficult to pre-specify a number in a field that philosophically opposes giving them too much weight. This study justifies its sample size by appealing to the adequacy of variety, a concept first espoused by Erickson (1986) and suggested as a marker of quality in qualitative research (Morrow 2005). Accordingly, purposive sampling was used. Nationality, sex, age (young, middle-age and senior) and immigration status (granted, refused, waiting) were used as proxies for variety in calculating sample size. To ensure that each combination of characteristics was captured by at least one person the study required at least, 36 (2x2x3x3) participants. This calculation was not conducted because the study aimed to recruit each person with a unique combination of characteristics, but to produce a rough figure of the numbers that would be needed to reach the variety sought.

I conducted interviews until I had spoken to participants with a large range of professional and asylum process experiences, and from a variety of demographics, although in practice,

due to the sensitive topic and the burdens of people experienced during the asylum process, most interviews were conducted with people who had completed the process. I aimed to have representation of both men and women, and a rough spread of ages across community, practitioner, and asylum-seeking participants. In terms of practitioners, I ensured that they spoke to at least one lawyer, interpreter, GP, charity staff member, and mental health professional. Iran and Afghanistan are host to a plethora of different ethnicities and, due to the practicalities of a PhD and my language limitations, it was not possible to ensure that they were all represented.

2.5.4 Data collection

A combination of sedentary and walking interviews was used. Sedentary interviews were conducted face-to-face at a location chosen by the participant or over the phone at the participant's convenience. These interviews were usually conducted at a migration charity, but other locations included a library, café, or interviewee residence, and typically lasted between around 30mins and 1 hour. Sedentary interviews were conducted with Iranians and Afghans who had sought asylum (currently and previous, refused and accepted), practitioners who worked with people who had sought asylum, and Iranians and Afghans community members. They enabled an exploration of participant perspectives on how the asylum process impacted mental health. They were well suited to exploration of different conceptions of mental health and enabled the role of culture to be considered in detail.

Different topic guides were used for each category of sedentary interview participant and are available in **Appendix C**. There was only one question common to them all: 'If you were Prime Minister, how would you change the asylum process?' Interviews with community members covered subjects including stigma, cultural definitions of mental health problems, and community support. Practitioners interviews included questions on the mental health and wellbeing services they offered, access to this support, what types of support appeared most effective, and where they signposted people to. Finally, people who had sought asylum were asked about their asylum process experience, starting with how and when they claimed, the factors that impacted their mental health, and how they defined the different stages of the process. However, participant categories often overlapped, and most interviewees had sought asylum. Topic guides from one category were therefore supplemented with questions from other categories, following the lead of the participant. Interview questions were

informed by ethnographic findings and experience. For instance, when speaking with community around mental health conceptualisations and support, prompts explored how they linked to diaspora values of reciprocity and hard work, as well as judgement towards less established migrants.

Walking interviews were conducted while walking with the participant, and typically lasted between 1 hour 15mins and 2 hour 15mins. The route was chosen by the participant and related to their experience of the asylum process. I discussed the potential route with interviewees beforehand, and I took photos of each stop along the route. Walking interviews were only conducted with participants who had sought asylum. Walking interviews are often used by geographers to gain insights into people's understanding of place (see Evans and Jones, 2011 for an overview) and can provide insight into people's mental health during the asylum process (e.g., see Smith 2018). This is crucial when looking at how people going through the asylum process manage their mental health. The spaces they enter can be disempowering, such as a charity giving out food and clothes (e.g., Rainbird, 2011), but also used as a coping mechanism to help manage the state of limbo, such as churches (e.g., Jannesari, 2019). The walking interview discussion guide was very simple, with questions on why the space or place the interviewee chose was important to them and relevant to their asylum process experiences. It is available in **Appendix D**. Between stops, where there was often less to talk about, prompts were taken from the in-depth interview discussion guides for people who had sought asylum.

Both sedentary and walking interviews were carried out in Persian or English, or sometimes a mix of the two, depending on the participant's preference. Both interviews types were one-to-one, enabling a sensitive and confidential way to explore difficult issues around mental health.

2.5.4.1 Data management

Interviews were recorded using a digital recorder. Recordings were then translated (if necessary) and transcribed verbatim by me and two professional transcribers. Transcription followed the convention set out by Green and Thorogood (2004, p101). This included indicating the start of 'each new utterance' by the interviewer and respondent, indicating where unclear words have been guessed by the transcriber, using a dash for a 'word

interrupted by the next utterance', and using brackets to 'enclose material added' by the transcriber. Recordings were deleted after transcripts had been checked. Transcriptions were anonymised with the names of anyone mentioned during the interview, as well as the names of charities and organisations, replaced with pseudonyms. Transcripts were then uploaded into NVivo 12 (2020) software for analysis. Due to the sensitive nature of the data, it was not archived for use by other researchers. Research data will be held for 10 years then destroyed. Personal data was held for a year and destroyed.

2.5.5 Analysis

Thematic analysis was used to analyse interview transcripts, supplemented by poetic analysis during the familiarisation phase. Thematic analysis followed the seven stages outlines by Clarke and Braun (2006), including 'familiarisation… developing initial codes… searching for themes [and] reviewing themes'. No a priori codes were used.

Familiarisation

The process of data familiarisation began by reading all the transcripts. A key part of familiarisation was poetic analysis. This is an analytical method that selects and rearranges participants' verbatim answers to create a poetic version of their response (Nichols et al. 2014). Nichols et al. argue that poetic transcription enriches analysis by encouraging 'the emergence of rhetorical devices' and by building the 'analyst's emotional connection to the participant's story' (p8). Furman and Dill (2015) state that their poetic analysis was useful for data familiarisation and immersion, as it forced them to 'become more familiar, even intimate with the data… [and] rethink through potential meanings that were previously missed' (p51). They suggest that this immersion might be particularly useful for researchers using computer software and who may not be as physically connected to their data.

In their analysis of in-depth interview data from Native American women discussing their bi-racial identity, Langer and Furman (2004) created a poetic response for each participant in the structure of the four-line Japanese tanka. I used a more culturally relevant poetry structure, the rubai. The rubai is a traditional four-line poetry structure used in Persian cultures and by famous Persian poets such as Mawlana (or Rumi) and Omar Khayaam. It usually follows the rhyming format ABAA, though there can be variations on this. Though the

poems are short, they maintain a richness which the same amount of prose could not reach. **Figure 5** gives examples of poems I created during this phase of analysis.

Figure 5: Poems created from interviews with people who had sought asylum

Poem from Morteza, an Iranian refused asylum

I've seen this place before, I was passing through

My entire body was bloodied and eaten

I didn't come out of my room and I withdrew

I thought that here they value what is true.

Poem from Rashid, an Afghan granted asylum

The kitchen smelt of filth and was full of dead mice

The steps here were a lot worse and a lot harder

Why did I have to sit and wait and agonise?

The bird puts its head in the snow, the foxes price

Poem from Layla, an Afghan recently granted asylum

I thought that my enemies will come with a knife

Fear in humans produces a stain on the tongue

Study and serve to reduce society's strife

I have a right to peace and a peaceful life.

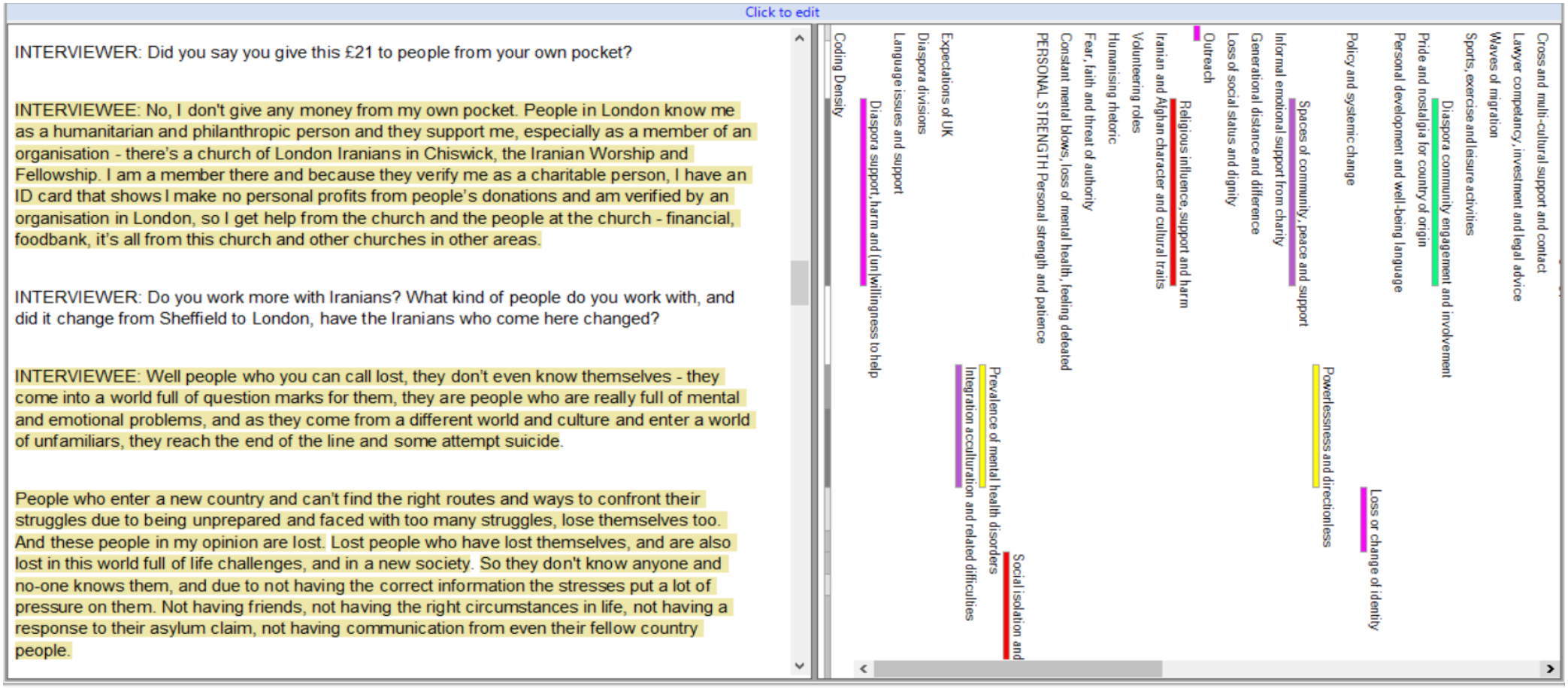
Developing initial codes

Open coding was conducted on five randomly selected transcripts, producing 156 codes. At this stage, codes were not organised into a framework. After this, the next 15 transcripts were coded with reference to these existing codes, adjusting, adding, deleting, and merging codes where appropriate. This iterative process left 128 codes. These codes were grouped based on subject area similarity producing 33 descriptive emerging themes. These themes were placed under the following major categories: factors affecting mental health during the asylum process, mental health outcomes, coping strategies and protective factors, and conceptualising and speaking about mental health.

Developing and finalising themes

Emerging themes were discussed with supervisors, with feedback that themes were repetitive and too descriptive. Possible conceptual themes running across emerging themes were discussed. Eventually, I created conceptual themes under the following three major categories: conceptualising and speaking about mental health, factors affecting mental health during the asylum process, mental health support and coping strategies. All the transcripts were then coded with these themes in mind. This resulted in 84 codes, grouped into 73 themes. **Figure 6** shows a screenshot of the coding in NVivo 12 software.

Figure 6: Coding density and example codes of an interview transcript in NVivo 12 software



A further meeting was held with supervisors to discuss these themes. Discussions suggested that an even deeper level of conceptualisation could be reached through a focus on emotional affect. I then returned to the analysis and identified the emotions that characterised each stage of the asylum process. This resulted in 19 final themes and the same three major categories.

Anonymous quotes attend study findings, accompanied by pseudonyms, and details of participant nationality and interviewee type (practitioner, community member or person who has sought asylum). Pseudonyms reflect participant gender and, to a certain extent, nationality (though names used in Iran and Afghanistan overlap). For the those approached as having sought asylum, the category has been divided into 'granted asylum many years ago' (defined as more than two years ago), 'recently granted asylum' (defined as within the last two years) and 'refused asylum'. This sub-labelling adds context to interviewee answers. Where possible, additional background information has been included. This helps provide context when an interviewee from one category (i.e., a practitioner) speaks about their experiences as a member of a different category (i.e. a person who had sought asylum).

2.6 Ethical challenges and approval

Ethical approval was jointly obtained for the ethnography and qualitative interviews from the Psychiatry, Nursing & Midwifery Research Ethics Committee (Reference: HR-17/18-5387). Approval was gained through individual applications with for IR1 PAR focus groups (Reference: HR-18/19-9211) and the proposed AF1 PAR cognitive interviews (HR-18/19-11339), though the latter research was not conducted. Key ethical concerns included the potential for participant distress, obtaining informed consent, ensuring confidentiality and anonymity, and appropriating knowledge.

2.6.1 Participant distress

During the interviews, asylum seeking participants were necessarily asked about postmigration experiences that impacted their mental health and there was a possibility that they would spontaneously discuss difficult premigration experiences, or experiences during the journey. To a lesser extent this was also a risk during the PAR, as the projects focussed on the mental health of the Iranian and Afghan communities. Difficult memories around

migration had the potential to distress participants, replicating how Home Office interviews may distress and then retraumatise applicants (Jannesari et al. 2019).

Postcolonial theory suggests that violence is pervasive in the colonial structure and that there are no truly safe spaces for people, especially in the context of work situated in a Western academic institution (see Leonardo and Porter 2010). Thus, though this research could not claim to provide a space free of the risk of distress and retraumatisation, it attempted to reduce this risk party by creating a space in opposition to the asylum process interview. In particular, efforts were made to provide participants with control during the interview process. The following steps were taken to create such a space as well as provide a practical, empathetic response when distress did occur:

1. Before the interview, all participants were told that they did not need to answer any questions if they did not want to, and that they could take a break or terminate the interview at any point. This was a proactive commitment and if participants appeared uncomfortable, I moved on from the question to a less sensitive or more optimistic one.
2. I conducted interviews as a conversation, not an interrogation, taking at face value everything participants told me, allowing time for breaks and substantial tangents, and working with people wherever they were comfortable. Interview spaces were usually at charities, but also cafes and places of work. No interviewees preferred an interview at university premises.
3. I worked with clinical colleagues within my department to develop a risk protocol specific to the interview study, detailing the steps to follow in the case of a participant becoming distressed. The risk protocol included steps to take before, during and after engaging with participants. The full protocol is available in **Appendix D**.
4. Common signs of distress were defined in the risk protocol which also list a range of actions to take in such a circumstance. This included signposting to relevant services using a list of culturally appropriate services compiled before the research. A clinician from the department was attached to the project and available for to give advice when needed.

5. The risk protocol also detailed actions to take if a person decided to disclose risk of serious danger to themselves or others. This included seeking consent to break confidentiality and speak with the departmental clinician.

2.6.2 Providing informed consent

Many participants in the ethnography and interviews did not speak English well and this was their first time directly involved with social research. Moreover, most of those who are going through the asylum process, have been refused status, or have only recently been granted asylum were in a precarious socioeconomic position. This combination of factors meant that people may have found it difficult to give informed consent or were potentially vulnerable to coercion.

In their discussion of migration ethics research, Zion et al. (2010) contend that in research in certain settings of forced migration the principle of informed consent might be undermined as researchers may be, or may be perceived by participants to be, a source of welfare and advice. They further state that 'participants might feel compelled to tell their story in case the researcher might somehow be able to help them out of their predicament' (p53). I considered this specific risk to be low, as almost all participants were encountered in an organisational setting where those who need support were usually already receiving it. The following steps were therefore taken to address potential difficulties giving, or withholding, informed consent:

1. Potential participants were given information about the study in advance of consent being sought, with a minimum of 24 hours to consider, with an opportunity to ask questions.
2. Translated versions of information sheets and consent forms were available if needed, and the information sheet was read out during the start of the interview in Persian, with an opportunity for further questions.
3. Ongoing weekly verbal consent was asked for from ethnography participants and ethical issues were discussed at the start of the first few meetings. Relatedly, the PAR method provided some control over the research to participants.

2.6.3 Confidentiality and anonymity

Confidentiality was an issue in all elements of the ethnography and interviews. A few participants were on the borders of legality in terms of black-market work, deportation orders and curation of their asylum story; in the worst-case scenario a breach of confidentiality could have led to their removal in the UK. The PAR produced another confidentiality issue. It was conducted on the premise that PAR team members would have an equal standing with the researcher. Part of this involves giving credit to participants in arising actions, reports, and publications. However, doing so created a risk that anonymised quotes presented in the ethnography could potentially be identified to an individual participant. Walking interviews presented additional confidentiality issues. During the interviews there was a possibility that someone might overhear small segments of the conversation. The following steps addressed issues around confidentiality and anonymity:

1. Interview participants were assured that there is no legal obligation in the UK to report a crime aside from specific circumstances such as the physical abuse of a child or of vulnerable adults (CPS 2018; UK Police 2018). Similarly, people were assured that any information regarding their legal status would be kept confidential. This was made clear on all relevant consent forms and information sheets, as well as at the start of interviews.
2. As detailed above, interview and ethnographic material were anonymised during transcription or, if transcripts were professionally transcribed, during transcript checking. This involved pseudonymising participant names as well as removing organisation and non-participant names, names of local geographical areas, and other potentially identifying characteristics. Transcribers signed a confidentiality agreement.
3. Participants were and will be always asked for permission before publishing any PAR work outside of the thesis and academic papers. They are given the choice whether or not to have their name attached to their work. For the IR1 report, for instance, all group members stated that they wanted their names as authors. Within academic work, participants have been asked whether they would like their names in the acknowledgement section. They have been sent draft papers to read and have had the opportunity to raise any confidentiality concerns.

4. During walking interviews and interviews in public spaces (e.g., cafes), if there was a risk of being overheard, I let the interviewee know and we either moved to a different space or changed the conversation topic to something less sensitive.
5. As detailed above, data from the ethnography and qualitative interviews will not be deposited for future use by third-party researchers.

2.6.4 Appropriating knowledge

A postcolonial understanding of Feyerabend's (1975) epistemological model highlights a key ethical issue: the appropriation of knowledge. Indigenous ideas were stolen by colonisers and only became "knowledge" when repackaged to fit a Western scientific paradigm and espoused by white people (Quijano 2000). For example, some academics (e.g., Shiva, 1993) argue that many of the most powerful pharmaceutical companies stole, patented, and made "scientific" indigenous knowledge around health. This practice has been labelled as biopiracy. The Madagascar Periwinkle flower, long used in many countries as a traditional medicine, provides an example. Knowledge related to the flower is now making billions of pounds of profit for pharmaceutical companies after they patented, extracted, and sold its medicinal properties. Wellbeing treatments offer an even more contemporary example. Mindfulness comes from Buddhist and Hindu traditions (Selva 2020) but has been stripped of its religious and spiritual meaning, again in the service of Western profits. In the context of a Western academic institution, I needed to avoid appropriating knowledge and reproducing colonial dynamics. The following steps addressed issues around this:

1. The thesis adopts a bounded subjectivism that recognises sources of knowledge from places other than Western academia. It recognises that participants are experts in their experience and community and attempts to root the overall discussion and recommendations in Iranian and Afghan conceptions of the asylum process and mental health.
2. A summary of the thesis findings and discussion will be created for community organisation collaborators and charity participants. This summary will be translated into Persian and Pashto. Each participant will be asked if they would like me to talk through the findings with them, present the findings at their organisation, and, where appropriate, collaborate on implementing recommendations relevant to these organisation.

2.7 Reflexivity

2.7.1 The importance of reflexivity

Berger (2015) claims consensus in the qualitative literature around the general definition of reflexivity, as a 'process of a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome' (p220). Researcher reflexivity is an integral element of autoethnography data collection (e.g., Doloriert and Sambrook 2012) and 'occupies a central place in most forms of qualitative research' (Bradbury-Jones 2007). Berger contends that there are three ways that researcher positionality impacts the research: 1) facilitating recruitment and access to participants by improving trust; 2) influencing the researcher-participant relationships, affecting the information participants share; and 3) contributing to how the researcher constructs and makes meaning, potentially shaping study results.

Berger (2015) further argues of the importance of reflexivity from a postcolonial perspective, serving to counteract orientalist discourse that is based on the construction of a distant Other, whilst monitoring the influence of researchers' cultural and academic knowledge framings. In an arguably postcolonial vein, Bradbury-Jones (2007) argue that, through an 'awareness of [researcher] subjectivity', reflexivity should create space for study participants and 'open up the possibility of a "many voiced" account'. Russell-Mundine (2012) suggests that from a decolonial perspective reflexivity can have its limitations and often fails to 'interrogate the researcher's role in the maintenance of the dominant Western culture in knowledge creation' (p85). She suggests that reflexivity must 'challenge the fundamental issue that knowledge is still framed and validated in the western scientific framework' (p87).

2.7.2 Motivation for conducting the research.

The first point Haynes (2018) raises in their discussion of 'strategies for reflexive awareness' is a 'consideration of the underlying motivation for undertaking the research' (p13). The beginnings of the research are an intuitive place to begin an exercise in reflexivity. My first conscious motivation to conduct research on migration and mental health began when I was volunteering with a small Iranian migrant support group in London. I worked closely with one Iranian man who had been refused asylum several times. I helplessly watched his gradual, but

ultimately severe, loss of identity to the point where he claimed his identical twin had experienced torture in Iran. The sudden appearance and vague details about the twin made me think that it is unlikely that he existed. Rather, I felt that his creation was a mental health coping strategy.

My witnessing of the Iranian man's decline was repeated many dozens of times over the next five years while I volunteered, campaigned, and worked on migration issues. The shared identity I had with the people I worked with, as a young Iranian, heightened the emotional impact of my volunteering work and motivated me to pursue a PhD. The background and experiences many people shared with my family in Iran had a similar effect. Ultimately, however, this shared identity made me aware of my privileged position as a second-generation Iranian living in the UK. It highlighted fundamental cultural, economic, and social differences between me and the people I worked with and, by association, my family in Iran.

There was an element of saviourism in my motivation to conduct the thesis. The experience of being unable to do anything to help people seeking asylum exposed my weakness, and meant I explored whether research could save them. I realise now that this saviourism can homogenise, silence, and undermine the agency of the people I work with. Relatedly, there was a selfishness in my motivation; I was unable to accept my role of silent witness and needed to speak out for my own mental health. Again, in my eagerness to speak about what I have witnessed, there is the potential to silence my participants. To mitigate against this, I have tried to stay as close to possible to participant words during the analysis and regularly reflect on whether I was imposing my indignation on their experiences. Moreover, I have adopted a postcolonial lens that explicitly critiques saviourism in mental health research. Relatedly, in the ethnography and interviews, I have tried to move away from potentially victimising mental health labels and understand internal sources of resilience.

By the time I began to apply for the PhD, working on migration and mental health was already a fundamental part of my life. I had started three not-for-profit groups to support migrants, especially those who had sought asylum. The thesis was an extension of my political activities. More practically, it was a way to manage the intensive time commitments I had; while studying for a PhD I would be in control of my time (though this proved increasingly difficult as the PhD progressed). Thus, many of my initial drafts read like political pieces. My political identity, and identity as an activist, meant that I often jumped to conclusions before

sufficiently considering the evidence or attempting to explore alternative explanations that contradicted my beliefs. Supervisor discussions and feedback were key to keeping this tendency in check. More positively, this identity kept the research focussed on potential practical outcomes and meant that I approached research practice critically. Drawing on Feyerabend's pluralistic relativism, my political motivation may have been beneficial in providing another explicit knowledge producing resource.

The thesis's roots further reveal how I was grappling with my identity as a second generation Iranian. I chose to work with the Iranian community because I saw it as my community. I was, to an extent, making an identity claim. I attempted to move from the loose identity of second-generation Iranian to the more solid identity of Iranian diaspora member. During the ethnography, in trying to answer how researchers should work with migrants, migrant organisations, and migrant communities, I was in part attempting to understand how I should relate to the diaspora. My focus on the diaspora was not necessarily a negative for the research, as it is an under-researched area.

However, my identity as a second-generation Iranian links to negative personal experiences that threatened to make the diaspora a target. Throughout my life, I have had arguments with my family, their Iranian friends, and the Iranian community in London. This occurs in almost every Iranian space, and most recently occurring, for instance, in an Iranian take away whilst standing in the queue. I have a frustration with the lack of solidarity with newly arrived Iranians, an attitude of judgement where people are often looked down on. It is representative of the distance the diaspora creates between themselves and new arrivals. It reminds me of the emotional and physical distance I have from my family and heritage in Iran. Softening this anger was important in order to reach a balanced interpretation of my findings. I tried to mollify some of my anger by focussing on more seeking out several second-generation Iranians involved in pro-migration work. Their model brings me hope that the diaspora, though flawed and breaking, will produce a positive legacy.

However, there were moments where softening my anger turned into an emotional suppression, particularly during the ethnography where I was working intensely with the Iranian diaspora. This suppression meant that my views on the diaspora skewed PAR findings. I partly shaped the research analysis to refute the oppression I felt more recent migrants endured. Instead of engendering conscientization, I engaged in 'consciousness raising' –

trying to ‘transmit preselected knowledge’ (Goldbard, 2006) and imposed my views on people. Suppression skewed findings for two reasons: 1) research findings were the only avenue through which I could express my frustration at and to the diaspora community; 2) I had stopped actively monitoring my feelings towards the diaspora. Being more open and direct with the PAR team about my difficulties with the Iranian community in London and creating space to discuss these issues would have been useful.

Nonetheless, being Iranian was probably the most important identity I held in the context of this thesis. Conducting an ethnography in my own community brought a number of advantages. Pre-existing relationships with community members, an understanding of Iranian culture identity, and speaking Persian all substantially aided recruitment and data collection as well as ethnographic and interview analysis. There were, of course, limitations to this shared understanding, as the cultural values held by my generation differ substantially from those of the previous one. In particular, the first generation are adapted to the more conservative values of the Iranian theocracy, while the second generation has grown up in the UK under a liberal capitalist regime. These differences were accentuated by an age gap given that I was under 30 during most of the research and the principal Iranian community group I collaborated with primarily worked with those over 50.

As Iran neighbours Afghanistan and has a shared language, I feel a lot of affinity towards people from Afghanistan, devoutly following the Afghan cricket team. This warmth and cultural similarity helped me build relationships with people from Afghanistan. However, it can also lead an underestimation of the divisions and differences between different Afghan cultures, assuming that they are all similar to Persian culture. Given that Pashto cultural and language is also dominant in Afghanistan, this warmth may feel presumptuous. Also, Afghans in Iran are heavily discriminated against at the institutional and inter-personal level (e.g., Nader 2020), with the Iranian diaspora continuing these attitudes. Afghans I worked were, therefore, sometimes guarded on initial approach. Knowledge of this discrimination also made me feel guilty and may have led me to overestimate its influence in the diaspora context.

My migrant background gave me shared experiences to draw on, but it was also evident that I grew up in the UK. In certain contexts, I was a Persian or migrant insider, but in other contexts I was an Iranian or British outsider. These depended on which social level was most

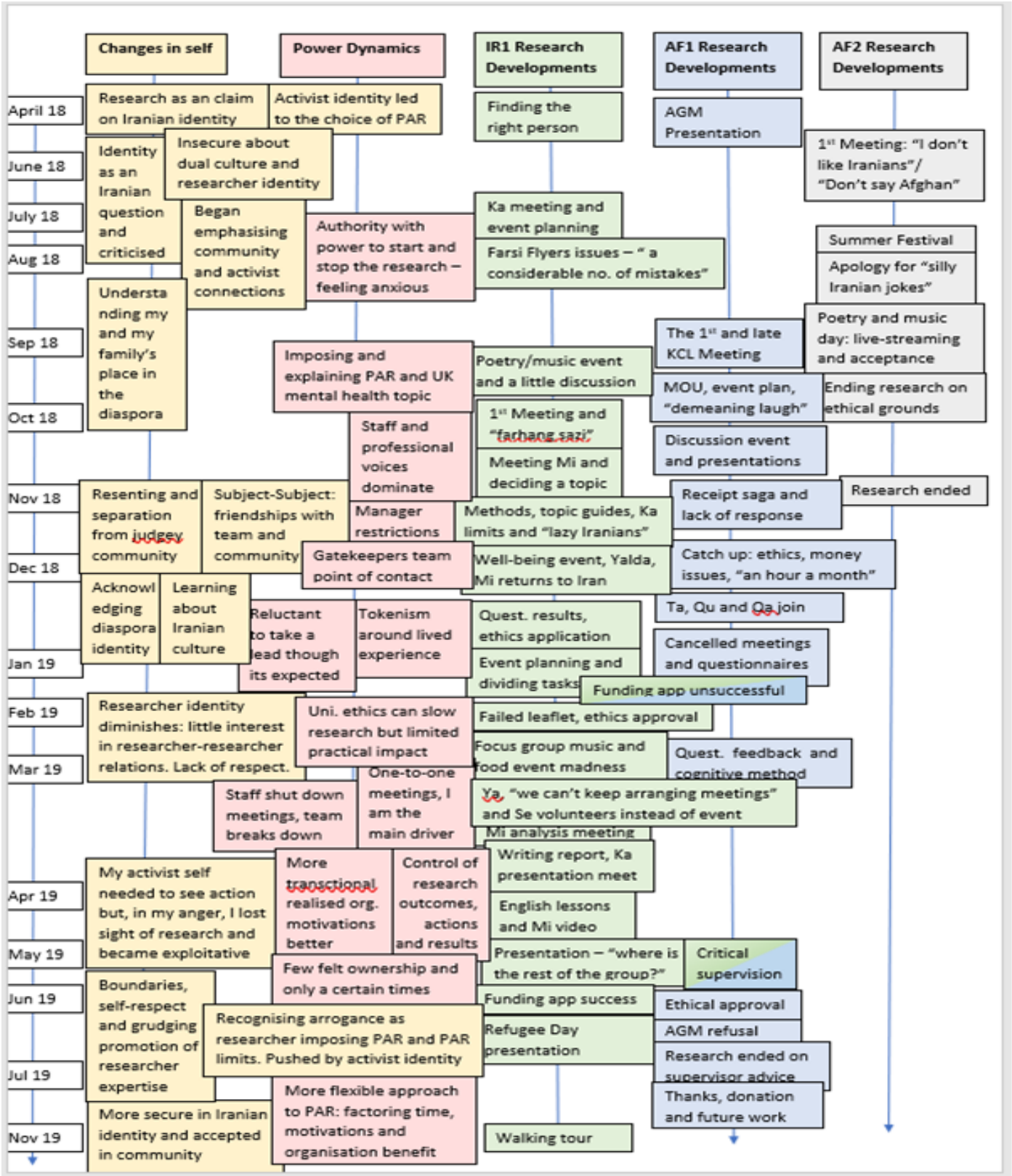
prominent. In large groups I was an Iranian outsider but in one-on-one conversations I often became a Persian insider. In meetings, I flitted between statuses depending on the subject matter. Around Ramadan I felt like an outsider but around Nowruz (Persian New Year) I felt like an insider. It was also possible to hold both statuses simultaneously as Persian operated on a broader level than Afghan. We could be different nationalities but fellow Persians. Finally, my position on the insider-outsider spectrum also depended on the ethnicity, languages, and political beliefs of the Afghans I was sharing a space with.

2.7.3 Identity transformation during the research

The research was a transformative personal journey and an exploration of my heritage. Some of the most fundamental identity transformations I went through occurred during the ethnography, partly due to its autobiographical nature and partly due to the regular contact with participants. **Figure 7** details a timeline of the events and power dynamics that contributed to this. It was developed after the PAR projects had ended, based on ethnographic observations and reflections made during PAR.

Figure 7 comprises key events in progressing each PAR project often revolving around membership, data collection and analysis. Key events also encompass tensions in the group that I have sometimes illustrated with a short quote. Alongside research events I have documented points at which important power dynamics were revealed or altered, typically through the exercise of power around access to participants, choosing research topics and the pace of research. Finally, **Figure 7** describes my identity changes through the research. These changes were frequently prompted by key events and exercises in power during the PAR. Equally, however, my identities influenced PAR direction and power dynamics.

Figure 7: Identity transformation in relation to ethnography events and power dynamics



My relationship with the Iranian and Afghan diasporas changed through the thesis journey, influencing the nature and focus of my interview questions, ethnographic observations, and

even the appraisal of the systematic review. My identity claim as an Iranian was continually scrutinised by the Iranian community as well as Persian-speaking Afghans. These criticisms undermined the protective prestige of my researcher identity. The criticisms felt like a continuation of the personal difficulties I have had integrating into the Iranian diaspora. It led me to empathise and focus on the diaspora rejection many sanctuary seekers reported and to question the influence of legal status in modulating the mental health experience of sanctuary seekers. It affected how I interpreted mental health treatment findings around social support and meant that in this thesis I promoted fledgling communities based on sanctuary seeking as an alternative source of emotional support to the diaspora. I should have embraced and prepared for it in a more structured way, for example, by spending time improving my Persian language skills and cultural knowledge before I began. I should have also talked to my family about our position in the Iranian community and how the Iranian diaspora community might perceive me.

At the end of the research, however, I felt accepted in the Iranian diaspora. Partly because of my improving language ability, but also due to growing friendships, familiarity, and research outcomes. Yet, acceptance contributed to a realisation that I preferred a more international identity where my Iranian diaspora and community connections are important, but do not define me. This realisation came with a rejection of some of the values held in the diaspora community, for instance around individualism and a belief that hard work will solve every problem. This rejection meant that I was more likely to discount suggestions from the diaspora around mental health. My realisation of a more international identity was tinged with a sadness that the Iranian diaspora could not provide the solidarity I hoped for. With this, the risk of unnecessarily lambasting the diaspora through my research increased. However, there was also a shared melancholy and sympathy for established members of the diaspora. I realised that everyone in the diaspora gradually loses touch with their culture, language and, more importantly, their people.

The research I conducted for my PhD provoked an interaction between researcher and activist identities that led to a re-evaluation of both. Initially, during my time as an activist I had only negative experiences of research. Migrant researchers often asked to discuss sensitive topics with the people I worked with, while offering almost no direct benefit to participants or the activist groups. The ethnography was undertaken partly with the aim of understanding how

to mitigate against potential researcher exploitation of participants. The ethnographic lessons learnt from my activism-inspired researcher scepticism influenced my ideas as a researcher around how to recruit interviewees, the risk protocol created for the interviews, and the practical interpretation of results.

The risk of exploitation I explored as a researcher highlighted a potential power to exploit that I held as an activist, one which I had not previously explored. On reflection, I was stretching myself too thin as an activist, risking exploiting the migrants I worked with through poorly explained events and actions. My experiences as a researcher led me to drop out of several groups partly so that I would have time to work more meaningfully with sanctuary seekers in the groups I remained engaged with. This, in turn, slightly softened my activist view of researchers and I developed more self-respect for my researcher identity. The power dynamics of the UK immigration system and wider society make it challenging to work with asylum seekers in a non-exploitative way. University researchers typically have more secure status than asylum seekers, greater socioeconomic capital, and are more readily accepted as an integral part of British society. Moreover, they are funded mainly by students, government, and businesses who may not necessarily be interested social research that radically challenges the status-quo given their privileged position within it. Ultimately and inevitably, there were many problems with the work I did in terms of reinforcing this structure. Nonetheless, I learnt many valuable lessons about how to mitigate potential negative impacts as a researcher and feel positive that I can be a better researcher in future work.

Collaborations worked best when I acknowledged and communicated the competing interests of my research, activist, and student identities. At certain points, it was useful to allow a particular identity to take over. For example, towards the end of the research I embraced my activist identity to ensure the research resulted in positive actions for organisation-communities.

Overall, this chapter has set out my theoretical ontological and epistemological position; detailed my methodology for collating relevant literature around asylum and mental health, understanding the ethics and process of working with migrants, and investigating mental health risk factors associated with the asylum process; and discussed my identity positioning and influence as a researcher. The aim is to provide a comprehensive, triangulated answer to the thesis research questions. The next chapter details the results from the systematic review.

3 Systematic Review

This chapter details the conduct and findings of a systematic review and critical appraisal of findings. The systematic review identified and synthesised evidence on the association of post-migration social environmental factors with mental health problems in asylum seekers. Methods are presented in chapter 2. Forty-nine papers were identified as eligible for inclusion. The mental health risk factors considered by these papers were grouped into 29 social environmental factors across seven different domains: working conditions, social networks, economic class, living conditions, healthcare, community and identity, and the immigration system. Results highlighted the need for social environmental factors to be assessed with both more nuance and consistency. Of the 49 eligible papers, only 21 provided data appropriate for narrative synthesis. Narrative synthesis suggested that discrimination and post-migration stress are associated with increased rates of mental health problems among asylum seekers.

This chapter shares short passages of text with two papers published from this PhD, 'Post-migration Social–Environmental Factors Associated with Mental Health Problems Among Asylum Seekers: A Systematic Review' (Jannesari et al. 2020a) and 'Seeking sanctuary: rethinking asylum and mental health' (Jannesari et al. 2020b).

3.1.1 Background

3.1.1.1 Post-migration risk factors for mental health problems

Evidence suggests that people seeking asylum are at an increased risk of mental health problems compared to refugees or host populations (Blackmore et al. 2019, Ryan et al. 2008, Patel 2011). Potential reasons can be located at different stages of migration: pre-migration (the decision and plan to migrate), transit, and post-migration (e.g., Wessels 2014, Zimmerman 2011, Khawaja et al 2008, Bhugra and Jones 2001), each of which may bring exposure to different sorts of stressors which may affect mental health (Bhugra, 2004).

Several authors suggest that post-migration factors mediate the impact of pre-migration stressors on mental health (Miller and Rasmussen 2010, Khawaja et al. 2008, Watters 2001). Moreover, Carswell et al. (2009) and Gorst-Unsworth and Goldenberg (1998) claim that post-migration factors may be more important than pre-migration factors for some forced migrant populations. Gorst-Unsworth and Goldenberg found that only 11% of 150 Iraqi refugees interviewed in the UK had Post-Traumatic Stress Disorder (PTSD) though almost 65% had suffered physical torture in Iraq. However, close to 44% had depression and this was primarily associated with a lack of social support in the UK. More recently, a study using longitudinal data from the 'Building a New Life in Australia: Longitudinal Study of Humanitarian Migrants' (919), Stuart and Nowosad (2020) has shown 'that cultural integration may be a key driver of well-being among refugees… [finding] that early postmigration stressors impact refugees' levels of mental health above and beyond the effects of premigration trauma exposure' (p924).

3.1.1.2 Conceptual framework: social and environmental factors

This review focuses on social environmental factors, defined by Barnett and Casper (2001) as a person's 'immediate physical surroundings, social relationships, and cultural milieus', including 'built infrastructure; labour markets... power relations; government... [and] beliefs about place and community' (p465). Social environmental factors include employment, discrimination, and social support. They can change, either through medium-term individual actions or longer-term policy shifts. They are easier to change than most sociodemographic factors (such as age, gender and nationality), character traits (such as confidence, neuroticism and independence), and individual beliefs (e.g., religious beliefs) that may also act as risk or

protective factors for mental health problems in this group (see Siriwardhana et al.'s 2014 review). An appreciation of social environmental factors, such as the socio-political context in which forced migrants are received, may lead to more effective mental health practices and interventions.

This thesis draws on Ecological Systems Theory when reporting and discussing the social environmental mental health risk factors. Bronfenrenner's (1977) Ecological Systems Theory organises factors into the microsystem (immediate surroundings and relationships), mesosystem (interactions between microsystem elements), exosystem (external structures interacting with the microsystem) and macrosystem (societal values and way of life). In the context of forced migration, the microsystem can include family, doctors, and immigration officials. The effect of the interactions between these elements, for instance if a doctor were to share information with immigration officials, constitute the mesosystem. The exosystem can include media coverage of migration and Government asylum policy. The macrosystem are the societal values and culture of the migrants and the host country, for example, racist attitudes. Each level interacts with those adjacent to it.

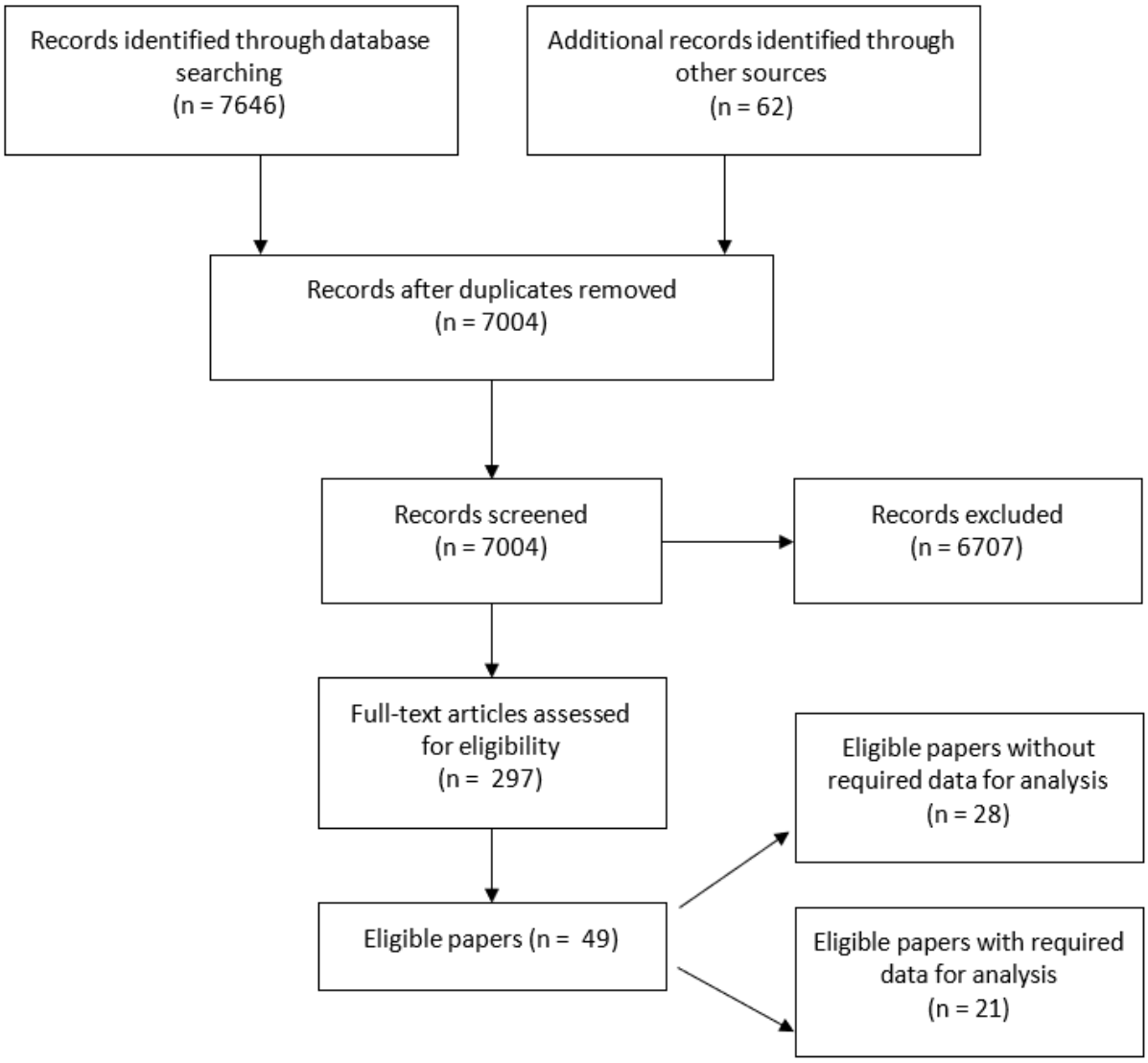
Other relevant models include Mawani's (2014) multi-level framework, that considers individual, family, community, and macro level determinants of health. However, this framework provides little detail on the potential mechanisms and spaces through which these levels interact. Watter's (2001) three-level model considers the legal and policy context, the local organisation of services, and the direct relationship between mental health practitioners and patients. Both frameworks bear similarities to Bronfenbrenner's Ecological Systems Theory created in the field of child development (Bronfenbrenner, 1977). However, Bronfenbrenner's model provides a more detailed framework in which to explore the interactions between different levels of social environmental factors as well as being broad enough to encompass a range of macro level factors, such as host society culture. Other academics have explicitly drawn on Bronfenbrenner's ideas to categorise social environmental factors, including in the context of migration (e.g., Ostrander et al. 2017, Miller and Rasco 2004).

3.2 Results

Searches and recommendations identified 7,004 unique references (**Figure 8**). After title and abstract screening, 297 papers remained for full-text screening, 49 of which were eligible. Risk factors reported in these studies were categorised, and frequency of reporting calculated. These data were used to produce the risk factor domain synthesis. Data on risk factors and mental health outcomes could be extracted for eleven studies; after requests to authors for more information, data were available for a further 10 studies. Thus, 21 studies contributed data to the systematic review; data could not be obtained for the remaining 28 studies. Of these 28 studies, 13 authors did not reply or could not be contacted to request additional information. The remainder replied but advised they could not provide the data due to it no longer being available or not having time to produce the data required.

Figure 8: PRISMA Flowchart

(amended from Jannesari et al. 2020a)



3.2.1 Risk factor domain synthesis

Social and environmental mental health risk factors were categorised. **Figure 9** shows twenty-nine distinct factors that were tested for association with mental health problems among people seeking asylum. **Figure 9** only includes factors with at least contributing three studies[5]. In total, 48 of 49 studies included in the systematic review contributed to one or more factors. Studies typically measured more than one social environmental factor, including within a single domain. Factors were grouped into seven thematic categories: healthcare, social

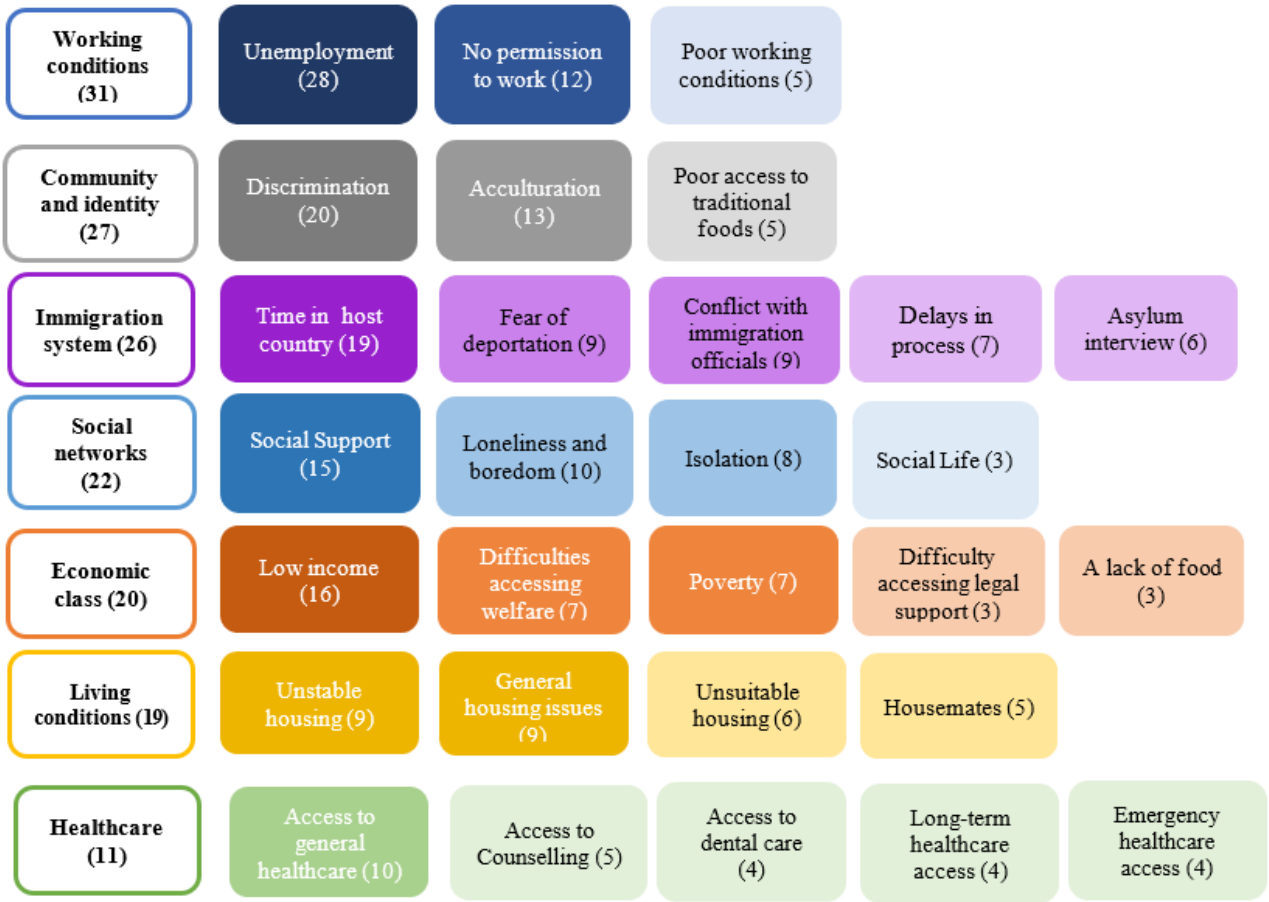
[5] The limit of three was chosen because the categorisation aimed to provide a digestible snapshot of trends in the literature.

networks, community and identity, economic class, working conditions, immigration system, and living conditions.

The widespread use of the Postmigration Living Difficulties checklist (PMLD) developed by Silove et al. (1997) provided for some degree of consistency in mental health risk factor reporting, being used by 17 of 49 studies. The PMLD asks participants the extent of their agreement with a series of single item questions around post-migration. However, studies often used different versions of the checklist comprising anything from 13 to 31 total items, making synthesis difficult. Moreover, the review found that even with repeated items, there could be small, but important differences between statements. For instance, Morgan et al. (2017) asked participants about 'conflict with immigration officials and other officials' while Nickerson et al. (2015) asked about 'difficulties [in] interviews [with] immigration officials'.

Figure 9: Social environmental mental health risk factors

In this figure, the numbers associated with each individual factor indicate the number of studies that assessed it. The overall number in each domain indicates the number of unique studies. As one study can contribute to multiple domains, this number is not simply the number of studies in that domain. This figure has been amended from Jannesari et al. (2020b).



3.2.1.1 Working conditions

In **Figure 9**, mental health risk factors regarding working conditions were investigated by 31 unique studies, the most for any domain. The vast majority of these were in regard to unemployment (28 studies). However, this domain only included three types of risk factor, the joint lowest. Moreover, almost all the measures included in this domain were single-item agreement statements. The main exception was Eisen (2016) who assessed employment status according to a four-level categorical variable within the Quality of Life/Functioning Progress Scale for Asylum Seekers (ASTT, cited in Eisen 2016)[6]. Among factors assessed by fewer than three studies were factors around safe work (e.g., Minihan et al. 2018) and fulfilling work (e.g., Laban et al. 2006), also typically using single item measures.

3.2.1.2 Community and identity

Community and identity related mental health risk factors were assessed by 27 unique studies in **Figure 9**, the majority of which looked at discrimination (20 studies). Most studies used single item statements to assess discrimination. For example, Winkler et al. (2019) asked participants whether they had 'experienced a racist attack', Nickerson et al. (2015) 'discrimination' and Maharaj et al. (2017) 'exposure to racism'. However, some studies used a more nuanced approach, in particular Molsa et al. (2017) who adopted the 17 item Perceived Discrimination Scale in their study, one of the few that focussed on discrimination as a mental health risk factor. This scale included four subscales, 'social exclusion, discrimination at work, threat or harassment, and stigmatizing'.

Factors around discrimination primarily related to the microsystem and mesosystem, while a few studies looked at macrosystem facets of discrimination, for instance concerning social exclusion. However, the exosystem dimension of discrimination relating to factors such as media coverage or the human rights of those seeking asylum, were not typically measured.

Acculturation appeared to be the factor measured with the most nuance, with a wide range of detailed scales used. These included 20 item Migratory Grief and Loss Questionnaire in

[6] This scale uses the following parameters: '1. No employment or work authorization; 2. No work authorization, but has inconsistent & minimal employment; 3. No work authorization, but has stable part-time or full-time employment; 4. Has work authorization and consistent employment' (p41).

Cummings et al. (2011), the 15 item Israelism scale in Nakash et al. (2015) and the 20 item Cortes-Rogler-Malgady Bicultural Scale used by Groen et al. (2019). However, on closer analysis many of these scales focussed on migrant behavioural acculturation strategies (e.g., the Israelism scale) and could have been usefully expanded to encompass more nuanced understandings of acculturation as suggested by Schwartz et al. (2010) and Cohen (2010). These were described in Chapter 1.4.3.

3.2.1.3 Immigration system

The immigration system domain in **Figure 9** was considered by 26 unique studies, the third most for any domain. It had five different types of risk factors, the joint most for any domain. Time in host country was the most commonly studied factor relating to the asylum process (19 studies). It was placed in the immigration system domain as some studies used it as a proxy for issues relating to the length of the asylum procedure (e.g., Laban et al. 2006, Newnham et al. 2019). However, it could potentially also have been relevant to the community and identity domain, and acculturation stresses (whether accumulating or gradually diminishing). Stressors relating to the immigration system were most frequently measured using the PMLD (Silove et al. 1997), which includes items relating to deportation, delays in application process, conflict with officials and the asylum interview. Among factors present but not included in **Figure 9** because of being measured in fewer than 3 studies as whether participants felt "well-informed about the asylum process" (Winkler et al. 2019).

Factors in the immigration system domain were typically broadly defined. In examining the asylum interview, several studies (Nickerson et al. 2015, Steel et al. 1998, Silove et al. 1997) asked whether 'interviews by immigration officials' were a source of stress. However, this could include immigration officers at the border, interviewers in an asylum interview or tribunal judges in court. Schock et al. (2015) provided the exception, focussing on the asylum interview and breaking it down into different potential sources of stress: 'perceived justice of the hearing', 'testimony stress' and 'delay stress'. Similarly, some factors combined potentially separate risk factors into one. Relatedly, macrosystem factors that shape the immigration system and its culture of disbelief, for example relating to British colonial history, were not considered. Thus, the nature of the 'conflict with immigration officials' was never unpacked.

3.2.1.4 Social networks

Factors relating to the social networks domain were examined by 22 unique studies contributing to **Figure 9**, with social support the most commonly assessed (included in 15 studies). Social support was assessed using a mix of single-item statements, such as Heeren et al. (2012) 'social contact beyond family', and scales such as the Lubben Social Network Scale used by Cummings et al. (2011). The latter is a 'measure designed specifically for use with older adults… [consisting] of three questions that evaluate kinship ties and another three questions that evaluate non-kinship ties' (p163). Several other papers replicated this division between familial and friendship networks (e.g., Bhui et al. 2012). Bhui et al. (2012) was one of the few to focus on social networks in their study on 'forced residential mobility and social support… among Somali migrants' (p1). Outside of social support, loneliness and boredom, isolation, and social life were mainly assessed by the PMLD (Silove 1997).

Minihan et al. (2018) and Nickerson et al. (2015) were the only two studies identified that included a risk factor about internal community conflict. As this did not reach the threshold of three studies, this factor is not represented in **Figure 9**. Though these studies did not look at internal community factors in detail, it is one of the only potential indications from the included studies of the role of diaspora tensions and the mesosystem of social networks in mental health. Social networks are not a homogenous resource but a dynamic, interacting and mutually dependent set of relationships. Loneliness and boredom constituted a single factor because they were almost never separated by studies.

3.2.1.5 Economic class

Risk factors relating to economic class were assessed by 20 unique studies in **Figure 9**, with low income the most commonly included (16 studies). For low income studies, just over half (nine studies) defined low income qualitatively, using statements such as 'financial problems' (van Willigen et al. 1995), 'difficulties purchasing supplies' (Tinghog et al. 2016) and 'money problems' (Idemudia, 2014). Five studies defined low income using a seemingly arbitrarily defined income threshold. However, two defined low income in relation to host country standards. Nakash et al. (2015) used the median salary in Israel at the time, '1,674US$ per month', and Maharaj et al. (2017) defined their category using South Africa's minimum wage.

Two UK studies (Bhui et al. 2012) and Carswell et al. (2009) used being in receipt of welfare as a proxy for low income. Relatedly, difficulties accessing welfare was assessed by seven studies, six of them doing so through the PMLD (Silove 1997). Studies appeared to separately assess poverty, typically asking whether a participant felt they were experiencing poverty (e.g., Morgan et al. 2017) or similarly direct statements such as 'hav[ing] nothing' (Idemudia et al. 2014). Food insecurity was examined by three studies, notably Maharaj et al. (2017), who centred their paper on this issue. Finally, difficulties accessing legal support was looked at by three studies, usually in the context of legal aid. This factor may serve as a proxy for low income but could also have been included as a factor in the 'immigration system' domain.

3.2.1.6 Living conditions

Factors in the living conditions domain in **Figure 9** were assessed by 19 unique studies, the second fewest. Unlike all other mental health risk factor domains, no single factor dominated. Unstable housing was assessed in almost all UK studies (Morgan et al 2017, McColl and Johnson 2006, Carswell 2009, Bhui et al. 2012). Most of the factors examining housing suitability asked participants directly whether they had 'inadequate accommodation' (e.g., Bogic et al. 2012). Laban et al. (2006) was an exception, asking whether there was a 'safe environment for children' and 'privacy'. McColl and Johnson (2006) was one of the few studies to include an indicator referring to homelessness, 'rooflessness for 30+ days in last 2 years'.

Living conditions factors related to microsystem, mesosystem and exosystem ecological levels. Moreover, a few studies, such as Bhui et al. (2012) drew the link between macrosystem factors such as racist attitudes and exosystem policies of forced dispersal. However, the microsystem of accommodation social facilities and spaces were almost never investigated.

3.2.1.7 Healthcare

In **Figure 9**, factors associated with healthcare were assessed by 11 unique studies, the lowest out of all study domains. All but one of these studies assessed access to general healthcare, with some of them looking at access to particular aspects of healthcare such as counselling or dental care. All included studies in **Figure 9** focussed on healthcare as a secondary outcome. McColl et al. (2006) partly centred their work on 'asylum seeker… contact with London community mental health teams', providing a possible exception. However, no other study measured this factor and it was not, therefore, included in **Figure 9**.

Most studies in the healthcare domain used the PMLD checklist (Silove et al. 1997), including all of those that investigated access to particular parts of the healthcare system. Factors related to access to healthcare included difficulties when attempting access as well as worries about potential access. All studies used a single-item agreement measure for their healthcare factor. One eligible study which is not represented in the healthcare domain in **Figure 9** is Muller et al.'s (2012) study on migration stressors in Turkish patients in Germany. They included a number of items on medication and treatment, as well as an item on whether the referring doctor was Turkish or not. These risk factors were omitted from **Figure 9** because they were not measured in at least three other eligible studies.

In focussing on access to healthcare, the healthcare domain sits in the microsystem of patient interaction with GP surgeries and hospitals. They may have been influenced by exosystem factors relating to government policy on healthcare charging and entitlement. However, the limited scope of the measures around access meant that exosystem factors around healthcare were not investigated.

3.2.2 Descriptive statistics

I was able to obtain the data for analysis for twenty-one eligible papers. The number of adult asylum seekers in studies totalled 2,402 (**Table 1**), with 1,679 men and 856 women (n=20), and a median age of 34 (n = 15). Sudan and Iraq were the most common nationalities. Research was primarily conducted in high-income countries with majority white populations, with the USA (24% of studies) most frequent. Backward citation tracking found that research conducted in non-Western settings is currently underutilised.

Two-thirds of the included studies used a cross-sectional study design (n=14); 29% were prospective cohort studies (n=6), and 5% case control studies (n=1). The majority used convenience sampling, with only two using random sampling (Slonim-Nevo 2015, Laban et al. 2005) and one using a census sample (Muller et al. 2018).

PTSD was the most commonly assessed outcome (n=20) followed by depression (n=18) and anxiety (n=11). Only three of the 21 included studies measured additional mental health problems alongside PTSD, depression, or anxiety. Hecker et al. (2018) looked at Complex PTSD, Laban et al. (2006) assessed somatoform disorders and Muller et al. (2018) investigated

schizophrenia. Median prevalence for depression (n = 9) was 68% (IQR 50%, 85%), for anxiety (n = 6) 48% (IQR 46%, 61%), and PTSD (n = 10) 39% (IQR 36%, 51%).

Most of the mental health measures used were developed by USA universities, including the Hopkins Symptom Checklist (HSCL-25), which was the measure used most frequently to assess for depression and anxiety, used by 11 and eight studies respectively, and the Harvard Trauma Questionnaire (HTQ), which was the most frequently used measure to assess Post-Traumatic Stress Disorder (PTSD), used by seven studies. The HSCL-25 was created with USA participants (Parloff et al., 1954) and the HTQ with participants from South East Asia (Mollica et al., 1992). Other measures included the civilian version of the Post-Traumatic Checklist (PCL) that was developed by Weathers et al. (1991) in Boston and used by four studies. Two studies worked with clinicians to diagnose participants using the ICD manual (Muller et al. 2018, Hecker et al. 2018).

Table 1: Descriptive summary of studies

LEAD AUTHOR	YR	N	GENDER		AGE ($\bar{X}$)	PRIMARY COUNTRIES OR REGIONS OF ORIGIN	HOST COUNTRY	DESIGN	OUTCOMES	TOOL
			M	F						
BOERSMA	2005	117	70	47	41.6	Nigeria, Lebanon	USA	Case-control	Depression Somatoform	HSCL-25 SCL-90
EISEN	2016	78	33	45	34.1	Ethiopia, Cameroon	USA	Prospect. cohort	Depression PTSD	HSCL-25 HTQ-30
HECKER	2018	61	56	5	28.64	Afghanistan, Syria	Switzer.	CS	Depression PTSD, CPTSD	PHQ-9 ICD-11
HEEREN	2012	86	60	16	29.8	Africa and the Middle East	Switzer.	CS	Depression Anxiety	MINI/HSCL-25
HOCKING	2015	115	103	102	35.2	Sri Lanka, Pakistan	Australia	CS	Depression Anxiety PTSD	HCSL-25 HSCL-25 HTQ
KALTENBACH	2018	15	4	11	35.87	Syria, Iraq, Iran	Germany	Prospect. cohort	Depression PTSD	PHQ-9 PSS-I/PCL-5
KASHYAP	2019	122	78	44	39.07		USA	Prospect. cohort	Depression PTSD	PHQ-9 HTQ
LABAN	2005	294	190	104		Iraq	Netherlands	CS (Control)	Depression Anxiety, PTSD, Somatoform	CIDI
MORGAN	2017	42				African countries Inc. Zimbabwe, DRC/Congo	UK	CS	Depression Anxiety PTSD	HCSL-25 HSCL-25 HTQ
MÜLLER	2018	78	33	45	38.2	Turkey	Germany	CS	Depression Anxiety, PTSD Schizophrenia	ICD-10
NAKASH	2017	90	90	0	30.7	Sudan, Eritrea	Israel	CS	Depression Anxiety PTSD	HSCL-25 HSCL-25 PCL

NICKERSON	2015	30	23	7		Turkey	Switzer.	CS	Depression PTSD	HSCL-25 PDS
RYAN	2008	162	202	152	32.5	Nigeria	Ireland	Prospect. cohort	Distress	SCL-90R
SCHOCK	2015	50	30	20	32.1	Iran, Turkey, Balkans	Germany	Prospect. cohort	Depression Anxiety PTSD	HCSL-25 HCSL-25 PDS
SILOVE	1997	40	21	19	35		Australia	CS	Depression Anxiety PTSD	HCSL-25 HCSL-25 CIDI
SLONIM-NEVO	2015	340	276	64	30.6	Sudan	Israel	CS	PTSD	PCL
SOHN	2019	129	93	36		Nigeria, Ethiopia	S. Korea	CS	Depression PTSD	PHQ-9 IES-R
SONG	2010	44	24	20	36	Iran, Eritrea, Iraq	USA	CS	Depression Anxiety PTSD	HSCL-25 HSCL-25 PCL
STEEL	1999	296	135	64	43.7	Sri Lanka	Australia	CS	PTSD	HTQ
WHITSETT	2017	105	41	64	34.76	Ethiopia, Cameroon	USA	Prospect. cohort	Depression Anxiety PTSD	HCSL-25 HSCL-25 HTQ
WONG	2016	374	292	82	31.52	African countries (unspecified)	China-HK	CS	PTSD	PHQ-2

3.2.3 Quality appraisal

As detailed in Chapter 2 (Methods), the Newcastle-Ottawa Assessment Scale was used to assess the quality of case-control and cohort studies (Wells et al. 2003), and an adapted version was used for cross-sectional studies (Herzog et al. 2013). A copy of the quality appraisal tools can be found in **Appendix A**. **Table 2** reports the quality scores for each study.

Table 2: Quality appraisal of systematic review studies

LEAD AUTHOR	YEAR	SELECTION	COMPARABILITY	OUTCOME	TOTAL
BOERSMA	2005	3	1	2	6
EISEN	2016	2	2	2	6
HECKER	2018	4	1	2	7
HEEREN	2012	4	1	1	6
HOCKING	2015	3	0	1	4
LABAN	2005	3	2	2	7
MORGAN	2017	3	2	3	8
MÜLLER	2018	2	2	2	6
NAKASH	2017	4	0	2	6
NICKERSON	2015	4	2	2	8
RYAN	2008	3	1	2	6
SCHOCK	2015	3	1	2	6
SILOVE	1997	4	1	2	7
SLONIM-NEVO	2015	3	1	2	6
SONG	2010	3	0	1	4
STEEL	1999	3	0	2	5
WHITSETT	2017	2	1	2	5
WONG	2016	4	1	1	6
KASHYAP	2019	3	0	1	4
KALTENBACH	2018	3	1	2	6
SOHN	2019	3	2	2	7
AVERAGE		**3.1**	**1.0**	**1.8**	**6**

For selection criteria, there was an average score of 3.1 out of five. Widespread convenience sampling reduced scores. However, different forms of convenience sampling were scored differently. For example, a convenience sample of the first 100 people walking through a clinic would score better than a convenience sample of people handpicked by a collaborating organisation gatekeeper. The former includes an element of randomness and may provide some limited representativeness 'of the average in the target population' (Herzog et al. 2013), lifting the scores of a few papers. Sample size was poorly justified across several studies, with only a handful of studies reporting power calculations or calculating their sample size with reference to the overall target population size. Information on non-respondents was also often omitted.

The average score for comparability was one out of two, with most studies controlling for several risk factors such as age, gender and pre-migration trauma. Herzog et al. (2013) state that, when assessing whether 'confounding factors are controlled', the researcher should pick what they think is the 'most important factor'. Studies score one for assessing this key factor and a further point for any additional factor. Before the quality appraisal, I chose employment/unemployment as the key factor to be controlled for. This was chosen because of the well-evidenced effects of unemployment on mental health (Paul and Moser 2009) and its importance for migrant integration (e.g., Ager and Strang, 2004). Moreover, it is a standard sociodemographic variable, so it is a reasonable expectation that most studies would control for it. However, though a high number of studies did indeed measure employment/unemployment, it was not always controlled for in modelling.

The average score for outcome was 1.8 out of three. The initial criteria for the top score on outcome assessment was 'independent blind assessment [of mental health or] record linkage'. This was adapted to be in line with the accepted standard in the literature of using a validated screening or diagnostic tool to assess mental health, and most studies adhered to this. Statistical tests were not generally well reported. Confidence intervals, especially, were rarely reported.

The overall average score was six out of ten. The included studies met basic scientific standards but there were systemic issues around the justification of sample sizes, statistical reporting and accounting for potential confounders. Studies conducted in Europe generally

scored higher than studies from Australia and in particular the USA, which accounted for most of the lowest scores.

3.2.4 Synthesis of findings

Narrative synthesis was conducted for mental health risk factors reported by six or more studies or for three or more studies reporting overall post-migration stress. As mentioned in the methods chapter (Chapter 2), the six-study threshold for specific factors was chosen because of the heterogeneity around participant nationality, and risk factor measures identified in review scoping. This threshold was reduced to three for overall post-migration stress due to the more consistency in assessment measures, identified during scoping. Findings could be synthesised for discrimination, unemployment, and post-migration stress.

3.2.4.1 Discrimination

Discrimination was analysed against mental health problems in seven studies (see **Table 3**). Three studies (Wong et al. 2017, Ryan et al. 2008, Laban et al. 2006) provided evidence that suggested discrimination was associated with higher rates of mental health problems and four (Hecker et al. 2018, Morgan et al. 2017, Nickerson et al. 2015, Silove et al. 1997) provided only limited or no evidence of a relationship. The former set had larger samples and used several questions to arrive at a discrimination score, contrasting with the single item discrimination statement used in the other studies.

In their study with 294 Iraqi asylum seekers, Laban et al. (2006) found evidence for a positive association between discrimination and depression, anxiety, and somatoform disorder ($p = < 0.01$ for all results). Wong et al. (2017) similarly reported an association between everyday discrimination and depression (OR = 1.2, 95% CI 1.10–1.24) among a sample of 374 African asylum seekers in Hong Kong. Ryan et al. (2008) reported findings from 162 people from 38 different countries, finding that discrimination was positively associated with distress ($\beta = 0.29$, $p < 0.001$), after controlling for social support, gender and other post-migration stressors. The four other studies generally found no association between discrimination and mental health problems in their analyses. The one exception was Silove et al. (1997), who found a relationship between discrimination and increased PTSD (95% CI 1.01–22.50, $p = 0.05$).

Table 3: Reported associations between discrimination and mental health problems

LEAD AUTHOR	YEAR	SAMPLE	DEPRESSION	ANXIETY	PTSD	OTHER
HECKER	2018	61 people in Switzerland (top nationality Syrians)			OR = 3.6, 95% CI 0.65–17.6	Complex PTSD: OR = 3.6, 95% CI 3.16 –17.6
LABAN	2006	294 Iraqis in the Netherlands	Mean Rank Score = 137, p<0.001	Mean Rank Score = 169, p<0.001		Somatoform, Mean Rank Score = 180, p<0.001
MORGAN	2017	97 people in the UK (top nationality Zimbabweans)	r = −0.12, p = 1	r = −0.36, p = 0.1	r = −0.07, p = 1	
NICKERSON	2015	30 people in Switzerland (top nationality Turkish)	OR = 5.00, 95% CI 0.46–49.44		OR = 1.35, 95% CI 0.09–13.47	
RYAN	2008	162 people in Ireland (top nationality Nigerians)				Distress: β = 0.29, p < 0.001
SILOVE	1997	Unavailable	Mean PMLD score = 1.7, p = 1	Mean PMLD score = 1.7, p = 1	OR = 5.04 95% CI 1.01–22.50, p = 0.05	
WONG	2017	374 Africans in Hong Kong	OR = 1.2, 95% CI 1.10–1.24			

3.2.4.2 Unemployment

Unemployment was analysed against mental health problems in six studies (Kashyap et al. 2019, Sohn et al. 2019, Nakash et al. 2017, Hocking et al. 2016, Eisen 2016, Boersma 2005). Results are displayed in **Table 4**, with none of the studies finding evidence of an association between unemployment and mental health problems. Results could be subject to bias if participants working without permission do not want to reveal this to researchers. Only Eisen

(2016) considered work authorisation, using an employment rating scale developed by the Advocates for Survivors of Torture and Trauma charity (cited in Eisen, p. 41).

Table 4: Reported associations between unemployment and mental health problems

LEAD AUTHOR	YEAR	SAMPLE	DEPRESSION	ANXIETY	PTSD
EISEN	2016	78 Africans in the USA	β = − 0.036; p = 0.712		β = − 0.029, p = 0.766
SOHN	2019	129 Sub-Saharan Africans and Middle Easterners in South Korea	OR = 1.19, 95% CI 0.21–6.61		OR = 1.821, 95% CI 0.34–9.91
NAKASH	2017	118 Eritreans and Sudanese in Israel	OR =1.98, 95% CI 0.40–4.61	OR =2.11, 95% CI 0.43–5.09	OR =2.53, 95% CI 0.48–8.48
HOCKING	2016	115 in Australian (top nationality Sri Lankans)	OR = 2.16, 95% CI 0.48–4.56		OR = 1.67, 95% CI 0.32–3.58
KASHYAP	2019	122 people in the USA	β = − 0.1; p = 0.28		β = − 0.06; p = 0.51
BOERSMA	2005	117 in the USA (top nationality Lebanese)	r = − 0.033, p = 3.61		r = − 0.04, p = − 0.336

3.2.4.3 Post-migration stress

Five studies (Muller et al. 2018, Nickerson et al. 2015, Ryan et al. 2008, Laban et al. 2006, Steel et al. 1998) reported a score for general post-migration living difficulties, which may serve as a measure of post-migration stress derived from some of the factors in **Figure 9**. Four studies used a measure derived from the 23-item PMLD developed by Silove et al. (1997). Steel et al. (1998) used the full version of the checklist; Laban et al. (2006) used the full version with one addition, unspecified item; Ryan et al. and Nickerson et al. used an abbreviated checklist tailored to their study context, with 17 and 13 items, respectively; while Muller et al. used the MIGSTR10, a 10-item instrument developed by three psychologists/academics.

Four of these studies reported that post-migration problems were associated with increased odds of mental health problems; Muller et al did not test a potential association. Nickerson et al. (2015) found that increases in migration living difficulties were associated with higher rates of depression (total effects = 0.06, p = < 0.001) and PTSD (total effects = 0.07,

p = < 0.001). Ryan et al. (2008) similarly found that higher post-migration living difficulties were related to higher rates of psychological distress (β = 0.44, p = < 0.000). Though Muller et al.'s (2018) sample was too small to permit statistical analysis, there appeared to be no difference in the number of migration-related stressors between Turkish people seeking asylum in Germany with PTSD and those without (five stressors versus six, in a sample of 16 and 13 respectively).

Ryan et al.'s (2008) principal component analysis (PCA) identified three groups of post-migration living difficulties; higher scores in each were associated with increased rates of distress: basic living difficulties (r = 0.56 p = 0.000), asylum stress (ρ = 0.27 p = 0.001) and family separation (r = 0.02, p = 0.005). Laban et al.'s (2006) factor analysis created similar categories: family issues, the asylum procedure, socioeconomic living conditions and discrimination, and socioreligious living conditions. Higher scores were associated with increases anxiety, depression, and somatoform disorder across all three categories (p < 0.05 for all categories). Steel et al.'s (1998) PCA identified five categories of stressors: residency determination; threat to family; health care, welfare and asylum; adaptation difficulties and loss of culture and support. Results from the latter three were reported and higher scores were positively associated with posttraumatic symptoms (β = 0.24, 0.33 and 0.27 respectively).

However, the categories developed through PCA and factor analysis were not always conceptually coherent. Steel et al.'s (1998) category of 'healthcare, welfare and asylum' included elements as disparate as 'poor access to emergency medical care', 'delays in processing your application' and 'little help with welfare from charities'. Similarly, Ryan et al.'s (2008) category of 'basic living difficulties' encompassed 'racism and discrimination', 'financial concerns' and 'dietary concerns', and there was conceptual overlap with the 'asylum stress' category which included 'work permission'.

3.3 Discussion

The systematic review identified 49 studies, all of which contributed to a synthesis of risk factor domains and 21 of which contributed to a narrative synthesis of the literature.

3.3.1 Categorisation of mental health risk factors

The review identified 29 social environmental risk factors for mental health problems among asylum seekers measured across 49 papers and categorised them into seven domains: working conditions, social networks, economic class, living conditions, healthcare, community and identity, and the immigration system. Though more comprehensive, this categorisation bears some similarities to that used in Patel's (2011) review of asylum process mental health risk factors. They organised risk factors by different asylum process elements: detention, dispersal, asylum process and legal status - comprising of the subcategories 'access to healthcare', 'length of asylum process', 'legal status'.

Some potentially important and common mental health risk factors were omitted in each risk factor domain. The following discussion focuses on factors including healthcare, housing, and working conditions; likely risk factors relating to community, the immigration system, deprivation, and social networks are covered in Chapter 7.

With regards to healthcare, there was a singular focus on access. The review did not identify any studies that investigated the cultural adaptation or competence in health services, or lack thereof, as potential mental health risk factors. However, evidence indicates that psychotherapy, for instance, is more effective when culturally adapted for people of colour (Smith et al. 2011) and administered by culturally competent clinicians (Soto et al. 2018). Even when concerned with access to healthcare services, culture was absent from eligible studies, a finding echoed by Satinsky et al. (2019). Relatedly, Nellums et al. (2018) have found that healthcare access for people seeking asylum was inhibited by the lack of translators or the use of inappropriate translators (friends and family, or male interpreters for women's sexual health services). The Muller et al. (2018) study provided the only potential indication that this was a consideration when they asked about the cultural background of referring doctors. However, Watters (2001) suggests that cultural sensitivity programmes may be essentialising and that 'the appointment of workers from similar cultural backgrounds is not necessarily…. effective' (p1712). Thus, studies require more nuanced indicators of specific cultural adaptations related to individual needs and identities.

The lack of consideration of culture within the healthcare domain reflected a general lack of attention to macrosystem factors. Identified risk factors primarily assessed the microsystem,

including the mesosystem and exosystem to lesser extents. Factors relating doctor and immigration official data sharing may have been a useful mesosystem issue to explore within the healthcare domain.

Factors relating to living conditions were the examined by the second fewest unique studies. Relatedly, in Patel's review (2011), the category of dispersal only included one study and Ryan et al. (2009) reported no risk factors related to accommodation. Yet, housing is an important indicator of migrant integration and inclusion, crucial to a 'sense of security and stability, opportunities for social connection, and access to healthcare, education and employment' (Ager and Strang 2004, p. 15) with well-established links to mental health in the broader literature (e.g., Chambers et al., 2018). Similarly, homelessness – a risk faced by many asylum seekers (Refugee Action 2017, Mitchell and Kirsner 2004) - was rarely assessed by the studies included in this review and was reportedly not considered by a single study in Ryan et al. (2019) or Patel (2011).

There are other factors around housing, mental health, and asylum that future work could explore in addition to those shown in **Figure 9**. Freedom to enter and leave accommodation may be important. Research has shown that restrictions on movement, such as detention, are a mental health risk for people seeking asylum (see Robjant et al., 2009). Accommodation setting (e.g., urban or rural), which affects access to diaspora networks, a risk factor associated with mental health problems, could also be investigated (e.g., Byrskog et al 2016). People in isolated areas may suffer more from loneliness or boredom, which as shown by **Figure 9**, were commonly assessed risk factors for poor mental health. Accommodation cooking facilities may be a useful indicator to explore given the focus on this issue by UK migrants' rights groups (e.g. Helen Bamber 2021) and that 'access to traditional foods' was assessed as a risk factor by five studies included in this review (e.g., Silove et al. 2007).

Assessment of accommodation-related risk factors could also usefully examine housing context and conditions. For example, Hallas et al. (2007) consider whether the length of stay in Danish asylum centres is a risk factor for mental health problem. Their investigation of the relationship between length of stay in the centres and mental health problems could benefit from an explanation of what centre accommodation is like, differences between the conditions in different centres, and possible mechanisms linking housing in the centre and mental health problems. Winkler et al.'s (2018) study on the link between status and

psychiatric symptoms reports the proportion of their sample living in reception centres, shared accommodation, shelters in schools, and larger shelters in gyms and aircraft hangars. They could also potentially describe the differing conditions in each. For example, the aircraft hangar they refer to is the Tempelhof airport camp. Due to its historical and political importance, the space was tightly restricted and was not altered to accommodate refugees. Consequently, people needed to take a bus to public swimming pools to shower, use portable toilets outside the shelter, and had almost no privacy (Knight 2016, AFP 2015).

Only three types of risk factor were identified relating to employment and working conditions, and although unemployment was well-researched (28 studies), other employment-related factors were under- or unmeasured. Too few studies explicitly examined workers' rights for this risk factor to be included in the risk factor synthesis shown in **Figure 9**. Yet, worker exploitation is associated with poor mental health among migrant workers (e.g., Hovey and Seligman, 2006). In the UK, USA and German detention centres, asylum seekers may be working for as little as €0.80 per hour (Bales and Mayblin 2018, Kasinof, 2017). Similarly, limitations on people's ability to move between employers may increase vulnerability to abuse and exploitation (e.g., Balasubramanian 2019, Khan 2014).

Future studies could focus on the stability of employment; whether someone works regular hours, or is in a more precarious situation (e.g., on a zero-hour contract). Precarious work can be an issue among the general migrant population (e.g., Burgess et al., 2013; Campbell and Burgess, 2018) and relates to depressive symptoms (Kim and von dem Knesebeck 2016). The areas detailed in the World Health Organisation's (2019) factsheet on mental health in the workplace could be productively investigated. Risk factors encompassed 'limited participation in decision-making or low control over one's area of work'. A UK study found that lack of control was a source of mental health distress for people seeking asylum (Jannesari et al., 2019).

3.3.2 Narrative synthesis

Sufficient data were available for synthesis of findings relating to potential associations between mental health problems and discrimination (community and identity), unemployment (economic class), and post-migration stress (covering multiple domains).

Findings suggested a link between discrimination and mental health problem, though study settings and measurement approaches were heterogeneous. The larger studies, using more nuanced scales to investigate different facets of discrimination, more consistently reported an association between discrimination and mental health problems. In comparison, smaller studies using single-item measures tended not to find an association between mental health problems and discrimination. Studies were conducted in different countries and, largely, with different nationalities. Experience of discrimination may vary by setting and by asylum seeker nationality and ethnicity (Jasperse et al. 2011); it is not clear whether its impact on mental health problems also varies. However, findings reflect the broader literature on mental health and discrimination, including from large meta-analyses (Pascoe and Richman 2009, Schmitt et al. 2014) as well as findings from studies conducted with refugees (Noh et al. 2019).

In contrast with the wider mental health literature (Patel et al. 2011), findings from the six studies assessing unemployment suggested only a weak positive association with mental health problems. However, the majority of studies investigating this association did not consider a potential source of measurement bias: working without authorisation, which may be common among asylum seekers but not readily disclosed (Bloch et al. 2011). Those working without permission may be subject to additional stressors such as forced labour, unpaid wages, and a lack of institutional recourse (Lewis et al. 2013). Future studies could use scales that incorporate unauthorised working, such as the employment scale used by Eisen et al. (2016).

There was good evidence suggesting that post-migration stress as a broad category is associated with higher rates of mental health problems among asylum seekers. Although the categories of post-migration stress generated using PCA were not always conceptually coherent, four of the five studies reporting on post-migration stress found evidence for an association with mental health problems. This thesis reinforces appeals from academics to consider post-migration factors in greater depth (e.g., Miller and Rasmussen 2010). Further research could explore domains within post-migration stress, such as living conditions and healthcare in more detail. Factors relating to the asylum process were key components of all general post-migration stress score measures. As a category readily changeable through government policy, this could form a focus for future research and advocacy.

3.3.3 Strengths and limitations

The comprehensive search strategy and broad inclusion criteria (i.e., accepting papers from all languages, looking at any mental health problems and social environmental risk factor) are key strengths of the review. The search strategy included searches of several electronic databases and was supplemented by citation tracking and expert recommendations. No limits were placed on language of publication, and the lower date limit was set at 1967. Standardised forms were used to ensure consistency of data extraction, and all studies underwent quality appraisal using recognised tools.

A major limitation was the number of eligible papers for which data could not be extracted, despite all authors having been contacted when required data were missing (28 of 49). Consequently, work from research hubs in Australia and the Netherlands was excluded, and significant nationality groups such as Syrians and Afghans underrepresented in the narrative synthesis. A further limitation was that it was not possible to assess whether and how mental health risks varied over time during the asylum process because of the mainly cross-sectional design of contributing studies.

Conceptual limitations included the use of a deficit-based mental health framework. Morgan and Ziglio (2007) suggest that an asset-based approach would strengthen the evidence base around what affects asylum seeker mental health. This thesis used a deficit framing partly because this reflected the mainstream literature, and partly due to the desire to create a coherent and manageable review. Additionally, and similarly to other related reviews of the literature (e.g., Patel 2011, Ryan et al. 2009), this review used 'asylum seeker' – a legal term - to define the study population of interest. This reflects both standard practice in the forced migration literature and the lack of viable alternatives. In their systematic review of 'psychological distress in refugee children', Bronstein and Montgomery (2011) argue that, though their definition of refugee as someone who has claimed asylum, reflects a 'bureaucratic marker for managing migration, it is useful for 'disaggregating one of several populations'.

The potentially limited conceptual relevance and restricted focus of the term 'asylum seeker' is a potential limitation of the review. Relying on the 'asylum seeker' label can erase elements of people's migration experience that are crucial for understanding mental health. Variability

in the prevalence of mental health problems reported within host countries (e.g., Gerritsen et al 2006, Laban et al 2004) may suggest that legal status may be less important than participant nationality, although the use of different mental health measures are also likely sources of heterogeneity. Differences in participant nationality may be linked to different migration experiences around host country public reception, ability to integrate and bureaucratic scrutiny. Where these differences exist, combining applicants from multiple nationalities into a single category of "asylum seeker" may have limited conceptual value. Moreover, the label 'asylum seeker', and its associated variants such as the USA 'asylee' is predominantly a term used in Western countries. This may partly explain the bias this review found towards Western literature. In creating a more international asylum and mental health literature, it may be useful to look beyond legal category and even host country in grouping populations.

Issues with risk factor measurement is a limitation of the underlying data and therefore of the review. The systematic review identified 21 studies with sufficient data for inclusion reporting on more than 29 potential mental health risk factors. Yet, from these, the review could only synthesise findings for three risk factors: discrimination, unemployment and general post-migration stress. The majority of potential risk factors were measured in only a small number of studies and, often, findings relating to these factors were not disaggregated by mental health status. As also found by Ryan et al., (2009), the PMLD (Silove et al. 1997) provided for the main source of consistency in risk factor measures. However, results demonstrate that even within the PMLD there is substantial variation in the number and even phrasing of risk factors measured. Items relating to key domains identified in **Figure 9**, such as living conditions, were sometimes omitted. The Core Outcome Measures in Effectiveness Trials (COMET) initiative (Williamson et al., 2017) could provide a way forward. COMET seeks to produce a set of core measures to be assessed across clinical trials in a given area of health research: improving the relevance of outcome measures and the synthesis of evidence, as well as reducing outcome reporting bias.

Relatedly, the review identified a lack of nuance in the measurement of many risk factors. The PMLD and other risk factor measures often relied on the extent of agreement or disagreement with a single statement. It meant that complex items such as discrimination could be reduced to a simple concept with limited practical value. This contrasts with work

elsewhere describing migrant experiences of discrimination across 'multiple key life domains…. education, health, work, housing' (Hatch et al. 2016). This thesis suggests a move away from checklist-type tools and towards scales. Risk factor variables identified in any COMET-like initiative in asylum and mental health literature should, therefore, seek to consistently apply scale measures.

This chapter described the results of the systematic review on mental health risk factors during the asylum process. It found that discrimination and general post-migration stress are associated with mental health problems in people seeking sanctuary. Moreover, the review produced a typology of risk factors assessed in the asylum and mental health literature, revealing that potentially important factors were omitted while other factors could be measured with more nuance. The next chapter details the results from the ethnography of three participatory action research projects with Iranian and Afghan community groups. The ethnography was informed by systematic review findings. I was keen, in particular, to address the lack of nuance around risk factors such as discrimination and explore the influence of culture on mental health.

4 Ethnography

This chapter presents findings from an ethnography of three participatory action research (PAR) projects conducted with migrant associations and charities in London and South East England. Chapter 2 (Methods) details the methods used in both the PAR projects and ethnography. The ethnography aimed to investigate whether and how researchers can work equitably with migrants, migrant organisations, and migrant communities, avoiding – or even disrupting – power inequalities within research and within organisations. Practical recommendations are made, drawing on the presented analysis of ethnographic data, and methodological and theoretical implications discussed.

4.1 Introduction

4.1.1 Power dynamics in migration research

Many migrants, particularly sanctuary seekers, leave their countries in a state of relative powerlessness, fleeing due to a combination of economic, social and political problems. Yet, the decision to migrate can be a powerful exercise of agency and often an act of reconfiguring of power relations between people in low- and middle-income countries, and those in high-income countries (Jannesari et al., 2019). Migration can challenge economic hierarchies in people's country of origin, as well as disrupt postcolonial relationships between the "developed" world and the "developing" world (Jannesari et al. 2020c, Kinosian and Holpuch 2018, Lopez 2014). Decisions to flee can be an exercise in power in themselves, related to a refusal of existing societal structures around gender, sexuality, and political ideology (e.g., Hoang 2011, Bloch et al. 2009). Yet, at the same time, migrants may lose their social, cultural, and economic capital in a new society. Upon arrival to the UK, people seeking sanctuary are met with curtailed legal rights and a determination process that may feel uncontrollable (Jannesari et al. 2019).

In their ethical considerations, migration researchers, particularly those based in Western institutions, can usefully consider and account for the power dynamics involved in migration (e.g., Hugman et al. 2011). A balance exists between recognising the risk involved in conducting research with people in a relative state of powerlessness, and acknowledging that participants have, and continue to, exercise their agency and challenge state power. There is a risk both of coercing and distressing people, but also a risk of patronising and infantilising them. Migration research, therefore, could make use of a methodological approach that supports its participants to take a lead in the research.

Migration research must recognise the ongoing process of disempowerment that migrants, particularly those going through the asylum process, may be enduring. Researchers should provide a space for participants that counters this disempowerment. As part of this researcher facilitated resistance, it is important not to treat sanctuary seekers as victims. Maillet et al. (2016) contend that asylum processes may encourage applicants to tell victimising stories. They suggest that processes 'are designed to reward traumatic histories of violence, requiring applicants to tell stories in particular ways' (p942). Hence, a sanctuary

seeker whose migration story is one of resilience, resourcefulness, and bravery, must mould their story into one of victimhood in order to match their host country's expectations of a refugee. Relatedly, and as discussed in Chapter 1.3.2, Malkki (1996) argues that charities mould refugees into "exemplary victims" so that they can direct their limited assistance to where it is most needed, and away from people who are not "real" refugees. Ticktin (2011) similarly suggests that people seeking asylum are constructed as victims by charities, in order to fit their conception and criteria of who is morally deserving of support.

Sanctuary seekers may experience institutionalised exclusion, disbelief, and suspicion. Jubany (2011) conducted a detailed ethnographic study on the Spanish and UK asylum processes, finding a pervasive 'immigration service subculture… informed by a meta-message of disbelief and deterrence'. Anderson (2014) argued that this subculture manifests in UK courtrooms during immigration tribunals. From the judges' interjections and statements, to the dismissal of evidence by Home Office representatives due to minute details, to the inability of the judge or Home Office representatives to 'transcend the restrictions of [their] cultural repertoire', she argued that the tribunal system is pervaded and founded upon a mistrust and disbelief of people seeking asylum. Participants in Jannesari et al. (2019), stated the one of the greatest injustices faced during the asylum process, was the dismissal of evidence based on trivialities. It contributed to a sense that nothing they could do would satisfy Home Office requirements. Maillet at al. (2016) suggest that researchers, in their positivistic detachment, may reproduce the government 'social hierarchies and exclusions'. I would argue that they may also reproduce attitudes of disbelief and suspicion.

Due to the rights-impoverished environment sanctuary seekers find themselves in, charities become key sites of support, and migration charities form key collaborating partners for migration researchers. In seeking help, people may enter spaces where they are reduced to their difficulties and their power further eroded, and migration researchers must be particularly wary of replicating this. Though well-intentioned, the charitable spaces which host and provide services for sanctuary seekers can be disempowering. Darling (2011), for example, describes a drop-in centre for asylum seekers (places which offer food, shopping vouchers, clothes, and sometimes legal and medical support) in which an environment of generosity and hospitality was created. Though valuable in many respects, this was partly 'conditioned by an asymmetrical relation of 'giving' which may… replace care with charity'

(p411) and 'reproduce a politically passive and marginalised vision of the asylum seeker within the UK' (p408). Similarly, Rainbird (2011), carried out ethnographic work at drop-in centres in East Anglia, finding that they framed asylum seekers as dependent and excluded them from decision-making processes, and that asylum seekers conformed to this framing in order to receive assistance.

Research methods and recruitment might also replicate the silencing and orientalist homogenisation related to power imbalances already present in charities and community organisations settings. Mackenzie et al. (2007), for example, state that in refugee camps "community leaders" were often those given legitimacy through work with UNHCR and NGOs. This may link to their potential gatekeeping and consultative role in humanitarian and research projects. However, these leaders may not be representative of the rest of the community and result in the silencing of voices. Their power is tied to Western institutions and interests, further undermining genuine representation. University institutions and researchers may, in theory, play a similar role to the UNHCR and NGOs in Mackenzie et al.'s example. They can silence migrant voices and replicate harmful power imbalances within communities in the process of their research.

4.1.2 Colonial power dynamics in migration research

Researchers can be an integral part of colonial violence, replicating the abuse of unequal power dynamics. The methods chapter (**Chapter 2**) described how colonial powers have appropriated and repackaged knowledge from subjugated indigenous people, partly claiming civilisation through their use of the Western scientific method, and denigrating other methods of knowledge production as savage and superstitious (Said 1978). The introduction to this thesis detailed how mental health researchers can potentially pathologise migrants. Built into this pathologisation is the idea that migrants lack the capacity to speak for themselves, needing NGOs and researchers to provide a "voice for the voiceless". This characterisation contributes to the orientalist mentality that migrants cannot produce knowledge.

The risk of colonial dynamics around knowledge production is increased in work with sanctuary seekers given the potentially stark differences in socioeconomic status between researchers and the people they work with (Summerfield 2000). Marshall and Batten (2004) support Summerfield's assertation, suggesting that there are power dynamics inherent in

cross-cultural work, with researchers traditionally being members of colonial countries. They argue that the colonial relationship, one where colonisers held money, "knowledge" and "expertise" over the populations they subjected, may be superimposed onto the researcher participant relationship. Ellis et al. (2007) suggests that this power differential may lead forced migrants to acquiesce to research demands as they represent a source of authority. Asylum applicants are appealing to authorities for sanctuary and may not be familiar with how the asylum process works; it is feasible that people seeking asylum would comply with any figures of authority to safeguard their application.

Although the knowledge created through migration research is derived from migrants, it is not owned or controlled by them. Often, migration research is controlled by governments with a clear imperative to reduce migration. Accordingly, information extracted from migrants can be used to their detriment. This echoes the colonial practice of categorising and delineating subjugated populations, that was part of a biopolitical power to control subjugated populations (e.g., in "British" India, Chang 2020). For example, the Home Office have long funded research into "voluntary" returns (e.g., Reeve et al. 2010). This instrumentalised research, conducted by researchers at Sheffield Hallam University, was designed to consider the effectiveness of 'sustainable returns'. Relatedly, Zion et al. (2010) express their scepticism at the Australian Department of Immigration and Citizenship's motivation in their call for research proposals around self-harm in detention, given the department's responsibility for imprisoning participants in conditions linked to mental disorders, self-harm and suicide (Robjant et al. 2009).

Government, charity, and academic institutions may differ from sanctuary seeker participants in their research motivation and desired outputs. This can lead to research that is slow to bear fruit. The typical academic research project takes many years from conceptualisation to completion, and by the time mental health research with people seeking asylum produces results, participants may have been deported, gained status, or even died. Accordingly, in Smith's (2010) work with refugees in Sweden, families 'expressed the view that the research must be mutually beneficial to them during the course of the study… and not to other individuals in some distant future as a result of academic research dissemination' (p104). Similarly, in their work with sanctuary seekers in camps on the Thailand-Myanmar border, Pittaway et al. (2010) reported that people were sceptical of engaging with research. This was

partly because of previous negative experiences with researcher failing to follow-up with participants. Sanctuary seekers felt that researchers were exploitative, providing little benefit and effectively stealing their stories.

4.1.3 Resisting through research participation

Given the unequal power and postcolonial power dynamics in research with sanctuary seekers and the harm this can cause participants, it is important to conduct research that actively resists power inequalities. A key principle in research as resistance is to identify the oppressive power and design the approach in opposition to this. For example, Jannesari et al. (2019) suggest that people narrating their asylum experiences may appreciate an interview environment created in contrast to the Home Office asylum interviews. Ellis et al. (2007) state that 'for some refugees, a formal research interview may be associated with interviews that were conducted to determine their legal status as refugees'. The Charter for Engaging Survivors developed by Survivors Voices (2018) as a guideline for researchers working with survivors of violence and abuse, takes a similar standpoint. Every point on the charter begins by describing an aspect of abuse and then explain how research engagement must run counter to that.

Participatory research provides a potential range of approaches that may challenge the power inequalities associated with sanctuary seeker research. A broad range of participatory methods have been used in research with sanctuary seekers. Ellis et al. (2007), for instance, used community participatory methods in their work with Somali refugees in the USA. They define community participatory research as a method where both participants and members of their community are engaged 'at every phase of the research process' thus advancing social justice. They justify their methodology by stating that it will increase the possibility of producing something of social value as well as increase dissemination in refugee communities. Silove et al. (2002) piloted a researcher-advocacy model where they initially made a broad assessment of community needs of East Timorese asylum seekers, which they subsequently tried to meet in a newly developed trauma clinic. Participants were encouraged to 'voice their concerns and express their own views' at all stages of involvement with the service.

Participatory Action Research (PAR) could be a particularly effective way of addressing power inequalities sanctuary seeker and migrant research. PAR breaks down the researcher-

participant divide through participants' control of the research and involvement in conducting the work (see Baum et al. 2006). It further seeks to raise the sociopolitical consciousness of participants and take collective action to tackle the structural affecting the lives of its participants (see Freire 1970).

To date, however, there are few examples of migration researchers attempting PAR. Academics from nursing and migration scholarship have perhaps most explicitly discussed and been influenced by PAR, although not without difficulty. Khanlou et al. (2002), for instance, worked with young women from migrant backgrounds on promoting mental health at school, with participants able to input on the mental health topics for follow-up focus groups. In terms of action, instead of reimbursement, participants agreed to buying new books to read in conjunction with their language classes. However, Khanlou et al.'s study topic and methods were rigid and largely predefined; the action did not affect any of the structural issues students might face (even at a micro-level, for instance with how their language classes were conducted), the researcher-participant distinction was very much maintained, and it is unclear how participation raised consciousness of the oppression faced by participants in a way which fed in to the action (which was initially a suggestion from the headmaster). Khanlou et al. explain that the difficulties implementing participatory action research were partly due to limited time with participants. However, the research procedure may have also produced barriers. For example, school administrators, not the young people themselves, appear to have had earlier and more significant input into aims of the research. Thus, the research replicated pre-existing hierarchies within the school.

Cuthill et al. (2016), another nursing scholar working with migrants, reflects on the frustrations of translating the participation into 'meaningful social action' and echoed some of the problems Khanlou et al. (2002) appeared to have faced in their work with schools. Cuthill et al. contend that participatory action research methodologies have not furnished academics with the necessary skills to produce meaningful, sustained action which effects structural change in the face of a liberal world. They describe how the inability to achieve significant change left researchers and participants disappointed. The implicit warning here is to be cautious when explaining what PAR can achieve. These difficulties have led some scholars, such as Salmon et al. (2010), to become sceptical that participatory action research can reach Freire's (1970) ambitious aims of changing people's structural conditions. Though

they maintain that participatory action research remains an effective way to organise against oppression.

Nonetheless, a path towards more meaningful social outcomes might exist in PAR. Researchers could, for instance, be equipped with the necessary skills to achieve more fundamental social change. This could be an essential part of research training involving media, campaigns, and public policy work. The solution to the lack of social change in participatory work may lie with encouraging more activist research or, at least, more academic collaborations with activists and campaigners. However, Cuthill et al. (2016), describes inherent institutional barriers to the path, stating that though professional nursing bodies in the USA and UK 'recognise that nurses must work to reduce health inequalities… there was little support at either institutional or professional level in the UK for nurses to further political engagement' (p216). Many mainstream institutions, such as universities, may be reticent to support political activity given funding sources, charitable status, and trustee board backgrounds.

Though PAR can help empower participants and produce positive social outcomes, it may not be appropriate in all contexts, including in relation to research with sanctuary seekers. Maillet et al. (2016) discuss participatory approaches in their summary of the methodological challenges arising from fieldwork conducted with people who are 'detained and have their mobility restricted'. They state that, while they were attracted by PAR, it was not suitable for their aims as it is 'not possible to work in the model of PAR with people detained in confined spaces or intercepted at sea'. They explain how, due to the securitised nature of detention centres, people's mobility and ability to speak to researchers was severely curtailed. Accordingly, researchers opted for participant observation in the centres. Maillet et al.'s intended outcomes centred on increasing public awareness of the harm and death government policy inflicts on migrants. There was a potential missed opportunity here to draw on action research principles to describe actions that could be taken to facilitate this.

Finally, Khanlou and Peter's (2005) warning that 'due to attrition over time, some participants, who were active in the initial phases of the [PAR] collaboration, may not receive the direct benefits at the end of the project' (p2338), is particularly relevant to projects with forced migrants, who might continue on their journey or be deported over the course of a research project. Moreover, people may have to withdraw from PAR before they experience its

benefits. Cuthill et al. (2016), for example, explain how two peer researchers had to withdraw due to chaotic life circumstances. Unpredictable, potentially traumatic events may be a common occurrence for those forced to flee their countries (e.g., Aragona et al. 2013).

This study aims to use PAR as a portal into understanding how researchers should work with migrants, migrant organisations, and migrant communities in a way that avoid, or at least reduces, the harmful postcolonial power dynamics that can emerge during research with sanctuary seekers.

4.2 An ethnography of three participatory action research projects

I conducted an ethnography of three participatory action research projects, which were conducted with three Iranian (IR1) and Afghan (AF1 and AF2) community organisations. Full details of the PAR projects are provided in Chapter 2.4.6 and summarised here.

IR1 was hosted by a migrant charity and was composed of around eight staff, volunteers, and service users. We designed and conducted a well-being research project and attempted to act on the findings. IR1's research question was "How can our charity improve personal development in the Iranian community?". Outputs included an inter-generational tour of London, and English lessons centred on expressing Iranian culture. As the IR1 PAR was the most long-lasting, many of my insights come from this group.

AF1 had a smaller team of around five people and was based in a community association. We conducted stakeholder scoping work, designed the research, and obtained ethical approval. Our research question was "How does the Afghan diaspora in the UK understand the Afghan Symptom Checklist?". We hoped to validate a mental health measure for the Afghan population in the UK and set the grounding for a national prevalence study of mental problems in UK-based Afghans. Unfortunately, the project could not be completed due to limitations on PhD time and funding.

A viable research team was not created in AF2, which was hosted by a migrant charity, and did not proceed beyond an introductory discussion event on possible research questions. Due to ethical considerations around ethnically divisive charity practice, I stopped the collaboration. I am, therefore, limited to reflections on my experience and actions with AF2 and have not included any direct quotes.

Ethnographic analysis produced seven major themes, which were grouped into three categories. The first category, *'negotiating Iranian and Afghan diaspora community values and dynamics'*, encompassed three themes: acknowledging and navigating misconceptions about diaspora communities, empowering quieter voices, and balancing academic and community values. The second category, *'collaborating with migrant organisations effectively'* encompassed two themes: recognising that power lies with the organisation and engaging with organisational power and space. Finally, the third category, *'how researchers can, or cannot, equalise power dynamics through PAR principles'* included two themes: imposing research obligations and moving from relationships of equality to equity. Themes provide insights into working with migrants, their communities and the organisations that support them - and into working with community groups and organisations more generally – and give rise to recommendations on conducting conduct equitable and participatory research.

As detailed in Chapter 2, all names have been changed. Quotes are mainly from ethnographic notes of research team events, meetings, and personal relationships as well as reflections on these interactions. Flyers, reports, meeting handouts and ethics materials are also used. This results section refers to more established and less established migrants. More established migrants were typically those who had spent several years in the UK, were in employment and could speak English well. Not all these elements are necessary; a migrant with a prestigious job and fluent English is considered established even if they are new to the UK. Established organisation members are established migrants who have been part of the organisation for several years.

4.2.1 Negotiating diaspora community values and dynamics

Throughout the research, I had to negotiate a common understanding between my values as a second generation Iranian, researcher and activist, and the values of participants rooted in London's Iranian and Afghan diasporas. This disconnect led to misconceptions about the Iranian and Afghan diasporas early on in the PAR projects and required me to expand the scope of the research. Moreover, my beliefs as a migrants' rights activist clashed with the judgemental attitude from more established migrants towards less established migrants, particularly in the Iranian diaspora. This affected the dynamics of the PAR team, for instance, resulting in less established migrants contributing less than more established migrants during

PAR meetings. I attempt, with mixed success, to negotiate this clash and empower quieter voices in the group. The judgement attitudes in the Iranian diaspora, linked to community values around hard work and reciprocity, were also reflected in the Afghan diaspora. These values clashed with the biomedical ethical principles I espoused as a researcher, and meant that the ethics process caused frustrations in, and negotiations with, the PAR team, as well as collaborating organisation members.

4.2.1.1 Misconceptions about diaspora communities

My personal misconceptions about how Iranian and Afghan diaspora communities defined themselves contributed to early difficulties facilitating the PAR projects, but I was able to work through this by being flexible about the nature and scope of the research. For example, I originally intended that my collaboration with AF1 should focus on work with Persian speakers. Yet, from the beginning of the PAR, members of the AF1 team underscored the importance of including Afghans who spoke different languages and were from different ethnicities.

> *AF1 reflections: 'I was glad that the group came from a range of Afghan backgrounds and I should not have focussed on Persian speaking in the first place'*

Further, I had originally intended that the PAR projects would focus on asylum seekers and I assumed that team members would identify with this category. Yet, in initial PAR meetings with IR1 and AF1, team members suggested that people do not want to be considered as an asylum seeker. Moreover, they made it clear that this category was not part of the diaspora community vernacular. Thus, we reframed the PAR around the broader term, migrants. In my ethnographic notes, I started using 'sanctuary seeker'. Simultaneously, in the PAR groups we started working with more recognised community cleavages such as ethnicity and age, rather than focusing sanctuary seekers.

> *IR1 notes: 'We discussed how to divide up the focus groups. It was suggested that it would not be good to split up people into those with and without status… talking about status appeared to be something relatively taboo [and] we decided to simply have one group of men and one group of women'*

> *AF1 notes after an initial research design meeting: 'Another attendee asked about groups other than people seeking asylum, such as the elderly'*

I was more able to recognise and surmount misapprehensions I had about the Iranian diaspora versus the Afghan diaspora, a community about whose internal politics and divisions I was not personally familiar with.

> *AF1 notes: Rashid told me that he was not very impressed with AF2 because they spouted very divisive rhetoric against every ethnicity in Afghanistan. They also did not want to be considered Afghan, rather they wanted to be known as Persian speakers. Rashid was confused about what this even meant. So was I.*

My lack of knowledge of the Afghan diaspora contributed to my beginning a collaboration with AF2, only to find that it appeared to exclude Afghans from certain ethnicities, a realisation which partially led to my choice to terminate the AF2 partnership.

At times, the only way to address my misconceptions around the Afghan and Iranian community was expand the scope of my thesis. However, I usually felt that this was outside of my power. For instance, I was unaware prior to starting the PAR collaborations that many people in the Afghan and Iranian diaspora subscribed to a transnational identity, and I was ill-equipped to manage an entreaty from AF1 team members to incorporate data from Afghanistan and conduct research that would help people there. Rather than obliging the appeal, I demurred, citing the limited scope of my PhD work.

> *AF1 reflections: 'One attendee asked if I could use research data from Afghanistan. I said that my project was UK based but it could certainly be good background information'*

> *AF1 notes: 'Tuba said that she was going to Afghanistan again tomorrow and if there was any basic research she could do or questions that I should ask, that I should send them to her'*

Nonetheless, I attempted to encourage a research process that could acknowledge, engage with and account for transnationality. For example, many members of IR1 and AF1 left for Iran and Afghanistan for months at a time and, in one case, permanently. Accordingly, I adapted the research timeline, spreading the PAR out over time, and helped people contribute to the PAR from abroad.

IR1 notes: 'Nasrin [said] she could still help with such things even from Iran. I appreciated Nasrin's gusto and even suggested that she could Skype into the meetings from Iran'

4.2.1.2 Empowering quieter voices

Within the communities I worked with, there was an implicit tension between established migrants and less established migrant. These tensions trickled down into the all the PAR projects, with less established migrants less likely to give their opinions on the research. I observed, for example, that IR1 established migrants were unswervingly disparaging of the important and personal life choices made by less established migrants.

IR1 notes: 'Shirin mentioned how people come here now and watch Iranian cable TV all the time. She contrasted this with her experience always trying to speak in English and watch English TV… these comments always seem to be with Nasrin in mind'

While more established migrants were negative towards less established migrants, less established migrants greatly respected more established migrants. Established migrants were esteemed for their contributions to the community. Thus, less established migrants in the PAR teams appeared either internalise negative perceptions about newer migrants or to see themselves as exceptions to these stereotypes. The latter may have been reflective of the aspiration of newer migrants to integrate.

IR1 notes: 'The point he had actually made, was that we need more practitioners… Nasrin [a less established migrant] said that people like him didn't have the whole picture on the situation and it felt as if he was degrading his experience and value'

In AF1, newer migrants were indirectly excluded from the group through language, limited relationships, and a lack of introduction. The limited involvement from newer migrants felt tokenistic and superficial.

AF1 notes: 'When Asghar joined the conversation, Qais suggested that he and Rashid will translate for him. Their translations were very short and infrequent however e.g., "he agreed" after a good minute of talking'

I felt that the negative characterisation and exclusion of newer migrants was a manifestation of the marginalization of migrants in wider society. I struggled to accept this and unilaterally shaped our research to refute the perceived oppression.

> *IR1 reflections: 'The centrepiece of [the PAR] findings, on the Iranian Straw Man, was perhaps because I had an axe to grind with the rest of the research team about their constant denigration and stereotyping of Iranians. I think being from the community meant that I lost a lot of my impartiality. I perhaps used this as an opportunity to voice my own concerns'*

However, while a few less established and more recent migrants engaged with the PAR as a way to defy their marginalisation and denigrating portrayal in UK public spheres, I found it difficult to broach the matter of internal oppressions due to the respect less established migrants had for more established migrants.

> *Opportunistic interview with IR1 member: 'In that [PAR] meeting I could feel that I still have knowledge, that I am still educated and that I can do something. And it helped me until I got to a better place… it is really difficult, I think people need support at this point. We need something to feel that we are educated, someone who can be relied upon. And that's how the meetings made me feel, that I could have helped.'*

> *IR1 reflections: 'Some of the discussion was, inevitably, taken up by disparaging the straw man Iranian migrant… I remember feeling that it was rude, particularly to Andranik… [but he] disassociated himself from the straw man by tacitly agreeing that he exists and criticising him'*

4.2.1.3 Balancing research and community ethics

Ethical approval for each PAR project – and for the ethnography that accompanied the projects – was received from King's College London's Research Ethics Committee. However, PAR team members, and those who were participating in research conducted by the PAR team, were at best unconcerned and at worst irritated by the requirements of the ethics approval. This was primarily due to the time these processes took up. At PAR discussion events, ensuring informed consent often took a comparable amount of time to the actual discussion.

IR1 notes recounting an argument between a staff member and I: 'Minoo said "If you keep entertaining [questions on the study] people will ask questions forever." I said "That would be fine!"... She replied "I run this group and know how to deal with them."'

The need to ask people to complete consent forms, allowing them to ask questions about the research and sending out information sheets beforehand was a source of ongoing tension. Several PAR members and research participants suggested that I sign consent forms for them or that they could sign consent forms on behalf of others. I found myself taking on an uncomfortable role of monitoring and following up with PAR team members to ensure they were adhering to the ethical requirements.

Notes from an opportunistic interview with an IR1 team member: 'Shaparak suggested I just sign the consent form for her'

IR1 notes from our focus group event: '[A focus group participant suggested] that she could just get people to sign and would tick the boxes herself'

I felt I was being paternalistic in enforcing ethical requirements and procedures, and they did not seem appropriate for the cultural milieu of AF1, IR1 or AF2. This was despite my belief that the ethics processes did help protect participants. Yet, in imposing the ethical procedures, I felt like I was reproducing postcolonial power dynamics, implying that university values were more civilised than community values. Moreover, even though I was a relative outsider with limited knowledge of community dynamics, I was presuming how we, as a PAR team, should work with organisation and community members.

AF1 reflections: 'I found it interesting how the ethics committee wanted KCL [university] logo everywhere. I had taken it off because I did not want to impose my control over the project'

While working with the PAR teams, I observed ethical values in both the Afghan and Iranian diasporas around hard work, respect and reciprocity. In IR1 values were related to engagement in community life, the importance of personal relationships in working with people and offering support, and respect for more established migrants. There was an idea that everyone, no matter their immigration status, resources, or level of integration, had to contribute to the community in some form. In AF1, there was a respect towards more

experienced members of the community, not necessarily established migrants, and a responsibility from more established migrants to more recent arrivals. The ethical values of both diasporas entailed a social contract promising practical support and advice from the community, in return for community engagement and respect for important individuals. Accordingly, if an organisation member attended a free event where they were provided food, services or entertainment, there was an expectation that they would give back, either out of respect of responsibility, for instance by completing an evaluation or consent form.

> *IR1 volunteer helping out with the discussion event: 'There is not no such thing as a free meal… if it were me, I would obviously take part in the research and sign the consent form'*

> *Notes from IR1 briefing before focus group event: 'I again tried to go through the importance of consent forms and information sheets, emphasising confidentiality and putting people at ease - but I do not think anyone really paid attention to this'*

Consent was, therefore, often based not on having read and understood the information sheet but on mutual respect, a responsibility to a communal good, and in the case of IR1, personal relationships. There was a particularly illustrative case with one IR1 participant, who having signed an interview consent form, double checked during the interview that I would maintain confidentiality. They wanted my word and believed it based on the relationship we had developed over the PAR.

> *Opportunistic interview with IR1 team member: 'Interviewee: I do not want my name coming out from this interview… Interviewer: 100% I will not use your name anywhere… and if this happened you can go to my university and ruin me. Interviewee: No, of course not! I have trust in you, there is no problem. Just, in some way, this was a friendly talk'*

In general, participants did not appear to believe that their anonymity, confidentiality, and autonomy would be protected having signed the consent forms, nor did they always value these safeguards in the first place. Anonymity, in particular, was not something that was always desired by team members and many people were keen for their contributions to be made public. They felt it might benefit their careers and could protect against research exploitation.

Email from AF1 team member: 'I need to clarify this that my contribution… should be acknowledged in your PhD research and our names should be included in the publication'

4.2.2 Collaborating with migrant community organisations

PAR principles are centred on a bottom-up and horizontal approach to conducting research. Participants need to feel that they have the skills and the space to create knowledge. Part of this is valuing the expertise of lived experience and analysing the structures that potentially oppress participants to engage in directly beneficial actions arising from the research. This philosophy was undermined by collaborating organisation hierarchies linked to social networks and the control of space. However, I did, to a limited extent, carve out spaces independent to the organisation for participants to exercise their power.

4.2.2.1 Recognising organisational hierarchies

PAR principles around equalising power were undermined from the outset of all three collaborations. This was because the organisational decision to take part was taken by one person: the organisation manager, who played a gatekeeping role. In IR1 and AF2, this decision was taken immediately during the first meeting with me. In AF1, there was a discussion with the organisation management, though I was assured that this was a formality.

IR1 reflections: 'I was surprised by the swiftness by which [the manager] agreed to the project… this speaks to hierarchical nature of the organisation, that he did not need to discuss with anyone to approve it'

The top-down decision making meant that one or two team members seemed to have been obliged by organisation management to take part.

IR1 notes: 'Sadar managed to ensnare a poor staff member/volunteer who was on her way to do some other much more important job. The poor person had to sit through the entire presentation'

The hierarchical organisational influence contrasted with the rhetoric used by team members that made me feel that, initially at least, I was in charge. This confirmed my initial worries about researcher power. Due to my research expertise, I drove the research forward, controlled the research design and managed the logistics and timetable. Moreover, the

fluidity of the group meant that project knowledge was further siloed with me and I spent a lot of time working with people one-to-one.

> *Email to AF1: 'Please find attached a draft flyer, event timetable and research flowchart attached. I'd be grateful if you could let me know what you think'*
>
> *AF1 reflections: 'Rashid suggested… having quotas of people we wanted to speak to from across the country… Though this was a good idea I thought it might hold us up unnecessarily… I have a PhD to finish after all… Rashid was very ready to submit to my authority as "the lead person"'*

Yet, my power was restricted to research decisions and did not extend to approving recruitment, controlling the pace of the research, or deciding when the PAR research cycle was over. My power was also a reflection of my team members' desire that I conduct the bulk of the research spadework. Collaborating organisations had a clear hierarchy with management at the top, followed by staff, volunteers (including me), and service users.

> *AF2 reflections: 'There is a tension [in PAR] as the grassroots is very rarely non-hierarchical'*
>
> *IR1 reflections: '[The hierarchy] started with Sadar as the general manager, Maryam as an employee/caseworker and then the typically highly educated volunteers'*

Early on into my collaborations with migrant organisations it was evident that any issues in my relationship with organisation management could end the collaboration. This was made explicitly apparent when, in the AF2 collaboration, the head of the organisation threatened to terminate the collaboration after what I thought was a relatively minor misunderstanding. In the end, I ended the collaboration unilaterally, enacting one of my fundamental powers over the research process.

> *Reflections after AF2 figure threatened to end the collaboration: 'I went in front of everyone… [and had to] apologise for my "silly Iranian jokes" … I really dislike being cowed… it was the beginning of the end in a way'.*
>
> *IR1 reflections: '[The hierarchy] started with Sadar as the general manager, Maryam as an employee/caseworker and then the typically highly educated volunteers'.*

4.2.2.2 Engaging with organisational power

Organisational power and influence over the PAR were exercised through social connections, particularly in IR1. Senior organisation members knew all the group members personally, had their contact details, and updated them on PAR progress through their organisational and social interactions. They decided to keep certain interested people in the loop, and drew new people in. This was much more effective than my email and mobile communication.

> *IR1 notes: 'Various people had sent their apologies to Shirin, she often was a focal point for the project. She mentioned that it was her who kept forwarding the emails to Simin, when I did not have her email'.*
>
> *Email from a AF1 team member adding another organisation member to our research group: 'Hi Asghar, Thanks for your interest. Sohail, though the study is a non-clinical… please include him in the group as he can better steer our direction from a clinical perspectives [sic]'*

The social influence of established members was especially evident at the end of the IR1 project. Though less established migrants told me that they were keen to continue the research and meetings, their attendance ended when established members withdrew their support. Established organisation members legitimised the research because people respected their opinion and the work they were doing through the organisation.

> *IR1 notes: 'On the group chat, Maryam said we can't keep arrange arranging [meetings]… effectively, [the staff] stopped us meeting, even though… Nasrin and Andranik both mentioned that they wanted to meet'*

In addition to social influence, collaborating organisations also enacted power by granting, or withholding, resources and admission to organisation space. During my ethnographic observations I found that opinions on the usefulness and purpose of PAR were made apparent in the how regularly available organisation space was. I observed that organisation space was progressively made less available over the course of IR1 PAR.

> *IR1 notes: 'Maryam mentioned that [the organisations was] in the church on Monday… initially suggesting that we should cancel. But I thought we could just go to the church and that was fine in the end. It struck me that if I had not come to [last week's organisation event] I would not have known this.'*

Partly because IR1 staff controlled the space, meetings were arranged around staff time. The implicit thinking seemed to be that this arrangement would make participation accessible to staff who were very busy.

> *IR1 reflections: 'In terms of continuity, staff members have a massive advantage; they are usually already at the meeting place'*

However, as the PAR projects developed, entering data collection and analysis stages, they needed more of the time of PAR members. Consequently, even orientating meetings around staff time was not sufficient to maintain engagement. Accommodating staff members not only was not only unsuccessful at maintaining their engagement, it also meant that less established migrants dropped out of the PAR as the timing did not suit them.

> *IR1 team member in opportunistic interview: 'It was a little difficult, because it was not flexible and at that point I was going to hospital work experience… if it was Tuesdays, then things would differ a lot. I would be able to take part'*

During the PAR projects, I realised that I needed to proactively create spaces outside of organisational settings to disrupt the power of more established migrants and support the influence of less established migrants. The IR1 ethics application provides a useful example of this. I worked with two interested and less established migrants to complete the application in a local café. We had a longer and more relaxed meeting compared to the usual PAR meetings. The two less established migrants and me were more talkative, perhaps even a little garrulous. This was a positive outcome as one of the team members almost never spoke in the PAR meetings and we had an opportunity to build up trust.

> *IR1 notes café meeting: 'I had enjoyed being with services users and took the opportunity to ask them what they thought of the wider meetings. Shaparak and Simin said that in the bigger group… the conversation will reflect the agenda of [the staff]'*

4.2.3 Addressing researcher-participant power dynamics

I had aimed to equalise researcher-participant power by using PAR methodology. However, many PAR team members felt that the methodology was an imposition, especially established organisation members who were frustrated at the time commitment it demanded of them. Instead of aiming for a researcher-researcher relationship, which not every participant

sought, I learnt to seek more equitable relationships in which people could contribute on their own terms.

4.2.3.1 The burden of participatory research

Rather than wanting an equal role in the PAR, team members most commonly wanted to act as directors, facilitators, advisors, or assistants. Most people preferred an arrangement where they could join and leave the PAR as convenient. There were a few exceptions to this, particularly in AF1 where two members consistently participated in almost every meeting. For these two members, I observed that the research genuinely and conclusively related to a community benefit and that for them, participating was a way of demonstrating their positive contribution to the community. Most other team members, particularly established migrants, resisted my insistence that everyone adopts an equal role.

> *IR1 team member in opportunistic: 'Someone should coordinate… the project and everyone involved, and divide the responsibilities. Yes, it should be everyone's responsibility but there should be like the conductor of an orchestra. Without one, everyone does their own thing'*

> *IR1 reflections: 'I emailed beforehand asking if people would like to chair the next meeting, explaining that it was part of giving away power and linked to the methodology I was trying to create. As I suspected [it would], this went unanswered'*

The early tensions around the PAR principle that each team member has an equal role in the research increased as the PAR progressed and demanded more time. This tension was exacerbated by the slow moving, consensus driven nature of PAR. I observed that a few team members felt that the PAR process may be exploitative, as it required more effort than standard research methods but appeared to produce slower results. Relatedly, established organisation members queried why they were expected to engage with the intricacies of research design, as well as collect and analyse data. This took time away from their important organisation work. Moreover, they were confused as to why I, an apparent research expert, did not take on more of the load.

> *IR1 reflections: 'I got the general feeling that perhaps people felt I was going a little too slow. I was going slow to ensure that people remained onboard. I was guarding against the intermittent expectation that I would conduct all the research'*

Due to the limited funds available to my PhD, I did not suggest paying PAR team members for their time. This was an issue for one or two AF1 members, who requested financial compensation as a recognition of their intellectual and practical contribution. Though I politely declined their request, explaining the reasons why, I did make a donation to the organisation at the end of the research. The group responded well to this, and it allowed me to leave on good terms after ending the project before data collection due to PhD timelines.

> *AF1 notes: 'Rashid mentioned how Azar… was going to pay everyone, including him, for his time… he asked whether he and others could be compensated by me for their time.'*
>
> *AF1 reflections: I still wanted to do right by the [organisation]… I thought that making a donation… was only fair. This resulted in… a much more positive, not to mention immediate, response'*

For many other participants, particularly less established migrants, the issue of financial compensation was less important. People stated that this was because they recognised the wider community benefit of the project. More precisely, perhaps, they were convinced of my good intentions and trusted me to ensure that the research benefitted the community. Such PAR team members, I observed, were more likely to express a sense of ownership of the research as well as push for a quicker research process and progression.

> *AF1 notes: 'I asked Tuba about whether they would like to be compensated for their time… [Tuba said] that it was not a problem to contribute for free as the work would be benefitting the community'*
>
> *IR1 notes: 'Shaparak was very passionate that she would dislike it if the project just found its way into a library never to be read. But if only one person was helped by it, then that would be worth it'*

4.2.3.2 Moving from relationships of equality to equity

During much of the PAR, particularly towards the beginning of the work, I pursued equal relations between myself and each member of the team. Accordingly, I resisted a leadership role. Over time, some team members grew frustrated that I still wanted input at latter stages of the research, or that I was not coordinating proceedings at an event. There was a continual tug of war with me trying to move towards greater participation and many in the group,

especially more established migrants, seeking less participation. I gradually came to realise the harm that my insistence on equality was causing. In addition to adding to team tensions by suggesting that each member of the team could become a co-researcher, I was unwittingly denigrating the research knowledge I had to offer. This, in turn, reduced PAR acceptability and my legitimacy as a research facilitator.

> *IR1 reflections: 'Rather than equalising the boundaries all I feel I've done is lower myself to the dishevelled and disorientated child playing at research'*

Towards the latter stages of the PAR work, I began targeting equity instead of equality. Through a process of self-reflection during the ethnography, I realised that more equal power dynamics did not necessarily require everyone to adopt a co-researcher role. There were many other useful and powerful roles team members could take.

> *AF1 reflections: 'It was a really excellent presentation [from the AF1 team member], which I should have really listened to more… I did not see the nuance or recognise the expertise'*

In aiming for equity situation, I began to speak with each team member one-on-one, to better understand their skills and how they hoped to benefit from the research. Based on their answers, I tried to create a role that would be best suited to them. For example, in IR1, an established community member was eager to contribute to the project through their wide range of social networks. For them, the PAR project was another way of linking in with community life. Accordingly, I encouraged them to help as a recruiter and fixer, rather than a co-researcher.

> *IR1 notes after a one-to-one conversation with a PAR team member about their motivations for participating in the PAR: 'He said that he would not personally do it but he would get someone to do it for him. He said that he was somebody who gave orders… I was a little frustrated, but he had done all the inviting and done a very good job at it. He is a good linking person'*

> *AF1 notes after a one-to-one conversation with a PAR team member about their motivations for participating in the PAR: 'After talking about what she would like as a doctor, she mentioned that she was also a conducting a masters. She had taken it to*

diploma level over the last year, but didn't have time to completely finish it. She was hoping that this [PAR] work would support her completion'

4.3 Practical lessons learnt

On a practical level, the ethnography of the PAR projects helped me become a better migration researcher. Equally, there are many things I would do differently in future participatory research and work with migrants. Key lessons learnt during this process are summarised in **Table 5** and discussed in more detail below.

Table 5: Practical steps to improve the migration research process

Relevant theme	Practical lesson learnt	Possible Researcher Actions
Negotiating diaspora community values and dynamics	Be conscious of the nuances of migrant identities	1. During initial engagement, explicitly and honestly describe identities. 2. Adapt to transnationality, ensuring departed team members can contribute from abroad. 3. Plan around cultural and religious holidays and spread out the research commitment over time. 4. Emphasise opportunities to publish academically and enable participants to draw on university resources.
Collaborating with migrant community organisations	Identify how the structure of collaborating organisations might influence research	1. Establish what resource is to be brought to organisation-communities. 2. Ensure that research builds on implicit knowledge in organisation-communities. 3. Sign an MOU listing mutual commitments. 4. Conduct a series of introductory interviews and attend organisation events before the start of a collaboration.
	Challenge internal organisation and community oppressions when appropriate	1. Create PAR spaces independent to the organisation-community. 2. Find a source of legitimacy outside of the organisation hierarchy, for instance in letters of support from established community members. 3. Decide PAR meeting times and locations by consensus.
Addressing researcher-participant power dynamics	Offer participants a choice of research approach	1. Run a basic training session on different possible research approaches 2. Begin PAR with a series of one-on-one discussions with each team member, to get to know them and how they wanted their expertise to be recognised.
	Proactively facilitate the participation of marginalised people in PAR	1. Talk through the meeting agenda with quieter PAR members before meetings. 2. Before the research begins, have a frank discussion with participants about payment.
	Ensure that ethical procedures are culturally accessible.	1. Recognise, understand, and incorporate community ethical values into ethical procedures. 2. Use creative ways of ensuring iterative consent such as a weekly ethics activity. 3. Provide an introductory ethics training session.

4.3.1 Be conscious of the nuances of migrant identities.

Even though I was not part of the Afghan community, I needed to understand where I was situated in relation to it and understand the different tensions within it. Effectively, I needed to understand the nuances of the various Afghan identities within the diaspora and my PAR team members. The prejudices, shared culture, and modern political relationships between Afghans and Iranians impacted our collaboration. It meant that, at times, I was singled out for criticism in a way a complete outsider might not have been. At other times I was included in insider conversations and perspectives on their host society. My initial naivety around being an Iranian among Afghans caused tension and misunderstandings. It would have been useful if, during initial engagement, I explicitly stated my identity as a second generation Iranian and addressed some of our community tensions and similarities.

An important nuance in the diaspora identities of many Iranians and Afghans, particularly pertinent in the PAR teams, was transnationality. As people left for or returned to their home countries or reduced their involvement with the research due to changing capacity, identities and life circumstances, reliability issues increased. I adapted to fit a more transnational frame, ensuring departed team members could still contribute from abroad, planning around cultural and religious holidays and suggesting that any future collaboration also produces a benefit to those in home countries. Nonetheless, it was difficult to get everyone to attend meetings and people often forgot to complete actions. This slowed the research down substantially. The planned PAR timeline of three to four months was extended to around a year, and the AF1 and IR1 work was still unfinished when I was forced to stop due to PhD time constraints. These difficulties might explain why many academics find a lack of research with diaspora communities (e.g., Sonnenbery et al. 2018, Shewamene et al. 2017). I should have developed timescales or an approach that reflected how transnational communities function and recognised the constraints of people in employment. The more intensive approach I had initially planned was perhaps appropriate for more recent migrants and people seeking asylum with a large amount of free time. But as my focus changed to migrants more generally, migrant communities and migrant organisations, so should have my research approach.

Many collaborators were identified as a professional and highly educated, but they found UK society reluctant to acknowledge their qualifications and experience. Migrant occupational downgrading, along with its associated discrimination and the frustration is well-documented

(Adversario 2017). Nevertheless, it felt acute among the people I worked with and frequently motivated participation in the PAR. As I comprehended these wider issues, I understood how the PAR could provide a form of professional recognition and I emphasised opportunities to publish academically. I could have developed this further by involving more established academics from KCL and fostering links. Engaging participants through social issues and addressing problems of societal acceptance through research can be applied more generally to research with community groups.

4.3.2 Identify how the structure of collaborating organisations influences research.

Migrant organisations can constitute communities and it may be more appropriate to refer to them as organisation-communities. This structure influenced what partners wanted from the research. Members of the Iranian diaspora, in particular, usually preferred research to support their organisation as opposed to a wider diaspora community, and research outcomes around funding were most appealing. Relatedly, they typically sought an advisory relationship instead of a fully participatory approach as it reduced the burden on organisational resource. Moreover, small organisation-communities may intend for research to attract new members. A transactional approach may be useful in these circumstances. Though I was reluctant to set a budget as I felt this would restrict the research, it would have established the resource I was bringing to organisation-communities. More established organisation members could then decide if it was beneficial to take part.

The desire from several participants for the PAR to increase organisational resources meant that there was limited interest in the knowledge the research could produce. I needed to work harder to shift their motivation, so they valued the research throughout. For example, when co-designing the IR1 survey and the topic guide for the IR1 PAR focus groups, I could have asked PAR team members the question “might these questions produce anything to challenge or add to your current knowledge?” and modified the guides to reach a positive response. More substantially, I could have framed the research question to build on implicit knowledge in organisation-communities.

I also needed to acknowledge how many migrant community organisations are structured very hierarchically. In the early stages of the PAR, I was surprised to learn that maintaining an equal relationship with partner organisations was difficult. I needed to appreciate the power the organisation, embodied by its management and gatekeepers, had over me. This power

undermined my ability to meaningfully involve less established migrants (e.g., by limiting team training opportunities), meant that team plans were consistently overruled (e.g., research events moved or cancelled) and that research quality was reduced (e.g., by ruling out certain methodologies).

Signing a memorandum of understanding (MOU) listing mutual commitments, as was suggested by a member of AF1, could help all parties feel more secure and avoid misunderstandings. Prior to the research, it would have been useful to better understand organisation culture, as well as its hierarchies and where I might lie in them. It would have been helpful to conduct a series of introductory interviews and attend organisation events before the collaboration began. It was also important to maintain relationships with other organisations to have a broader understanding of the community as well as possible alternatives for collaboration should a partnership break down.

4.3.3 Challenge internal organisation and community oppressions when appropriate.

Observing the politics of organisation-communities led me to identify a problem I was unprepared for: internal oppression. Internal divisions and oppressions were far more evident than external ones, perhaps because they were more proximate. My neglect, and that of the literature, around internal oppressions was partly due to the research approach. My thesis is critically framed around the structure of the asylum system and process. In the social sciences, migration research can often start with the structure and theory behind social order, and then works its way down to the effects (e.g., Massey et al. 1993). It may, however, be useful to work upwards, starting with discussions with migrant communities on how migration and mental health is understood, and the most pressing issues for them. A Grounded Theory approach (Glaser and Strauss 1967) could, therefore, be useful, particularly in participatory projects. Canlas and Karpudewan (2020) have detailed how the two approaches could be blended in their work with teachers in the Philippines. They, for instance, suggest that Grounded Theory's principle constant data comparison could be enmeshed with PAR's desire to involve participants as researchers, including during analysis.

Due to the personal nature of the internal oppressions I observed, I was tentative in addressing them. I did not want to encourage criticism of the community I was entering. It felt judgemental and presumptive. Politically, I felt the onus for change should be on large external institutions, not small minority communities. However, I later realised that research

inevitably challenges and reinforces pre-existing divisions and power structures. When the research started, the act of collaboration reinforced pre-existing power relations. I lent legitimacy to the partner organisation and their definition of community through the prestige of university collaboration. As the research progressed, however, we created a space slightly independent to the organisation-community where structural oppressions could be challenged.

As part of the Iranian community, I felt some legitimacy in challenging community and organisation dynamics within IR1. In my work with the Afghan community, however, I felt that I either had to accede to social norms or terminate the collaboration. In both circumstances, I should have realised that PAR is just one small part of a long-term challenge to structural oppressions, a resistance that might last generations. Not everything needs to be challenged instantly and I may not be the most appropriate person to lead the challenge. Making meaningful relationships with team members and working together outside of the research is part of this long-term cycle of resistance. Accordingly, I engaged a few PAR team members on other, more campaign orientated projects outside of the thesis.

If I had a source of legitimacy outside of the organisation hierarchy, I might have been able to equalise power dynamics more effectively. It helped that members of the community introduced me to the organisations. Yet, I could have sought a formal written endorsement from key community figures. Developing research as community work, linked but separate to organisations, could have also assisted in levelling power dynamics. When I used a community framing - for example I facilitated a PAR team discussion on how we can produce research useful to all Iranians in the UK - less established organisation members felt most ownership. Pushing and budgeting for a local meeting space and deciding meeting times by consensus could have been valuable. An extreme option in addressing the organisation power would be to frame research as an independent enterprise. However, this would have made it harder to coordinate the group.

4.3.4 Offer participants a choice of research approach.

My top-down decision to use PAR created tension with my collaborators. Ideally, PAR should emerge from within communities and a researcher's role is to share relevant skills as required. In lieu of this, researchers need to attain trust and become part of a shared community with participants. Moreover, participants need to trust that the extra time and effort PAR demands

will produce more meaningful results than standard approaches. My resistance to an advisory, transactional relationship compounded difficulties with established members who found the time commitment of PAR difficult and even exploitative. This was partly because the PAR team was not created to address the problems of established organisation members. Rather, from the start, team members and I assumed that the project was solely focussed on the problems faced by less established migrants. We should have more readily acknowledged the internal strength of more recent migrants and not assumed that they were the only Iranians or Afghans who needed support.

It could also have been helpful to have run a basic training session on research approaches, including PAR, before the research began. This would have enabled participants to make an informed choice on the research approach they preferred. No research needed to be an option. As a PhD student who required data, it was not an option I was enthusiastic to accept, especially as the management of the collaborating organisations had agreed to the project. But it was crucial to genuine participation. PAR must proceed like a slice-of-life social documentary, taking time to get to know people, telling the story if called for, but willing to leave it untold.

For established members in both AF1 and IR1, the research became more procedural over time; research became a series of numbers, meetings and tasks to be completed, rather than an interactive, emotionally engaging process. Less established migrants, however, remained relatively engaged throughout. Before the start of the PAR I should have had one-on-one discussions with each team member, to get to know them, their situations and skills, and how they wanted their expertise to be recognised. At the first meeting, I should have described the different roles on offer through the project, explicitly saying that people can drop in and out according to their interest. A timeline highlighting the different roles would have helped.

4.3.5 Proactively facilitate the participation of marginalised people in PAR.

I initially aimed to create researcher-researcher relationships with PAR team members and to reduce my control over the research. However, I should have focussed on supporting less established migrants and organisation members raise their power and voice in the community. I could have tried to rebalance the meetings away from professionals by providing more background information and ways of communicating. For example, I could have asked people to come with a poem that expressed what they wanted from the research;

it would have been an innovative and very Persian way of ensuring equal input and making the meeting engaging. The moments I took to appreciate people's interest, skills and experience helped me bring quieter people into the meeting conversations and decision making. Talking through the meeting agenda with quieter people beforehand and helping prepare for the meetings may have been useful.

I also needed to grasp, as Call-Cummings and James (2015) did in their PAR work, that 'power cannot be given to anyone; it has to be found, taken up, and realized'. There should have been more spaces for the less privileged members of the group to be heard, we could have usefully had consciousness-raising exercises. Again, Call-Cummings and James usefully used Boal's (1995) ideas around Theatre of the Oppressed and internal oppression to help students express themselves.

The question of financial compensation arose several times. Less established migrants were typically happy to give their time for free if there was a to benefit the community and others in their situation. Yet, a financial incentive may have justified volunteer presence at PAR meetings to staff, who were worried about taking up organisation resource. Compensation may have also helped people, especially non-staff, feel more equal. Moreover, the PAR was intense, and people naturally transitioned in and out; if people were being paid, there may have been a more stable group. Whether PAR participants are paid or not, it would have helped to follow Wood's (2019) suggestion of a frank discussion before the research starts and to include information on payment in the consent process.

4.3.6 Ensure that ethical procedures are culturally accessible.

As a researcher based at a UK institution, I was required to follow procedures agreed with my university research ethics committee, but in doing so I imposed these procedures – and their underlying values – on collaborating organisations. Collaborators were generally dismissive of this imposition from an outside authority. Contrary to the risk vulnerability framing of the research ethics application, Iranian and Afghan communities' ethics were based on mutual responsibility and personal relationships. Research ethics might characterise this as coercive and, given the internal oppressions described above, there is some justification to this. In response, migrant groups may feel that research ethics are patronising and that obliging people to participate is treating them with respect. Despite internal oppressions, community ethics typically managed interpersonal issues with a nuance research ethics struggled to

replicate. Yet, university processes created time for ethical discussions often taken for granted in the community context. I would have liked to spend time recognising, understanding, and incorporating community ethics into my research procedures.

Moreover, the standard research approach of securing one-off consent was not appropriate in the PAR. As the project grew and altered, so did people's ideas on participation. I followed Mackenzie et al.'s (2007) proposal of using 'iterative consent' when working with refugee populations. We discussed consent throughout the research, yet the language around ethics was not accessible and participants were not engaged in discussions. More creative ways of ensuring iterative consent such as a weekly ethics activity could have assisted. Providing an ethics training session in addition to an information sheet may also have been useful.

4.4 Discussion

I conducted an organisational autoethnography, collecting data from three PAR projects I facilitated with Iranian and Afghan community organisations. Analysis of the data produced three mains themes: 1) negotiating diaspora community values and dynamics; 2) collaborating with migration community organisations; and 3) addressing researcher-participant power dynamics. I have detailed six practical lessons learnt emerging from these themes: 1) be conscious of the nuances of migrant identities; 2) identify how the structure of collaborating organisation might influence research; 3) challenge internal organisation and community oppressions when appropriate; 4) offer participants a choice of research approach; 5) proactively facilitate the participation of marginalised people in PAR; and 6) ensure that ethical procedures are culturally accessible.

Findings highlight that research assumptions about community identity can reproduce harmful power dynamics around internal oppressions and exclude less privileged community members. Results mirror the difficulties Letiecq and Schmalzbauer (2012) experienced in their community based participatory research with Mexican migrants in the USA. They primarily recruited participants through a 'church's Spanish prayer group', which was the project's 'migrant face'. However, they suggest that this was 'not representative' of the wider Mexican community and they had 'inadvertently reproduced the notion of migrant homogeneity'. Ellis et al. (2007) circumvented issues of representativeness by agreeing not to know or ask about clan affiliation in their community based participatory work with Somalis in Boston. Findings from this study's PAR work suggests, however, that this neutral position is difficult to attain.

The act of collaboration provided legitimacy to the collaborating organisation's definition of community, whether I was consciously aware of it or not. Hence, researchers must comprehend how potential partners define their communities and use this information to inform their decision about whether to collaborate. These definitions might not be immediately apparent, and researchers need to be flexible in their population categories, adapting as appropriate to make the research as inclusive as possible.

Findings from this ethnography indicate how internal oppressions, embedded within communities, may serve to diminish or disbar the viewpoints of less established members. This can complicate the participatory nature of the PAR. Freire (1970) details how, when subjected people are immersed 'in the reality of oppression' they can transform into sub-oppressors. However, he provides little advice on how to address sub-oppressors, falling back on a broad call for education and consciousness raising. Similarly, Revilla (2006) describes how during their research on student activism, internal oppressions between activist could potentially be tackled through a 'shared vision of social justice… that calls for eliminating multiple forms of oppression' (p110). Again, there is little information on how this shared vision can be achieved. This study recommends that future researchers focus on how to address internal oppressions during research, particularly in relation to participatory approaches. It might be useful to begin such investigations with a summary of current consciousness raising PAR techniques such as Boal's (1985) Theatre of the Oppressed and Martinez's (2003) suggestion of problem trees.

Findings also demonstrate that the hierarchical structures of community organisations can marginalise the voice of less established members and disrupt the PAR process. This insight resonates with Zhu (2019) who describes how, in her PAR with Chinese migrant mothers, discussions were 'restricted by the [host] organization's rules, policies, and regulations'. The discussion of sensitive topics, for example around family matters, was especially affected. The inclusive research literature provides a range of techniques future migration research could explore in attempting to counteract the muting of less established migrants documented. Nind and Vinha (2016), for example, propose the use of 'stimulus materials' – 'pictures, stories and so on', playful 'conceptual metaphors', and poems 'narrated in the first person' – also known as I-poems.

In their book chapter on 'power and knowledge', Gaventa and Cornwall (2001) warn that 'when participatory methods are employed by the powerful… [they can become] rushed and superficial'. In their chapter, they are primarily referring to large establishments and institutions such as governments. Findings from my organisational autoethnography suggest, however, that Gaventa and Cornwall's concerns may be equally applicable to modestly sized community organisations. Firstly, results demonstrate that the apparently limited power of small community organisations can have a strong effect on the PAR process. Secondly, they suggest that the concentration of power in the management of these organisations might mean that there is even less space for participatory work to continue unfettered, than when compared with large institutions. However, because organisations were small and under resourced, a participatory project that brought with it significant resources may have protected against the dominating power of migrant organisations.

Results also highlight that researchers must be careful not to replicate harmful organisational power dynamics; participatory researchers can begin to address this by offering participants a choice of research approach and by not imposing full participation. This reflects the findings of Omar et al.'s (unpublished) review on participatory mental health research approaches in work with migrant communities. None of the 13 contributing studies offered participants a selection of different research approaches. Relatedly, none of the studies began after a community call for research. Parson's (2019) book chapter on positionally in research with 'marginalized, or minoritized groups' continues this pattern. In her description of 'strategies for conducting research as a privileged outsider', she does not include the possibility of offering participants a choice of research approach.

Researchers should also be flexible in changing their research approach, for instance from more to less participatory, depending on the developing life circumstances and viewpoints of participants. Activist research holds similar values and calls for an opportunity to change participation commitment. Gutierrez and Lipman (2016), for instance, suggest that 'at times, community organizations do not have the capacity to take on research roles and need [academic researchers] to shoulder that work' (p1242). Downes et al. (2016) recognise the 'differences in commitment, skills, time, financial security and resources… [and] created a joint working accountability agreement to clarify… working relationships' (p9).

The lessons learnt from this autographic study indicates that participatory researchers must always provide a 'no research' an option to participants. That is, participants must have the opportunity not only to decline to participate in the research but register an objection any research being undertaken. This decision should involve a frank discussion of researcher positionality, and whether a researcher's varying identities will facilitate or hinder the research process. This finding contrasts with standard researcher practice. For example, Parson (2019) postulates that 'choosing not to do research… [is not a] satisfactory substitute to confronting the challenges around research identity and power' (p30). The option of 'no research' should not be removed once research has begun. However, it is likely to be superseded by an obligation to those who have contributed research data, to complete the research. This is because they may have given their data on the premise that the research will produce beneficial results and outcomes.

This ethnography demonstrated how, though researchers may pursue bioethical principles around 'autonomy, non-maleficence, beneficence and justice' (Gustavo 2008), these are not always shared by participants, particularly in the context of migration research. For example, during the ethnography I witnessed how, among many study participants, communal welfare superseded concerns over personal autonomy. Though some of the participants I worked with, particularly in IR1, were not religious, this perspective reverberates with the Muslim principle of Maslaha (Jahangiri 2020, Moosapour et al. 2018). Similarly, there were reverberations with deontological ethics, that is an ethical system that details 'which choices are morally required, forbidden, or permitted' (Alexander and Moore 2020). Within deontological ethics there is often a focus on moral duty and obligation. This again bears comparison to Islamic thinking and the commitment to Sharia (Moosapour et al. 2018). These differences are present when comparing the bioethical framework to other ethical philosophies. For example, Gyekye (2011) depicts an 'African ethics… founded on humanism' where society is an inexorable outcome of humanity. Accordingly, within humanity there exists a 'social morality, the morality of the common good and the morality of duty' (p17).

Researchers should recognise, comprehend, and attempt to satisfy diverse community ethical philosophies, principles, and priorities, while sustaining bioethical principles. If researchers fail to do so, participants may simply ignore or undermine bioethical principles, keeping to their own ethical standards. The research implementation process might also benefit from

incorporating familiar and potentially effective community ethics. It could be argued that there is no need to maintain bioethical principles and that each research project should work with participants to establish the ethical rules around that project. This would avoid any researcher imposition and postcolonial insinuations of Western moral superiority. However, a disregard for bioethics might result in participant maltreatment and harm, including but not only because of internal oppressions within communities. This study's suggestion of a balance between community ethics and bioethics adds to Msoroka and Amundsen's (2018) proposal of 'universal research ethics with diversity'. This is where ethical philosophies, pertinent to participant cultures, are used to adjust bioethical practices. They argue that their model usefully sustains the tension between universal ethics and cultural relativism. This ethnography furthers this suggestion by advocating for more than a 'partial detour from universal', bioethical principles. Researchers should attempt to maintain and combine the key ethical principles of both participant culture and the bioethics of Western researchers. In doing so, they can produce a framework that is more than the sum of its parts.

4.4.1 Strengths and limitations

Conducting PAR projects with three separate groups was a key strength and weakness, enabling comparative analysis throughout the research process. Learnings from one group were quickly and regularly transferred to other groups. For instance, during one IR1 meeting, participants stated that the explanation for the PAR research process was unclear and requested handouts on research methodologies for the next meeting. These received excellent feedback from the rest the IR1 team. I then used a tailored version of the handouts at the next AF1 meeting to help explain the process. Similarly, the idea to use live music at the discussion events to encourage engagement transferred from AF2 to IR1. However, conducting three, near-simultaneous PAR projects stretched my capacity to engage with some of the nuanced community dynamics in each organisation. It was, therefore, difficult to immediately recognise internal community politics and to examine issues relating to minority ethnicities in depth.

Another strength of the research was the concrete actions that occurred as a result of the IR1 PAR, that directly benefitted PAR team members and PAR research participants. This is an area in which previous PAR with migrant communities has struggled.

The foremost shortcoming was the restricted time and resources obtainable to complete the PAR. Consequently, two of the three PAR projects (AF1 and AF2) did not manage to begin data collection. The other PAR project (IR1) was only able to go through a single PAR cycle. Other limitations have been discussed above, when reflecting on lessons learned from the ethnography. Lessons learned were transferred to my third and final study, a qualitative interview study which sought to explore the effects of the asylum process on mental health. Findings from the ethnography contributed to how I approached organisations and recruited for the interviews, and focussed my attentions on the importance of intra-diaspora relations for mental health. The results of this study are presented in the next two chapters.

5 Qualitative Interview Study Part I: Conceptualisations of mental health and perceptions of the impacts of the asylum process

This chapter reports on the results of thirty-eight qualitative interviews conducted with Iranian and Afghan people who had sought asylum in the UK, practitioners who worked with these groups, and members of the Iranian and Afghan communities in London. Details of the methods are provided in Chapter 2.6. In total, 35 sedentary and three walking interviews were conducted. Sedentary interviews were conducted with 13 people who had sought asylum (seven Afghans and six Iranians), eleven practitioners (six working with Afghans and five with Iranians) and ten community members (five Afghans and five Iranians). All walking interviews were conducted with Iranians who had sought asylum. Around 80% of those asked to participate agreed. Most of those who refused to participate were going through the asylum process and did not want to speak about their current or recent difficulties. Practitioners typically refused citing a lack of time. No community members refused participation.

The sample included 19 women and 18 men. Of the practitioners, eight were women and three men; of community members six were male and four female; and of those who had sought asylum nine were male and seven were female. This broadly reflects the gender distribution of staff in the migration charities I worked with during the ethnography, and among Iranians and Afghans seeking asylum. Participants were from a broad range of ages, between their early 20s and mid-60s. Though I did not ask directly about ethnicity, during the interview some participants spontaneously disclosed their ethnic group membership. The sample included Persians, Pashtuns, Kurds, and Hazaras.

This chapter is in two sections. The first section relates to how participants conceptualised and spoke about mental health. The second section details their perceptions of how mental health was affected by the asylum process.

5.1 Conceptualising and speaking about mental health

Analysis of qualitative data generated five themes. The first, '*mental health problems are a personal weakness*', explored how mental health problems were seen by many participants and the diaspora community, as a personal weakness and indulgence. The second, '*private shame of mental health problems*' relates to how mental health problems were described as a shame to be hidden by individuals and their families. The third, '*discussing mental health problems indirectly and through metaphor*', however, shows how there was some space for indirect discussion of mental health. For example, by talking about problems of acculturation and worries about the family. This analysis suggests that Iranians were perhaps a little more

likely than Afghans to speak with members of their community about mental health. The fourth, '*somatisation*', illustrates how participants across all groups expressed the mental health effects of the asylum process as manifesting in physical discomfort and pain. The fifth, '*medicalising and legalising conceptions of mental health*' describes how interviewees reported that the bureaucratic process around the asylum process medicalised and legalised mental health, potentially depriving sanctuary seekers of a more empathetic approach from lawyers and medical professionals.

5.1.1 Mental health problems are a personal weakness

There's this whole [community] attitude of: it's all in the mind, and you're in control of everything you can sort it out, snap out of it...kind of thing, so not much time is spent indulging. – Leilah, an Iranian diaspora member

Many participants implied that the diaspora community expected people who arrived in the UK to work hard through difficult times. This was linked with Iranian and Afghan diaspora values that praised a strong work ethic. Not working was seen as shameful. Those who could not work because of mental health problems could be labelled as indulgent and of using their problems as an excuse for laziness.

> *The biggest cause of depression is idleness. My suggestion, especially for migrants is firstly that they don't sit around with nothing to do. To do something. If they can't do anything, write, like me. – Nur, an Afghan diaspora member*

Participants suggested that their respective communities' stigmatisation of mental health problems was perpetuated by a "pioneering migrants" myth. This suggested that previous generations of migrants made a life for themselves against all odds and with little help from others. More established migrants often described how on arriving to the UK, they were almost instantly helping others, and became pillars of the community.

> *Then when I went for volunteering here I'll never forget, the money they gave was for the train, I'd keep that money and go with bus, I'd keep some of the money to buy a phone card to talk to my family. It was very expensive then, for one pound per minute we'd talk to Afghanistan, Pakistan where my family were. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector*

Some interviewees intimated that if people were determined enough, negative thoughts and poor mental health could be reasoned away. Indeed, participants frequently displayed initiative on solving their own problems, challenging their treatment, and changing their conditions.

> *[The asylum seeker accommodation] was filthy and they didn't provide food very well, we complained and they paid attention. I personally complained, I went to immigration and said the state of this food is not right, my children became ill, a few people became ill. Nonetheless they paid attention and gave a warning… Everyone thanked me that I solved this problem. – Mohsen, an Iranian granted asylum many years ago*

> *When I found access to the Internet, any negative thoughts that came in my head I would research them and find the answers. And I came to the conclusion that these thoughts and anxieties are extra, not necessary. – Gulbadin, an Afghan granted asylum many years ago*

Some interviewees judged those who could not progress through the asylum process and had abandoned hope. People with mental health problems were perceived by them as having given up and having personal character flaws, often centred on selfishness.

> *You can divide the refugees into two groups. The first group are a group that would like to progress … the second group of refugees who unfortunately are very many, are people who lose everything when they come here. Emotionally, spiritually - all the abilities that an adult has. – Azar, an Iranian diaspora member recently granted asylum*

> *So [sanctuary seekers], due to inner weaknesses and weaknesses in their selfhood feel very broken and when they reach a dead end in their life they attempt/commit suicide – Azadeh, an Iranian who offers informal support to community members*

5.1.2 The private shame of mental health problems

You can be 100% sure if you have a look amongst their friends or family, they try to keep the symptoms of their [mental] illness hidden. – Azar, an Iranian diaspora member recently granted asylum

Partly due to the stigma around mental health problems, almost all participants indicated that personal mental health concerns, and how these might be labelled and diagnosed, were

private matters. Relatedly some participants stated that they should not be discussed in detail with people outside their direct family.

> *From a personal point of view, [depression] it's not something that's discussed within the Afghan community as openly, among the older generation. So maybe they didn't feel comfortable to talk about their private business in front of so many strangers. – Sakena, an Afghan working at a charity*

> *Maybe I know twenty people in the Iranian community, all twenty of them are heavily depressed but won't say. Or me myself I could have depression and won't say. – Amir, an Iranian diaspora member*

Ideas around privacy were linked to Iranian identity, according to a few participants. They explained that, in Iranian philosophy, nothing should be known by others about oneself unless there is no choice but for it to be known.

> *Generally the race of Iranians from long ago, we say it's better to keep things shrouded and don't tell the truth, don't let everyone know unless we're forced to. This is part of the characteristics of Iranians, old or new, it makes no difference. – Amir, an Iranian diaspora member*

> *For example, if you were to talk about mental health they will avoid it. They will not talk about it openly. – Homa, an Iranian diaspora member*

A few interviewees suggested that the shame around mental problems were exacerbated by the family dynamic and cultural expectations of the "perfect son" or "perfect daughter".

> *[People don't really want to discuss mental health problems] because there's lots of pressure to be like, perfect – traditionally. There is a standard, idealised image of the perfect son, the perfect daughter, the perfect, the traditional way of living. And I don't think we acknowledge mental health in that scheme. – Siah, an Afghan diaspora member*

Many participants thus described how mental health problems were hidden and kept secret from friends and family. People often hid issues until they escalated beyond the point that they could be kept secret, and there was a cultural fear of severe social sanctions against those who suffered from mental health problems.

The problem is how badly you need something. If somebody's having almost a mental breakdown they're probably not going to care too much about the stigma of it - they probably just want to be like, rid of those feelings. When somebody's feeling a little bit uneasy even if they're young for example, they may want to just...hide it a bit, you know. – Shapoor, an Afghan recently granted asylum

5.1.3 Discussing mental health problems indirectly and through metaphor

Participants reported that Iranians and Afghans discussed their mental health problems with other community members indirectly, using general terms and shared experiences, such as acculturative stresses. Acculturation was often spoken about with reference to differences between host country and diaspora cultural values and behaviours. Sanctuary seekers suggested that there were limited acculturative strategies they could adopt.

They would say generally speaking about it so they wouldn't bring all the specific details of why and whatsoever. So they would just say: ah life in the UK is, like generalising things, like saying that it's like everybody's problem, they don't make it more personal on their case. – Ashraf, an Afghan diaspora member who worked as an interpreter

Participants also often spoke about wellbeing through the lens of family concerns, expressing their worries and stress through talking about worries about their family and their safety.

We always talk about relationships between husband and wife, the kids, we're always talking about [wellbeing and mental health]. Not with everyone, but most of my friends. Because when someone comes and they have a bad hal [condition], they start to talk about it. And it is a very natural conversation. – Zoya, an Iranian diaspora member

I knew a couple of guys because one of them, when they go for job and see other asylum seekers they talk about their feelings, they talk about their problems each of them. One of them he said, "oh I never been separated from my mother and this is the first time…" I didn't even think to be separated from my own family even for one night, but now my mother is there, I am here. It is very hard. – Nasrat, an Afghan diaspora member and medical practitioner

Additionally, many interviewees, especially sanctuary seekers, talked about mental health through metaphor and community-understood imagery. The most common word for depression mentioned by most Persian-speaking interviewees, *afsorgedi*, literally means wilted.

> *Like an uprooted tree planted somewhere else without its roots, it will dry up. It's very natural in these cases that someone would develop mental health issues. – Ali, an Iranian practitioner*

> *We arrived here with two children and benefits and a small house that had mice and things like this - it feels like a person suddenly falls to the earth from the sky – Zena, an Iranian diaspora member granted asylum many years ago*

During participant interviews, many used the weather as a metaphor for their difficulties. The weather was used to emphasise the difficult conditions people went through and how the UK could be an unwelcoming land.

> *In the first three months I was ill because of the change in weather. I became exceptionally ill. It was raining heavily; I hadn't brought the appropriate clothing. I then went to the hospital because I had a kidney infection, and I was alone, it was so hard. – Parsa, an Iranian recently granted asylum*

> *I remember it was January, I went to college… but I had to walk with my sister. Three stops with a lot of difficulty, and we didn't have comfortable shoes for the snow. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector*

For some participants, the weather came to represent the mental trials that were imposed on sanctuary seeking participants through the asylum process. One participant felt that the process of waiting for an immigration-related appointment was made deliberately uncomfortable, emphasising this through the constant rain and how they ended up soaked.

> *It would take be 45 minutes to get to the [reporting centre]… I would come an hour early and then I would still wait a good 45 minutes… By the time you reached the door, if it was raining it would rain on you, you would be soaking and go in. – Meisam, an Iranian who has been refused asylum*

A few participants linked the ability to speak about more directly about mental health directly to the social education available in the UK compared to Iran or Afghanistan. They also suggested that their grasp of Western mental health concepts was indicative of a class difference with the rest of the community. This change was part of a greater change in understandings of culture and community, and a transition for some people to a hyphenated British identity.

> *In Iran and in Afghanistan it is a taboo – although I hear it is getting much better and people use therapists all the time… it is more at the…better end of the social circles. - Shirin, an Iranian immigration lawyer*

> *I think [lack of understanding about mental health] part of it comes from the immaturity in the society of where unusual things and things that are not perceived as normal, are looked down upon or made fun of. – Shapoor, an Afghan recently granted asylum*

5.1.4 Somatisation

That's the worst, if his mood is bad, he'll get stomach ache, foot pain, everything is damaged. When the brain doesn't work, everything gets damaged. – Amir, an Iranian diaspora member

Many participants understood or experienced mental health problems through the body. Psychosomatic framings may explain why participants were more familiar with anxiety and stress, conditions they could relate to somatic symptoms, than PTSD. Even once Post-Traumatic Stress Disorder (PTSD) was described to participants, they were able to suggest no equivalent words in Persian, Dari or Pashto.

> *This anxiety can mean some people get heart palpitations, they sweat, or for example they lose control and can't maintain their balance. – Azar, an Iranian diaspora member recently granted asylum*

> *Post-traumatic stress disorder… [maybe it means] asaab e nararm [restless nerves]? Like mental state is not comfortable? – Anahita, an Afghan working at a charity*

Several interviewees described falling into invisibility and changing identities via the physical changes they saw in themselves. These physical changes were a constant reminder of what

they had become, how much they had aged, how many things could never be recovered again, and the permanence of the damage suffered.

> *I came to this country at thirty-one years old, my hair and beard was still black and now most of my hair has fallen, my hair is grey, my beard is grey. I can't, I have no plan, I can't go to the end of the street. I'm broken from the inside. - Morteza, an Iranian going through the asylum process*

Though corporeal understandings of mental health were most common among participants, the anguish of the asylum process was expressed by some sanctuary seeking through spiritual beliefs. A few participants stated that the asylum process was particularly damaging because it diverted their life-script, that is, their destiny or pre-defined life purpose.

> *It is my destiny to come to this country. Everyone believes in destiny… part of my life-script was written here. So why are you interfering with my destiny, while believing in your own destiny. Why are you interfering with the life-script of all the people coming here? – Meisam, an Iranian who has been refused asylum*

> *If [humans don't] drink water and have bread, they can stay alive, but more important is that humans study. And from studying they can improve their life-script and their families and others. – Niloofar, an Afghan recently granted asylum and trying to bring her family to the UK*

5.1.5 Medicalising and legalising conceptions of mental health

Several participants described how diagnosed mental health problems could be used in support of an asylum claim. Lawyers working on behalf of asylum seekers would thus request that their client was seen by a clinician to obtain a medico-legal report that could be used in court.

> *[The mental health charity] would assess them, and sometimes we would send them to a psychologist and psychotherapist to be assessed. – Shirin, an Iranian immigration lawyer*

> *In Manchester I had three psychologists and four doctors. I went to more than three thousand appointments. In their letters they've put me as having serious mental health*

problems, highly suicidal. My mental files are very strong. – Morteza, an Iranian going through the asylum process

A few sanctuary seekers, particularly those who had been in the asylum system for a long time. Consequently, they seemed used to thinking and talking about their mental health in a legal and medical manner. They seemed used to having to prove their illness to outsiders and highlighting what was wrong with them, rather than focussing on their experiences and the support they needed.

I was ill in that house. I have a six hundred and forty page medical file. I have all the copies ready, I can show you any one you want. – Mohsen, an Iranian granted asylum many years ago

The way practitioner interviewees used legalised and medicalised mental health framings suggested that they could also view mental health problems as a form of evidence. Relatedly, legal and medical practitioners could be sceptical of the veracity of mental health problems. There was an indication that a culture of disbelief, reflecting that of the Home Office, had taken root within legal and medical practice.

Some clients they just like, you just have to explain this is the purpose for the case, this is going to help the case… I would encourage to make sure that could be done, make sure they get to GP appointments, make sure that I get them the relevant evidence. – Jacob, a lawyer working with Afghan asylum applicants

I used to find is that if they went directly to the psychologist or psychotherapist, whichever it would be, [the court] just didn't put as much…importance sometimes… as if they had been referred to by the GP for instance, or gone to the local hospital, so. I think it was the general question whether that they are actually creating this or if it is genuine. – Shirin, an Iranian immigration lawyer

The themes in this section provide insight into how participants understood and spoke about mental health. They help contextualise and interpret findings about people's perceptions of how the asylum process impacts mental health, presented in the next section. Understanding how participant conceptions interact and contrast with framings used by institutional figures may also inform recommendations around mental health support and treatment.

5.2 Asylum process factors affecting mental health

Findings were drawn from analysis of interviews conducted with the same participants as in the previous section. Four major themes were generated.

The first major theme, '*the social context of arrival*' described how sanctuary seekers arrived in the UK with different advantages and disadvantages that influenced their mental health in the asylum process. These included English language ability, level of education, and having the money to employ a good lawyer. Privileges across these three areas translated into: a better understanding of the asylum system, access to more precise information during the process, and a greater ability to keep up with bureaucratic demands. Interviewees reported how, as soon as they arrived, a process of minoritisation[7] began. Individuals started to learn about and become an asylum seeker, internalising the restrictions associated with this status. Participants explained how their professional identity, social standing, and community became unimportant, and that they were required to start from scratch.

The second major theme, *'going through the asylum bureaucracy: the asylum interview'*, explored how participants portrayed the asylum process as both combative and bureaucratic. The substantive asylum interview epitomised the fight of asylum for participants. Interviewees described how sanctuary seekers were under intense pressure to provide an accurate account of the worst moments of their lives to a stranger. They described the process as adversarial and as aiming to discredit and undermine them.

The third theme, *'going through the asylum process bureaucracy: waiting for a decision'* described how after the interview, sanctuary seekers entered a bureaucratic cycle characterised by waiting. This waiting had no foreseeable end, and many perceived it as deliberate, aiming to punish them for seeking asylum or to encourage them to give up and leave.

The fourth theme, *'daily life in asylum'*, investigated how the asylum process made day-to-day life a struggle for sanctuary seekers, due to social and economic restrictions and limited

[7] Minoritisation can be defined as the 'social, political, and economic exclusion and targeting of non-dominant peoples and groups through dehistoricization, marginalization and stereotypification' (Chatterji et al. 2016, Gendered and Sexualized Violence section, paragraph 5)

financial support. This created a sense that pre-migration problems continued into, and were even compounded by, their life in the UK.

5.2.1 The social context of arrival

Participants described how many sanctuary seekers arrived with to the UK with little choice but to trust in the asylum process and, by extension, the UK Home Office. Such trust was made difficult by people's previous experiences with authorities, and the often personal nature of what had happened to them. Interviewees suggested that, once people arrived in the UK and made a claim for asylum, a process of minoritisation began. As part of the minoritisation process, people stated they were forced to abandon their social and professional status, becoming almost child-like in their dependency. Moreover, sanctuary seekers implied feeling rootless, without family to anchor their identity and unable to find a satisfactory social place for themselves in the UK. Though people were unable to maintain their professional status, higher educational status did provide some protection. It enabled people to better understand what was happening to them and allowing them a limited feeling of agency in the process.

5.2.2 Faith and vulnerability

[Sanctuary seekers] have experienced problems with authorities back home… now they are in front of another… going through the same experience… [for] torture survivors, it would be the same thing as if they were living their torture again. – Roza, an Iranian medical practitioner

Many participants described how beginning the asylum process required faith and bravery. Applicants arrived in the UK knowing almost nothing about the process, having no choice but to trust advice from the lawyers, interpreters, charities, and their peers.

> *You have to trust. Because you know you need something. You need to know that [Home Office] letter, where it comes from, what does it mean, what does it need to do. You have to trust someone. Otherwise if you trust no one, how will you know what the letter is and what it is for? – Hamid, an Iranian recently granted asylum*
>
> *I didn't know what 'case' was… nor the process of applying for asylum, I didn't know anything. – Maryam, an Iranian granted asylum many years ago*

Most sanctuary seekers arrived expecting that their human rights around safety would be upheld. This was couched in an occidentalist praise, that they had come to a land where such rights were enshrined.

> *There is law in Afghanistan, Germany, London, America, in every society, whether in Asia or otherwise, there is law. [But in] places which are forward in economics and politics… everything works at the same time and it's a society which is far from economics like Afghanistan – Niloofar, an Afghan recently granted asylum and trying to bring her family to the UK*

Almost all participants reported, however, how asylum applicants had to become vulnerable during the asylum process, revealing everything that has happened to them, no matter how difficult, to strangers. Many people found this difficult to do, especially when their experiences concerned sexual assault.

> *Women who have been raped - when they are in the interview they can't express themselves. Trust is important, they can't. How can they judge people and say they are undeserving and reject them? They don't have a chance, they are not given time to open up, to talk, to see what problems came about in their lives. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector*

5.2.3 Minoritisation and depersonalisation, a nuisance

From the moment I applied for asylum, I saw that at first there are restrictions on me working while I am an asylum seeker. – Gulbadin, an Afghan granted asylum many years ago

It was suggested that people did not become asylum seekers as soon as they applied for asylum. Rather, it was a long process of acquiring knowledge, often painfully and through trial and error, including information about the system and one's inferior place in it.

> *I didn't know at all what asylum was… I didn't know the English word asylum, I had never heard it… when I arrived here I went to the Home Office and I said I can't go back to my own country… that's where I heard the word asylum and learnt the meaning. – Gulbadin, an Afghan granted asylum many years ago*

> *But when you are three or four years refugees you will know everything about refugee issues. Before that you don't know nothing about this country or being a refugee*

because you weren't a refugee, you were a normal person, you were a citizen of your country. – Hamid, an Iranian recently granted asylum

Most interviewees explained how being an asylum seeker meant starting from zero, giving up key markers of identity and self-respect such as professional credentials and community standing. Many participants were important members of their communities in their home countries, people who gave out advice and could be relied upon. No longer being able to provide advice and practical support amounted to a loss of dignity and an erosion of their past selves.

There were a few things [affecting my mental health during the process], one was the matter of financial support. In Afghanistan I was a person that gave to others. I supported other people. When I came here… I needed money. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

For some interviewees, a sense of having regressed was exacerbated by the perceived infantilising attitude of Home Office officials, who treated them like bothersome or problem children.

Once I remember I took the wrong papers, I came here, and the person looked at my papers and said "what is this you have brought with you?"… They said that if you don't bring it next time, I won't accept it from you. – Meisam, an Iranian who has been refused asylum

A small number of participants described that they were shocked at what they had become, at their inability to maintain themselves, and how they had fallen so far, so quickly.

I lost my dignity, because who I was in Afghanistan and Pakistan, and who I had become here, was very saddening for me. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

But the process itself is a difficult process. After you come into a new state, the way you live changes, your social reality changes, and in addition you live with some uncertainties. – Gulbadin, an Afghan granted asylum many years ago

5.2.4 Rootless, a continuation of instability

I felt like I was with my children in the wilderness, one in one hand and one in the other. – Ramona, an Iranian woman granted asylum many years ago

Sanctuary seekers described having felt rootless when they arrived in the UK. Many people lacked the extended family support ever-present in many parts of Iranian and Afghan cultures. New arrivals had to make important life decisions for themselves and their family while completely alone. Without friends or family to support them, many people struggled to understand and navigate the asylum process.

> *If I was in Iran [my son would] have an uncle or a cousin or someone familiar around that could [help] - but here I had no choice or chance to be able to do anything for him. When sending him to school, I didn't know how it was. – Zena, an Iranian diaspora member granted asylum many years ago*

> *The asylum seeker is someone who is between the ground and the sky, they don't know if they're going to hit the ground or float into the air… Because someone who comes here as a refugee in the majority of situations comes alone. Their families are all in their own country. – Rahmat, an Afghan diaspora member recently granted asylum*

Several sanctuary seekers described how feelings of rootlessness and isolation were accentuated by the often unsanitary and ill-equipped accommodation they had been provided through the National Asylum Support Service. Participants described this accommodation as being full of strangers, and far away from basic amenities.

> *I'm put in a house where there are other people there who I don't know at all, I become unwell. It's not in my hands, I don't trust… [then] they took me to Manchester and said this house has two people in it, again. I was in that house for around six months but at nights I wasn't home, I was sleeping on the streets. - Morteza, an Iranian man who has been refused asylum*

> *They gave me a place between Manchester and Liverpool, Oldham. It was a forty five minute walk to the nearest store. – Majid, an Afghan recently granted asylum*

The new roots put down by sanctuary seekers were often undermined by forced moves between houses – and cities – provided to them under outsourced government

accommodation contracts. These moves also created barriers to accessing consistent legal advice and psychosocial support.

> *After a while [the organisation] said that we have found a place for you in Portsmouth. And I became scared that again I will become alone and again I will have no one. – Pardis, an Iranian recently granted asylum*

> *I wanted to stay in London because I was here before, I had experience living here, and I had contacts and friends here. These contacts really helped. If I were to be sent to Scotland, for instance, I would have had to start from zero again as I would have had no contacts. – Nazif, an Afghan granted asylum many years ago, working as an interpreter*

5.2.5 Partial agency through education

Asylum seekers can be divided into two categories: those who know English and those who don't. – Nazif, an Afghan granted asylum many years ago, working as an interpreter

Several participants described how, on arrival, educated sanctuary seekers were more likely to understand the complicated and bureaucratic asylum process. This helped modulate expectations and feelings of frustration. Some also described that more educated people sometimes prepared their case before starting the process, contributing to a partial sense of control.

> *She's got a professional background as well...She was a doctor in Afghanistan so maybe she's able to understand things a bit more, differently from this other lady who didn't really finish high school as well so...there's a difference in the literacy as well. - Sakena, an Afghan working for a charity*

> *If they haven't, for example, been to school in their homeland it is more difficult for them to understand the system, understand a second language… it becomes a more prolonged process and it will take far longer for them to overcome these barriers.- Sitara, an Afghan working for a charity*

Further, a few participants explained how, during the asylum interview, more educated people were better able to answer the factual questions required to prove their nationality or religion.

[Uneducated Afghans struggle to answer asylum interview questions on] who is president, who is minister… or prime minister or education minister… [or about] the geographical area of Afghanistan, or about the whole subject that they learn in school. – Nazif, an Afghan granted asylum many years ago, working as an interpreter

I knew there is some mistake but, you know, they are not educated. This mistake is sometimes not in their hand. They have to look into that cases more in depth. – Shabnam, an Iranian working for a charity

Interviewees also explained how more educated people typically had the advantage of speaking English. Both English speakers and non-English speakers claimed that English language skills were vital in engaging with, and keeping abreast of, their correspondence from the Home Office, lawyers and even charities. For instance, a few participants reported that lawyers did not provide an interpreter and asked for a bilingual friend to accompany them.

They didn't have education and they said: we've received this letter, and we don't know what to do… I used to read it for them and translate it… because they've missed loads of appointments. They didn't know the meaning of their appointment letter. – Nazif, an Afghan granted asylum many years ago, working as an interpreter

I thought this really shouldn't be my lawyer. She'd say 'friend, friend', meaning bring your friends so they can talk for you, well I couldn't - I came into a country where I don't know anyone, no-one is my friend – Maryam, an Iranian granted asylum many years ago

Finally, participants described that sanctuary seekers who spoke English had broader social networks. As well as being likely to be surrounded by people from their communities asking for help with translation, they may have also had English friends, with the financial and social capital to support them through the process.

[People would say to me] "This letter has come for us, who do we send this to who can speak Farsi too and translate this for us? I don't know what this says"… I would help them. – Majid, an Afghan recently granted asylum

For around four years, I was working with an English woman who is a friend of mine who interprets for agencies; I did all her computer related works. That was one of the

things I used to do. This is the second thing I did to keep myself busy. – Najibullah, an Afghan granted asylum recently

5.3 Going through the asylum bureaucracy: the asylum interview

Interviewees described that most sanctuary seekers felt attacked when they attended their substantive asylum interview. There was an atmosphere of suspicion, and asylum applicants felt that nothing they said would be believed. A few people reported how they felt dazed and distant from reality as officials denied the fundamental truths of their case. Participants also reported that the pressure to recall distressing memories during the interview led sanctuary seekers to feel suffocated and retraumatised. The interview produced a sense of desperation in people, following which they embellished or lied to fit what they perceived to be the criteria for granting asylum. Interviewees reported that the interview left them feeling betrayed: the country that was meant to uphold their basic human rights was instead brutally attacking them.

5.3.1 Distrusted and disbelieved, threatened and attacked

If you make mistakes… then you'll be called a liar. If you tell the story as fully as possible then you still may be called a liar because the Home Office will say… that couldn't possibly happen. – Jacob, a lawyer working with Afghan asylum applicants

Most participants felt that the substantive asylum interview was the zenith of an adversarial and intimidating asylum process, which demanded openness whilst creating a suspicious and intolerant atmosphere that shut it down.

The premise of suspicion rather than of trust. I know it is not the Home Office culture to trust, but they are also treated like criminals. They are just people who are seeking asylum in a country. They shouldn't be treated like criminals and they should not be interrogated like criminals. – Roza, an Iranian medical practitioner

Many interviewees suggested that sanctuary seekers felt threatened during the interview. People reported that the asylum process was designed to catch applicants out. They implied that at any point, applicants could be lured into saying the wrong thing, after which the whole process would unravel.

And also there's the fact that the Home Office will inevitably try to call people liars; and the effects of having been through a traumatic experience and then having being

called a liar I can't imagine having to go through that. – Jacob, a lawyer working with Afghan asylum applicants

They keep asking you the same questions again and again, because they want to trick you, they want to, you know...make you a liar basically. – Shapoor, an Afghan recently granted asylum

Various interviewees explained how cases, and therefore people's lives, could turn on trivial details. Participants felt that minute details, that could easily be mistaken, were deliberately given too much importance by the Home Office. They did not think that the concern shown to them by officials during the asylum process matched the potentially life or death decisions that asylum applicants would receive.

And just one word or one way of structuring the sentence can actually give the wrong interpretation and translation, so therefore a whole court case was changed because we actually then informed the solicitor that that translation was correct. So, in that regard we have been effective in that regard. – Anahita, an Afghan working at a charity

I was asked how long I spent in...Greece...in my journey. I said approximately five months and they took it as definitely five months. So the next time they said to me: "oh, you said five months and now you are [only] saying approximately". – Shapoor, an Afghan recently granted asylum

A few participants explained that the institutional threat felt from the Home Office was partly due to its unaccountability and unpredictability. People felt that, at any time, the Home Office could respond with overwhelming force to seemingly minor issues.

No one has any power against the Home Office to interfere. I've looked death in the face, many times. No one comes to answer, to be accountable. We are lab rats here. – Morteza, an Iranian man going through the asylum process

At nine o'clock at night, a Monday, I don't remember, ten or twelve immigration police poured in from both the front and back doors. – Mohsen, an Iranian granted asylum many years ago

Perceiving that they were not believed, sanctuary seekers reported that they regretted telling the truth, stating that they had been punished for having done so. These participants typically

felt that officials only saw the asylum applicants as people trying to take advantage of the system.

> *I gave a case, my own case, it was the truth. I saw a lot of people in this country who lied and were successful. Lies. Complete lies. I came and told everything truthfully. Everything that happened to me, I told them. That same honesty messed things up for me. They used my honesty and said we don't believe you. – Morteza, an Iranian man going through the asylum process*

Many participants felt that the Home Office held a narrow view of what an asylum seeker could be: a helpless person with a simple narrative. A few interviewees felt religion and gender influenced Home Office framings of the perfect victim.

> *They are looking for easy cases, cases which even from the start it is obvious they will be accepted, cases like Christians. – Meisam, an Iranian who has been refused asylum*

> *Sometimes they have a very strong case, but ..they get refused… because it has become political. They – a lot happens behind closed doors. I think even the judges when they do allow many cases they get told off. – Shirin, an Iranian immigration lawyer*

5.3.2 Desperate, ashamed and gaslighted

When these [asylum applicants] are forced to lie, in terms of psychology, the first victim of a lie is the liar… - Nur, an Afghan diaspora member

Most participants described that the Home Office contested people's realities, the fundamental truths of the experiences that had become part of their identities, and their life choices. People felt they were in a Kafkaesque nightmare.

> *Or for example I have a client, an asylum seeker who got married here, her wedding was very genuine. She invited me too and I went, and I see her husband always drops her off, I see it, but there they said your marriage is not genuine and rejected her… She went crazy. It had a huge negative effect on her mental health. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector*

Despite protests that errors had been made, the Home Office maintained their interpretation of people's claims. Participants also described how the Home Office would refuse applicants

because a person's understanding of their own culture did not match the Home Office's understanding of that culture.

> *There's a lack of an understanding of the culture of Afghanistan, which means that what to some people might seem entirely realistic to an Afghan asylum seeker. Like a lack of use of birthdays and dates; even when it comes to kind of the way rural Afghanistan works - that would not be plausible for the Home Office who just won't make any effort to understand. – Jacob, a lawyer working with Afghan asylum applicants*

Accordingly, some participants stated that asylum applicants quickly learnt that they needed to play the system, embellishing or even lying about their case to produce a narrative that would be accepted by the Home Office. Some participants who had sought asylum reported that they had been advised by others to self-harm, to strengthen their case.

> *My friends, the people I would see at the hotel. They told me "don't tell the truth, if you tell the truth here you are finished. You have to lie here". What lie should I tell here, it is not possible? But now I see that everyone was telling the truth, you have to lie, you have to trick them. – Meisam, an Iranian who has been refused asylum*

> *When I went to court there was someone else who said now is the time, take a knife and cut your arms and say you're going to kill yourself otherwise the court will keep you and not give you a response for six years. – Ramona, an Iranian woman granted asylum many years ago*

It was suggested by a few interviewees that being forced to lie in this way caused people to lose their self-respect, ashamed that they had reached the point of falsehood. These interviewees also suggested that for some, embellishments and lies could negatively impact people's sense of reality, as real memories became mixed with false ones or those of someone else.

> *We have people here who… come here and said 'I was in the Government of Dr Najibollah, I was a pilot'… You'll see that his identity is transformed. For example, if he sold potatoes in Afghanistan, or had a stall, here he thinks he was a pilot – Nur, an Afghan diaspora member*

5.3.3 Suffocated and retraumatised

Every time they interview me, my throat is caught and I can't [starts crying]. – Tahereh, an Iranian woman going through the asylum process

Many sanctuary seekers described how, during the substantive asylum interview, people were required to speak about painful memories and to do so over extended periods of time. The interview represented a sudden 'now or never' for sanctuary seekers to reveal the most difficult experiences of their lives. The interviews were therefore difficult and, for some, retraumatising. Even getting to, and speaking at, the asylum interview was a considerable hurdle for a few participants.

> *You have to talk about those things, and keep talking, keep talking, for hours. It's not what I expected it to be, you know just like a half an hour chat or whatever. It turned out to be three hours of interview; and intense interview talking about very upsetting stuff and in details. – Shapoor, an Afghan recently granted asylum*
>
> *[The asylum interview is hard]… when people have got problems in their country or they have lost some of their family member and they will ask [about] the same problem, because their mind will go back physically here and mentally there and still they're... it is hard, because they remember their past. – Nazif, an Afghan granted asylum many years ago, working as an interpreter*

A few sanctuary seekers stated how they were expected by officials to demonstrate perfect and machine-like recall. Their stories needed to have no complications or inconsistencies. Those who could not recount their experiences in such a way were often people who had been through particularly painful experiences, or who did not have support from charities or lawyers to help them prepare for the interview.

> *You're going to have these incidents come back to you, you're not going to be able to sleep - you're not going to feel safe… Obviously that means that you're going to make mistakes because no one could recall this with 100% fluency; and then you're be called out for mistakes. Then if you make mistakes, if you don't describe things as fully as you possibly could, then you'll be called a liar. – Jacob, a lawyer working with Afghan asylum applicants*

Some participants emphasised that mental health problems and emotional distress often affected people's recollection of their life events. Nonetheless, almost all participants suggested their interviewers showed little appreciation for people's difficult circumstances or mental health. This linked to perceptions that officials focussed on catching people out rather than genuinely finding out about people's stories.

> *They said why should we believe you? I say that when I say these things, when I say something wrong it is because I am naram [restless] and I have a bad asaab (bad mood). My asaab [mood] isn't in the right place, because I have seen many bad things. I have left my kids and family. I am not thinking well or positively. – Niloofar, an Afghan recently granted asylum*

> *And a lot of times they get messed up at that stage. Or they have had an incompetent solicitor who hasn't told them what has happened, and I get that at interview, they haven't been asked questions - and the interview is the crucial stage of any asylum application. They haven't said so many things, and I ask them, you clarify them. - Shirin, an Iranian immigration lawyer*

Participants suggested that sanctuary seekers attending a substantive asylum interview needed to be informed and prepared for what would happen. They also suggested that Home Office officials needed to approach the interviews in a patient and sensitive manner. Time and trust were needed for people to describe experiences coherently, as well as support afterwards to recover from process of revisiting painful memories.

> *So these are already people who are facing you without actually much resource, you know, and really a vulnerable group. So therefore I think that the person who is actually interviewing them needs to be very sensitive to that in order not to cause more harm. – Roza, an Iranian women medical practitioner*

> *[It affects your mental health] Having to prove why you deserve asylum without any sort of support available before or afterwards to prepare you, and afterwards to assist you if something has gone wrong with the process of recalling everything. – Leilah, an Iranian diaspora member*

5.3.4 Betrayal of fundamental rights

I had come to a human rights country, I needed help - they could have helped me, not given me a mental blow. – Mohsen, an Iranian granted asylum many years ago

Many participants reported that they did not expect that the asylum process would be so adversarial in nature. Given people's faith in the UK as a country that would protect them and uphold their rights, many participants stated that they felt betrayed by how they were treated.

> *I imagined the… Home Office barristers or Home Office representatives being supportive and not asking for specific details. And just having a chat with you in a normal way… when I went there... if you say something then they will ask you ten questions about that one thing that you said… and you have to clarify and talk about specific details all the time. – Shapoor, an Afghan recently granted asylum*

Many sanctuary seekers claimed that there was a betrayal of humanity, of a deserved welcome, of a fundamental right to safety, of economic opportunity and of the sacrifices made to get here.

> *From the moment I came to this country - I thought a lot of other things, I didn't think such things would befall me… Don't you say your country is the foundation of belief? – Morteza, an Iranian going through the asylum process*

> *I wouldn't stay here for one minute I would return to my home. My life is in danger, otherwise I would not have left my life, my family… I haven't seen my children grow up… People call this city the city of dreams, that all your hopes will be fulfilled when you come here. – Meisam, an Iranian who has been refused asylum*

Yet, despite this perceived betrayal, most sanctuary seeking participants still wanted to trust the system. There was a desire to make sense of the attacks, a kernel of hope that the system could be worked through and with.

> *[Asylum applicants] know 100% that the system's unfair, they know the way it's rooted, sometimes they just can't believe it. – Jacob, a lawyer working with Afghan asylum applicants*

5.4 Going through the asylum bureaucracy: waiting for a decision

Participants described how, after the interview, sanctuary seekers felt trapped in an unending cycle of overwhelming bureaucracy, gradually grinding down their will to continue. Interviewees explained how, while waiting, people watched their plans for the future unravel. According to participants, the uncertainty attached to waiting was a constant source of stress and even fear. Some interviewees were confused about why the process required such lengthy periods of waiting, while others felt that it was part of a tactic to punish and dissuade people from claiming asylum.

5.4.1 Trapped in bureaucracy, overwhelmed, waiting with few choices and no control

They took those things out [of my knee] and the doctors have put me on the waiting list for fixing tendons and things like that. It's been about a year I'm on the waiting list. – Morteza, an Iranian going through the asylum process

Almost all participants saw waiting as an embedded, unavoidable, and even formalised stage of the asylum process. Waiting permeated all aspects of sanctuary seeking life, including when accessing health services, or legal and charitable assistance. While waiting, people considered whether the social, economic, and cultural sacrifices they made to reach the UK were worth it.

> *I have put effort in to reaching here… I had to pay the price for it by the way… I am away from my family, I miss them dearly, hastash ro delam moondeh [their seed has remained in my stomach]… I don't want to die here where I don't have anyone. – Meisam, an Iranian who has been refused asylum*

Numerous interviewees reported that sanctuary seekers felt trapped in an endless limbo, an asylum purgatory. Participants attested to the gruelling nature of the asylum process, involving many cyclical stages of interviews, court appearances, appeals, and fresh claims. The asylum process undermined confidence and sapped energy, with each stage posing new barriers and mental assaults.

> *People who had their cases have been refused, first and second time, and then they appeal against the decision, and they went to the court, and then the court refused their case as well [are likely to have mental health problems]. – Nazif, an Afghan granted asylum many years ago, working as an interpreter*

I had one lady who's been here for about seven years… it's impacted them very negatively… she had self-confidence… [now] it was so low. – Sakena, an Afghan working at a charity

The correspondence participants received from the Home Office was another element of the asylum process that could be overwhelming. The correspondence was described as indecipherable, lengthy, and always in a formal English, with people accumulating piles of paperwork.

Piles and piles of forms in languages that are difficult for them to understand without translation available, I think can be overwhelming for a lot of people. – Leilah, an Iranian diaspora member

Sanctuary seekers also felt trapped and overwhelmed by the seeming lack of choices available to them during the asylum process: there was no way forward, no way back, and no way out. People felt that their space, direction, and movement was controlled by the Home Office.

The Home Office gonna choose for you what area, which city you have to stay… [with accommodation] you have no choice… you should just follow - Hossein, an Iranian recently granted asylum

Many sanctuary seekers described feeling impotent in the face of the asylum process. The lawyer oversaw arguing the case, and the Home Office made the decision. Nothing could be done except wait for the Home Office's judgement.

Zero control, and that has been throughout the six years of fighting the system. There was literally no point where I felt like I'm in control of this and I can do this - literally no moment like that. - Shapoor, an Afghan recently granted asylum

In the face of this seemingly uncontrollable and unremitting process, there were many points during the interview where sanctuary seekers conveyed a feeling of powerlessness. In response a few participants had considered suicide.

It's not always a dignified process for them and that's also not great. Especially for many of them - it's all in front of their family, in front of their friends; it's...themselves as well of course, but lots of powerlessness over and over again. Yeah, I think those are the main things. – Leilah, an Iranian diaspora member

And they were putting so much pressure on me, sending me letters to return to Iran that I jumped from the bridge and the police got me. They put so much pressure on me, I got so bad mentally that I stabbed myself in the stomach and took forty-five pills. – Morteza, an Iranian man going through the asylum process

5.4.2 Stasis and an inability to grow, deterioration and a loss of humanity

When there is a normal human without studying or education, they can't help anyone. They are like a dead person. They are like a lifeless thing. – Aryana, an Afghan woman who has recently been granted asylum

Almost all interviewees felt that the rules and bureaucracy of the asylum process halted or even destroyed plans applicants had for the future. For younger applicants, their education and careers were set back or ended; for middle-aged applicants, their family might break down beyond repair; for older people, the last portion of their life was wasted.

Thinking about education: first thing, you need your papers. Thinking about working: ah first thing, you need your papers. Thinking about living, or thinking about future, you can't because your future or your life is on hold. You have to wait for a decision. – Shapoor, an Afghan recently granted asylum

Your destiny, your career, your future. Your career doesn't go forward for four years, it is frozen. You can't work on it… you fall behind – Nazif, an Afghan granted asylum many years ago, working as an interpreter

Having lost the ability to plan, move forward, and grow, people implied feeling dehumanised. Interviewees reported that the asylum process prevented people impacting on and being part of the world around them; that until the process was successfully concluded, their personhood was denied.

Before the asylum process, you are not complete man or woman, could be anyone. For example you don't know what to do, you don't have any timetable, you don't have any college or any university, you don't have any job, you don't have anything. – Nazif, an Afghan granted asylum many years ago, working as an interpreter

Whereas you used to have support. You could get, you could access certain, everything almost. Education and so on. And now they can't. They can't really do anything. And if

they don't have status they can't even nowadays rent a house, or work, or do anything so it is… So they are living but it's not living – Shirin, an Iranian immigration lawyer

A small number of participants reported having been disturbed by the slow, steady rate at which people's lives and future deteriorated, and the terrible inevitability of it. There was a sense of rotting away.

For my friend two years or three years waiting for the result. Her and the husband's time was wasted… They were qualified people. And they were suffering because: "why we can't do anything?" – Shabnam, an Iranian working for a charity

It's quite a long process and people waiting for this decision to be made, they lose their future, they lose their time, their ability – Mina, an Afghan mental health practitioner

A small number of participants reported that it would be better to be rejected and sent back to their home countries than to remain in the UK in limbo and without direction. This would mean that the time they lost was at least reduced.

Yes, if you find out I'm lying, kick me out so I can go back to my country, not to leave me here - Ramona, an Iranian woman granted asylum many years ago

5.4.3 Fear and uncertainty

Look, uncertainty, when you don't know what is going to happen, you can't be happy in anyway because you don't know what will happen tomorrow. – Meisam, an Iranian who has been refused asylum

Many participants described how their waiting during the asylum process proceeded without acknowledgement or milestones. Hence, many sanctuary seekers reported feeling unclear what part of the process they were in. Sanctuary seeking participants described being in a constant and distressing state of uncertainty related to waiting.

I think if anybody sort of has to live that kind of life where they don't know what is going to happen and how, they would be mentally disturbed. Not knowing what is going to happen is difficult for anybody – Shirin, an Iranian immigration lawyer

Just being offered support and guidance as to what's happening and being updated on their cases [would help]. Because a lot of them, one of the worries that they had was

not knowing and not really knowing who to turn to find out – Shabnam, an Iranian working for a charity

Several interviewees explained how stress related to uncertainty increased over time as an asylum decision appeared to drift further away. It led to increased volatility and the intensity of other stressors, such as family issues or acculturation.

The level of stress gets more as they claim asylum and they don't hear a response. Or they hear a negative response. – Ashraf an Afghan diaspora member, who worked as an interpreter

Most participants described how amidst the uncertainty and constant rumination about what may or may not happen, various fearful possibilities arose. People perceived that, given all the awful things that had come before, dreadful things might happen to them once again.

With the brown envelope my feeling was unique. Other letters would come in white envelopes, but usually Home Office letters came in yellow or brown envelopes. This letter and the postman that came in the area, this always brought fear. I thought something had come and because we saw a lot of people's cases there were being rejected. – Gulbadin, an Afghan granted asylum many years ago

[Important factors affecting people's mental health are] fear of being returned back and not knowing… Not knowing what's going to happen. Fear that they may send you back to the country that you have run away from. - Shirin, an Iranian immigration lawyer

Fear meant that, for some participants, interactions with institutions and authority were difficult. With interviewees claiming that these figures had little understanding of how to reassure people. People never reported feeling that, despite their potentially terrible journey and home country experiences, they were going to be okay. They were left to dwell in their fear.

When a police comes to a refugee and talks with them, the refugee starts shivering… Of course, he can't communicate well. People who are in government, are police, who relate to the visa. Because you are always scared, you say oh gosh what happens in

this occurs if that occurs, or if they don't like me, a thousand circumstances. – Hamid, an Iranian recently granted asylum

In some cases they can't even get access to the NHS… It is the fear that sometimes when they go to the NHS they are going to ask them: "what is your status?" - Shirin, an Iranian immigration lawyer

5.5 Daily life in asylum

Participants described everyday life in the asylum process as one of deprivation and precarity. People had barely enough resources to survive each day. This deprivation pushed sanctuary seekers into a negative spiral of thoughts that, participants warned, could end in suicide, death, or insanity. Interviewees felt the Home Office did not acknowledge the daily suffering sanctuary seekers experienced and that, to them, the lives of sanctuary seekers were inconsequential and invisible. Sanctuary seekers were also physically marginalised by deprivation and discrimination, spending time in a few free spaces: libraries, churches, and parks. Government restrictions were described as making people dependent and vulnerable to exploitation, as well as fuelling perceptions in the media and among the public that sanctuary seekers were parasites. Interviewees claimed that the mental damage inflicted during asylum the process compounded that caused by their experiences prior to arriving in the UK and might never be healed.

5.5.1 Deprivation, feeling restricted, worthlessness

You have to spend pound, pound and you have to count the pounds. What do you want to buy? If you buy that one, that thing, maybe the end of the week your pocket will be empty. So you have to think about it. – Hossein, an Iranian recently granted asylum

Both materially and emotionally, almost all sanctuary seekers reported facing tough choices about what they could and could not afford to do. There was often a choice between food and other activities, such as paying for the phone bill. Participants described that the deprivation they experienced made them feel worthless.

Maybe someone wants to get themselves a present, to buy a food which they like, they can't do anything with £35… Not having an income makes a massive difference to someone's mental health. You want to have a few clothes which have different

colours… People feel like they are nothing, they aren't worth anything and their life is without value. – Pardis, an Iranian recently granted asylum

How can you live on 5 pounds a day anyway, can anyone live on this? We have turned three meals a day into one meal a day. After ten years, and this is the truth, a complication will come after you, and all this malnourishment will come forth and your body won't be able to take it – Meisam, an Iranian who has been refused asylum

Several participants felt that deprivation reduced their ability to navigate the asylum process. They lacked the economic capital to employ competent lawyers; the cultural capital to understand the system and know the answers to the questions demanded of them by the Home Office; and the social capital to have the energy and encouragement to keep overcoming each new bureaucratic hurdle.

Either I had no money to at least have internet to be in communication with my family or my friends, or if an important email came from the Home Office I didn't have internet. – Majid, an Afghan recently granted asylum

Some interviewees argued that deprivation pushed people into a spiral of negative thoughts, with a deterioration in people's health over time that could result in suicide, death through illness, and insanity.

But if you stay at home in your room without tv without nothing, so what you going to do? Only you are thinking, thinking, thinking. Even if you don't want, you are thinking, thinking. So I think work permit can help us to be a little bit better in that situation, in that mood. – Hossein, an Iranian recently granted asylum

They made me like this themselves. They could see I was under pressure, it was coming out of my mouth that I wanted to commit suicide, but it wasn't important to them at all. – Morteza, an Iranian who has been refused asylum

A few interviewees felt that, despite the deprivation sanctuary seekers were subjected to, the Home Office expected them to be grateful for what little they got. This expectation of gratefulness for scraps of humanity contributed to the loss of dignity described by sanctuary seekers.

After they evicted me from the house, they saw I had no other place, there was another area from the council, they did help me then. They gave me a house and some measly support and said you are here for now. – Mohsen, an Iranian granted asylum many years ago

I went to Parliament, they took me as a guest speaker because it was very inhumane, they didn't give rights at all, you'd go to the council for food - I went once I didn't go a lot - packaged food and things that in Afghanistan we wouldn't even give to animals. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector, working in the charity sector

5.5.2 Marginality, exclusion, imprisonment

Someone escapes prison and comes here and is in prison here too. I have sought refuge here to live, not to suffer more. – Morteza, an Iranian who has been refused asylum

Most sanctuary seekers, particularly those speaking during walking interviews, reported being legally and financially excluded from many spaces in London. These included spaces of work, education, leisure, and public services.

A few sanctuary seekers, especially during walking interviews, described how they saw and interacted with London differently to those with secure immigration status. The city centre was briefly visited and quickly exited. Landmarks did not comprise the Millennium Wheel, Parliament or the Tower of London, but reporting centres, charity offices, and stops on the walk to a friend's NASS housing.

Well, first I like to see historical sites. It fits with my profession. And also, can someone be in London for three years and not have seen this place [the Tower of London]?... I don't know about this place, it is not in my mind [but] I have come here and passed it before. – Meisam, an Iranian who has been refused asylum

A few sanctuary seekers reported issues around discrimination when entering mainstream social spaces.

I went once to the disco, I won't go ever again. Everyone was going in, I went to go too and he looked at my ID card and said you don't have a visa get out. They threw me out. – Morteza, an Iranian going through the asylum process

Interviewees therefore suggested that asylum applicants spent most of their time in a few quiet places with free entry: libraries, parks, and churches.

> *When you want to go somewhere, when you don't have money you can't go. Otherwise you have to sleep hungry, you don't have enough money… [I wanted to go to] the cinema, everywhere. Go out with friends, to make friends… When you don't have money where can you go? Maybe just the park. – Hamid, an Iranian recently granted asylum*

> *Every now and then they'd come and get me and take me to the allotment, I'd go there with friends. – Mohsen, an Iranian granted asylum many years ago*

A few participants reported that charities could constitute important spaces of inclusion, with humanising spaces of solidarity and shared experience. However, charities were often unstable spaces, frequently changing premises. Moreover, due to a focus on providing services, there could be a lack of informal social space.

> *'Instantly when I went there, I was comfortable, I felt relieved. Everyone was really warm with me' – Eteram, an Iranian recently granted asylum*

> *We are hoping to move into a bigger premises. And we hope that it would have, like a community space where people could come in and it's more of an informal setting for people to just hang – Sitara, an Afghan working at a charity*

A few sanctuary seeking participants explained how their world, inside and outside home, became a prison and a constant reminder of the bar and borders that followed them. Accordingly, a few sanctuary seekers stated that they felt uncomfortable in every space: no space was designed or interested in accepting them, even where they lived and slept.

> *Yes, I didn't have much time nor, I don't know, I don't like to be in the house but I don't like to be out of the house either. When I'm in the house I want to go out, when I go out I like to return home. And, I don't know what's wrong with me… Nothing makes you happy in this moment [the strong sound of trains overhead] – Meisam, an Iranian who has been refused asylum*

5.5.3 Invisible, unworthy, trivial and neglected

I could see my clients were suffering but I could see the judges weren't even listening. And for me it has been difficult as well – Shirin, an Iranian immigration lawyer

Many sanctuary seekers suggested that their daily suffering was rarely acknowledged, particularly in their interactions with the Home Office. Sanctuary seekers claimed that the Home Office did not care what happened to them during the asylum process: if a person was in destitution or in life-threatening circumstances, that was fine. Some suggested that this may be considered by some officials to be even better, as it was one less problem for them to deal with.

> *The day they hit me, the police came for two minutes, saw me with my broken head and tooth and left. It wasn't at all important to them. They asked to see my ID card, they saw it and left two minutes later. These are the things I saw, they made an emotionless person out of me, someone for whom it isn't important if I'm alive or dead. - Morteza, an Iranian man who has been refused asylum*

A few sanctuary seeking participants contended that not having permanent status over a long period of time, or being refused status, denied people's existence in the UK. This could be particularly galling for Iranians who often could not be deported due to political relations between the UK and Iran.

> *Right now I am living in this country. With status or without status. They have effectively given me sanctuary. I am effectively a refugee, they have accepted me… Obviously I am not going to leave this country, the only thing the process is doing is making me suffer (zarj-kosh). You are not giving me an answer now but it two years you will. – Meisam, an Iranian who has been refused asylum*

Faced with a process that dismissed applicant feelings and suffering, many people reported becoming numb after an extended period in the asylum process.

> *When they notified him [of his status]… they asked him how do you feel. He said I don't have any feelings anymore. Because I've been suffering for nineteen years, I had no purpose… I had this feeling too myself, when they called me and told me, I wasn't happy in the way I should have been because I had suffered a lot. – Majid, an Afghan recently granted asylum*

5.5.4 Dependent, parasitic and exploited

[The Iranian I went to for advice said] now that I have helped you… you have to sleep with me. I said get off, I will scream so everyone comes for you, I have come to this country alive from under the thumbs of Iranian torturers for refuge, and you want to rape me here? – Maryam, an Iranian granted asylum many years ago

Some participants felt that government restrictions and lack of information left sanctuary seekers little option but to be dependent on charities, welfare, and community members. People's deprivation and dependency left them vulnerable to exploitation. The longer the waiting went on, the more desperate people became and the greater the risk of exploitation.

> *Lawyers will take advantage of [asylum applicants] and then they won't know that they're being taken advantage of… By not representing them properly, by asking them for money when they shouldn't be asking them for money, by doing the bare minimum, by...asking them to sign things that they haven't even read through. All these things like that - it happens, too often. – Jacob, a lawyer working with Afghan asylum applicants*

> *People have lost ten, fifteen years of their lives; maybe sitting around, maybe working in the black market being exploited by some people. – Shirin, an Iranian immigration lawyer*

Interviewees explained how sanctuary seekers were exploited by those they needed to trust, like lawyers, charities and even doctors. Members of both diaspora communities actively harmed, took advantage of, and dehumanised sanctuary seekers.

> *I had surgery again to fix that mistake. They took those things out and the doctors have put me on the waiting list for fixing tendons and things like that. It's been about a year I'm on the waiting list. And I have no trust in their doctors, as they are not strong enough to do the job well. – Morteza, an Iranian going through the asylum process*

> *Few of the people I heard, that the charities that they take money from the government as a funding resource and then they do not do what is expected from them; they fail to answer the needs of those asylum seekers which come from conflict zones in Afghanistan – Rashid, an Afghan diaspora member working in the health sector*

With barely enough to live on and without the permission to work, a few participants described how people were pushed into exploitative black-market labour. One sanctuary seeking participant noted the irony of sacrificing almost all their resources to the journey, only to arrive in a position where they were begging to be exploited.

> *Today this is the new slavery… Back then you would go and kidnap me but today I come with my own money, and I ask politely would you please accept me into slavery, as your slave. So that I can do the menial tasks in your country. – Meisam, an Iranian who has been refused asylum*

> *When they'd come here and wanted to give their case and had no money, they were forced to go work illegally – Maryam, an Iranian women granted asylum many years ago*

Most participants felt that government restrictions produced a self-fulfilling narrative, taken up by the many in the media and the public, that asylum seekers were parasitic. Without the ability to work it was difficult to contribute to society.

> *A lot of people I know, they prefer to introduce themselves as migrants instead asylum seekers… British communities, the first label they will assign to you is someone who is using benefits, our taxes are being spent on someone like this, and we don't approve of this happening. Right at the beginning, before they even know the person or have communicated with them, they stick this label on them that this person is a refugee and a person who has no use to their community and that they are parasites. – Azar, an Iranian diaspora member recently granted asylum*

> *You're kept at arms' length at all times, you have to constantly show papers, stand in line, you have to...you're treated more like a burden – Leilah, an Iranian diaspora member*

Most participants reported an overwhelming desire to contribute to UK society and to help others in their situation. People generally wanted to progress with their lives, be independent, as well as grow and learn. There was a lot of ambition in migration. Many participants had dedicated their lives, or an important part of their lives to social or charitable work in their home countries, and so almost immediately on arrival started helping however they could.

Well, I moved to London and my husband had already founded the charity and then I joined in, I cofounded, I actually added additional elements to it to make it more workable. – Anahita, an Afghan working at a charity

5.5.5 Loss, lasting, irreparable damage

Everything fell apart, I'm telling the reality. When I remember this situation, that I should have my own life and be with my wife and children. Now everything I have is gone. – Mohsen, an Iranian granted asylum many years ago

Several interviewees felt that the mental health problems related to the asylum process were enduring, and not simply resolved by attaining status. In some cases, interviewees felt that it was not possible to recover from the damage sustained; people had only been granted permission to live once they had lost their lives.

[The Home Office] respond and tell him yes - this has no use… Because he has intense depression and he doesn't understand anything, he's extremely dispirited, extremely depressed, extremely irritable… They become broken and it's also possible that they'll commit antisocial crimes - people who go mad and break things, have fights, develop terrible disorders – Amir, an Iranian diaspora member

[A friend] received refugee status here, he executed himself [committed suicide]. It was three or fourth months previous. He had status and everything, he just… exactly three months ago. – Meisam, an Iranian who has been refused asylum

Some participants indicated that they lost their sense of motherhood or fatherhood during the asylum process. The mechanism of this loss reflected traditional gender roles: men were denied their right to work and could not fulfil their role as breadwinner, while women struggled to provide emotional support to their children due to the all-consuming nature of the asylum process.

He didn't have any permission to work, then he didn't have money. Then it really, really affected his mind – Nazif, an Afghan granted asylum many years ago, working as an interpreter

I feel for my children, my son saw a lot of struggle. It's like we brought a flower here and it didn't flower again. When you repot a flower it might be able to grow well with

the new soil, and sometimes it dries up. Now I feel that I wasn't able to repot him. – Zena, an Iranian diaspora member granted asylum many years ago

The pressure the asylum process brought could contribute to the breakdown of family relations even when families were together in the UK. There were a few cases where, having lost their role of patriarch, men used domestic violence to regain control over their families.

Imagine in life you are with a wife and kids, in a moment you have to forsake your wife and kids and have to separate. Why? Because problems have come about, your nerves are on edge, you can't lead a family anymore. It got to a place that with my unhappiness I hit my child in his ear and to this day he is still upset about what I did and I'm upset myself, that then he committed an offence - his plan was to destroy himself, he was this upset. – Mohsen, an Iranian granted asylum many years ago

Fears relating to the immigration system did not end once the asylum process was complete. A few participants stated that they were still worried about deportation even once they had status. The uncertainty remained with them and they still had not found a place of sanctuary.

Maybe they would deport me back home, because I have problem back in my country. Still I have stress about too many things because you don't know about tomorrow and what's gonna happen – Hamid, an Iranian recently granted asylum

Even now I have this fear [that I will be killed]. And I have very severe depression, it really hurt me. – Aryana, an Afghan woman who has recently been granted asylum

5.6 Discussion

This qualitative interview study produced findings in three interconnected areas: conceptualisations of mental health, the mental health impact of the asylum process, and treatment and coping strategies. The third topic is presented in the following chapter. As reported in this chapter, participants spoke about mental health indirectly and through the use of metaphor. Many participants perceived mental health problems as a form of personal weakness and it could become a source of individual and familial shame. Sanctuary seeking participants also spoke about mental health in medicalised and legalised terms. This reflected how mental health problems were considered by the asylum system as proof of having experienced harm. These framings help contextualise findings regarding the impacts of the asylum process on the mental health of Iranian and Afghan sanctuary seekers: the shame of

reduced social and economic standing; the pain of bureaucratic attacks during the asylum interview; the failure, identity loss and spiral into negativity during the frozen wait for a decision; and the deprived physical state some interviewees descended to during everyday life in the asylum process.

Many Iranian and Afghan community members held stigmatising attitudes towards mental health problems. They negatively judged people whose mental health had deteriorated during the process of seeking asylum. As a result, like others in the community, sanctuary seekers were often reluctant to discuss personal mental health problems. Mental health problems came with a stigma that could tear away the little dignity and self-esteem maintained during the process. Moreover, people felt that in accepting mental health problems they were accepting their failure in the asylum process.

This reluctance to talk about mental health problems was compounded by ostracisation and isolation. Sanctuary seekers suggested that they were seen as a burden by UK society. Their social, economic, and cultural exclusion from mainstream British society exacerbated associated feelings of invisibility. This was exemplified by the mandatory policy of dispersal and relocation. Being ignored and excluded can negatively affect feelings belonging, self-esteem, control and meaningful existence, leading to sadness, anger and numbness (Williams and Carter-Sowell 2009).

Sanctuary seekers implied that asylum system restrictions had both been designed in response to, and served to confirm, negative public perceptions. Accordingly, the asylum process was a system that could not only physically marginalise and segregate, but also deprive sanctuary seekers of public empathy. In addition, negative perceptions of sanctuary seeker perceptions were found in Afghan and Iranian diaspora communities, and internalised by some sanctuary seekers. These findings resonate with Khosravi's (2016) work. He reported on the judgemental attitudes of educated migrants in within a fragmented Swedish Iranian diaspora.

Not everyone experienced the asylum process and its effects on mental health in the same way. For example, educated sanctuary seekers in this study may have been particularly impacted by minoritisation in the UK as well as their reduced social standing in the diaspora. People reported feeling impotent and childlike as their social, economic and cultural standing

was reduced to almost nothing. They described the process of becoming an asylum seeker as one of submission. Findings support those of Smyth and Kum (2010) who state that deprofessionalisation can impact sanctuary seeker 'self-belief [and] identity', and suggest that a rapid minoritisation process can be particularly damaging for mental health.

However, education could also enhance the ability of sanctuary seekers to navigate the asylum process, protecting mental health. Elsewhere, findings suggest that that refugees with higher levels of education, including Iranians and Afghans, are more likely to have exposure to pre-migration trauma (Nickerson et al. 2021). In contrast, this study indicates that education may offer migrants at least some protection in the post-migration period. In the long-term, therefore, educated sanctuary seekers may have better mental health due to the mediation of pre-migration trauma through post-migration factors (see Jannesari et al. 2019).

The association of mental health problems with failure and a loss of dignity meant that the inability to grow and statis of the asylum process was especially strongly felt by participants. Mental health was harmed by the ill-defined and seemingly indefinite asylum process, and this contributed to fear and uncertainty. This concurs with research highlighting the mental health effects of the uncertain duration of asylum processes, including feelings of incoherence (Brekke 2010), suicide ideation (e.g., Procter et al. 2018), fear of deportation (e.g., Sourander 2003), and lower self-reported health (Cheung and Phillimore, 2017). This study additionally suggests that long and uncertain waits create space for negative thoughts to fester and multiply. Amidst the uncertainty, people think of fearful possibilities and events that could happen to them, often drawn from their previous negative experiences.

Rather than speak directly about their experiences of mental health problems, participants preferred to speak about mental health: in general terms, through metaphor, or indirectly through discussion of family concerns and acculturation stresses. The weather was used as a key metaphor by participants to describe the perceived mental attack from the asylum process. In addition to the use of metaphor, participants described the mental health impacts of the asylum system as embodied. This has been found in other research with sanctuary seekers (e.g., Murphy et al 2020). People also described that, as their bodies became more distant and unfamiliar, their mental health deteriorated. Results echo Vacchelli's (2018) assertion that 'the body contributes to the active narration of the participants' stories of

migration' (p173). This suggests that mental health treatment with Afghan and Iranian sanctuary seekers could usefully reference or even centre on the body.

Both the mental health metaphor of the weather and focus on the body as a site of mental health problems, produce visceral descriptions of an outside attack. People reported feeling attacked by an adversarial asylum process, and especially during the substantive asylum interview. Findings support those elsewhere regarding the UK Home Office's "culture of disbelief" (e.g., Anderson 2014, Jubany 2011), the difficulty of recalling painful memories during the interview (Herlihy and Turner 2007), and the need to curate an asylum story in the face of bureaucratic violence (Beneduce, 2015). Adding to this literature, this thesis study's results demonstrated how the asylum interview acts, via gaslighting and provoked desperation (Abramson 2014), to erode people's sense of self. This can lead to dependency and depression. Findings from this study suggest that many aspects of sanctuary seekers' pre-migration experiences – instability, fear, and lack of control – continued after they arrived and made a claim for asylum in the UK (Jannesari et al., 2019).

As well as describing mental health problems as a result of being attacked by the Home Office, sanctuary seeker participants spoke about the negative consequences of financial precarity on their mental health. Sanctuary seekers in this study reported that they did not have enough money for their everyday needs, such as food, and were unable to provide for themselves being denied the right to work. People reported feeling controlled and restricted, worthless, neglected and humiliated, emulating research covering the right to work (e.g., Fleay and Hartly 2016, Shishehgar et al. 2015, Doyle 2014, Azizi et al. 2006). Findings add to this literature by demonstrating how deprivation can be perceived as a denial of emotion and existence.

Ultimately, this study's analysis and discussion demonstrates how the asylum process affects mental health in ways that can be profound, lasting and potentially irrecoverable. Once the process finished, sanctuary seekers were left with a sense of loss, regardless of the outcome of the asylum decision,. Refugee status did not prove a panacea to people's mental anguish. For many participants in this research, sanctuary remained elusive. The next chapter details findings from the qualitative interviews about how sanctuary seekers and mental health practitioners can address and cope with the mental health stressors described in this chapter. It also details the strengths and limitations of the qualitative interviews.

6 Qualitative Interview Study Part II: Mental health support and coping strategies

This chapter aims to understand how sanctuary seekers coped with the mental health pressures of the asylum process and what support they found beneficial. It draws on interviews conducted with the same 38 Iranian and Afghan as did the previous chapter. Of these 38 interviews, 13 were conducted with people who had sought asylum, eleven practitioners and ten community members.

Four themes were generated. The first, *"having a purpose through the asylum process",* explored how sanctuary seeker resilience and resourcefulness, the provision of timely information, and volunteering could help people move forward while waiting in the asylum process. This helped counteract the marginalisation, victimisation and worthlessness that people reported feeling. The second, *'talking about and processing migration experiences'* highlighted the mental health need for a safe and stable space to process difficult migration experiences, witnesses to sanctuary seeker suffering, and mentors and peers to listen to and believe sanctuary seeker stories. These factors combatted the instability, invisibility and

gaslighting of the asylum process. The third, *'community and belonging'* demonstrated how community can help people manage the mental health impacts associated with the daily deprivation of the asylum process. However, this was not always forthcoming from a seemingly judgemental diaspora. Accordingly, people turned to cross-ethnic, transnational, sanctuary seeking communities. The fourth, *'accessing mainstream mental health support'* discussed how mainstream mental health support was difficult to access due to language issues and pressure on services. Whatever support sanctuary seekers managed to avail themselves of, it needed to last well beyond the conclusion of the asylum process.

6.1 Having purpose through the asylum process

Many sanctuary seekers arrived with a well of resilience which they used to manage the gruelling asylum process. Interviewees described the need to use internal strengths to take proactive steps to counteract the waiting and uncertainty of the asylum process. Almost all participants had engaged in formal or informal volunteering, for example, and suggested it as a crucial way of maintaining purpose. Participants also suggested that providing sanctuary seekers with timely information about the asylum process could help reduce the length, uncertainty, and struggle of the often damaging asylum process bureaucracy. Information could give people purpose and control and help them feel hope for the future.

6.1.1 Facing the process with strength

Why should I be afraid? If I was afraid I'd have stayed in my own country. – Mohsen, an Iranian granted asylum many years ago

Some interviewees explained how they arrived in the UK with a great deal of resilience, which helped them manage factors associated with negative mental health during the asylum process. Participants described how, to have reached the UK, people needed to have employed resourcefulness both in their country of origin and throughout their journey. A few participants implied that resourcefulness was part of a culture developed in Calais and other camps along the journey.

> *They have gone against too many other people or obstacles to come to their decision and with the hope to change their life – Tala, an Afghan mental health practitioner*

The [connection with the migration] Migration Museum… that also goes back to Calais, I had another friend there when I was in a camp in France, and another camp in Holland. – Majid, an Afghan recently granted asylum

Many participants stressed that a key sanctuary seeker strength was the ability to accept new and reduced circumstances. A few participants who had sought or were currently seeking sanctuary were content in their relative safety and managed to operate in their new world. These were often people who had lost most of their family and the resources they had in their countries of origin.

London opportunities for work are a hundred times more accessible than Kabul… as long as we recognise our own limits. – Nur, an Afghan diaspora member

Because I couldn't endure the regime, nor could I be within reach of my husband, I wanted to be far from him - any problem that came about I accepted, I said I am now in heaven. – Ramona, an Iranian woman granted asylum many years ago

Numerous sanctuary-seeking interviewees stated that they were determined to see the asylum process through to its end. Interviewees suggested that this attitude was important to combat the adversarial nature of the asylum process and perceived Home Office ploys to get people to abandon the process.

And many people, I know a lot of...because it's a process that makes you, because of the first interview you have, it makes you want to give up. But you can't give up. – Shapoor, an Afghan recently granted asylum

Several interviewees had initially been refused asylum, with a few pursing their case through every court until they had exhausted their appeal rights. After the appeals process, they began with fresh claims, facing even greater challenges given their previous refusals. The ability to restart the process after a series of asylum refusals was a demonstration of their resilience and determination.

I am forced to burn and build here to see when they can make a decision about me so I can go to Turkey and see my family. – Meisam, an Iranian who has been refused asylum

The internal strength of sanctuary seekers was suggested to partly derive from their cultural dignity, with some participants describing how Afghans and Iranians arrived with a sense of dignity and pride enforced by their ancient cultures. History was used by interviewees as a reference point for the current difficulties and aspiration for better circumstances. For many, their cultural heritage was a source of connection with other people as well as of strength.

> *I was really interested in poetry reading and writing. Fortunately, they had a group where a woman who worked in casting came and read poems and interpreted them and asked the group what the poet meant. – Eteram, an Iranian recently granted asylum*

> *As two Farsi speakers [we] are speakers of one of the oldest languages of the world. And according to one narrative, the first book is in our language. The book of Zoroaster. – Nur, an Afghan diaspora member*

For some participants, their cultural heritage also helped maintain a robust sense of identity and served as an important buffer to the dehumanisation of the asylum process.

> *I don't think anything can change my identity. Not my time in the asylum process, or when I got my status and could work, or when I will get my passport and become an English citizen. Identity is not a piece of paper – Najibullah, an Afghan recently granted asylum*

A few participants drew strength from their beliefs in destiny and religion, as well as the long path already taken. This imbued them with patience and stoicism that could be invaluable for managing a lengthy and opaque process and, some suggested, protecting against mental health problems.

> *One of the main things which have changed Is my patience. I never used to be a patient person, not at all. But now I am very, very patient. And I think that God has helped me have this much patience, otherwise, many nights I would have got up and killed myself. – Meisam, an Iranian who has been refused asylum*

> *God has given me amazing patience. – Tahereh, an Iranian going through the asylum process*

For a handful of interviewees who had gone through the asylum process, their belief in destiny and relationship with God had been the only way to be heard and tolerate the isolation of the asylum process.

> *I always prayed to god; please can you help me. Understand, make your thoughts calm, there was no one to say this to me. – Niloofar, an Afghan recently granted asylum*

However, some participants suggested that eventually people arrived at a point where their energy was drained by the asylum process, their anger subsided, and they were left empty. This end point was different for everyone, but often resulted after a series of refusals or delays. A few participants reported simply wanting peace rather than a status, job, or even their family. These participants had perhaps lost some of the confidence to advocate for themselves.

> *There are some people who can endure it, but it might be one percent. Ninety-nine percent cannot tolerate this situation at all. – Amir, an Iranian diaspora member*

> *There isn't anything else. I'm tired of even myself… my brain is not at that level [to suggest changes to the asylum process] – Morteza, an Iranian going through the asylum process*

6.1.2 A need for information

Any human who know the rules and laws, they will not become ruined or do anything bad in my opinion – Aryana, an Afghan woman who has recently been granted asylum

The majority of participants described how sanctuary seekers arrived often knowing very little about what would happen to or be required of them during the asylum process, increasing their uncertainty and leaving them vulnerable to bureaucratic mistakes that could delay their case. They suggested that timely information about the asylum process could reduce the mental health impacts of the process, by reducing some of the uncertainty and restoring some small degree of control.

> *[After initial contact with the Home Office] no more information is given to you until three weeks or one month before the main interview… you receive a letter saying you have to take four photos and send them to this Home Office address… that you have to arrive at whatever time to the office you will be interviewed… [people] have no*

information about their case and they don't know what future they have. – Azar, an Iranian diaspora member recently granted asylum

Unfortunately, many participants stated that Home Office staff were often ignorant of or unwilling to provide applicants with even the most basic information in a way they could understand. For interviewees, understandable meant in terms of culture as well as language, and with an appreciation of the massive difficulties and anxiety people might be experiencing.

Yes, I would ask them, they would say we are Immigration, we don't know. All these problems aside, the Home Office and Immigration had administrative problems between them. – Majid, an Afghan recently granted asylum

A few interviewees described how charities stepped in to provide information to their clients and, in some cases, to the Home Office. Lawyers and friends also provided sanctuary seekers with information and counselled them that they should reduce their expectations and be prepared for a long and adversarial bureaucratic process.

We also need to advise our clients that probably you'll get refused but then on appeal if the case is heard properly, then you probably got a chance. It's depends like, because you have to be prepared, you have to know the worst but then normally, the worst happens. – Jacob, a lawyer working with Afghan asylum applicants

Numerous participants described how knowledge of milestones and timelines could help them manage the negative mental health impacts of the asylum process. Though the Home Office bureaucracy did not provide these, lawyers often could. They could transform an opaque and seemingly indefinite process into a slightly more understandable, bounded one. Without this assistance, people could drift further from reality, producing unrealistic expectations, resentment, and distress.

Every time there was a rejection I had to go to my solicitor and talk about the reasons. – Shapoor, an Afghan recently granted asylum

That lawyer taught me that the police can't do anything here. Or the person interviewing you can't harm you there. Because of this it became a little easier. – Zena, an Iranian diaspora member granted asylum many years ago

Yet, many interviewees described how lawyers less invested in their client's case were hard to reach and did not always provide clients much information. In such a scenario, lawyers could become knowledge gatekeepers and constitute another bureaucratic hurdle. Many people had to change lawyers before they found a competent and empathetic one.

> *I changed my lawyer because they didn't pay any attention to me. Really. I don't know if I should rebuke them or not, maybe they are very busy, but it isn't a good enough reason. – Eteram, an Iranian recently granted asylum*

> *I know about my case to a certain extent but my lawyer knows about it most. – Tahereh, an Iranian going through the asylum process*

6.1.3 Vitality through volunteering

I did a lot of charity work in [Afghan] society… I have made a charity in London. – Nur, an Afghan diaspora member

Volunteering was a way in which sanctuary seekers could proactively take charge of their time and activity. Most participants reported that volunteering was a crucial and ubiquitous part of life for many sanctuary seekers, who engaged in both formal and informal activities.

> *I used to help seven to ten Afghan who lived locally. I would help them, regularly, with reading and writing, in particular with letters and emails from the council, bank and anywhere else. I would work with people to help them to respond – Najibullah, an Afghan recently granted asylum*

Interviewees reported that volunteering was a way of giving back, often to charities that had helped them previously. Volunteering also served to increase their worth and status in the community maintain their pre-migration social or professional identities, and lessen their sense of invisibility.

> *[Sanctuary seekers I've helped] want to also give back to the organisation and the community… that also adds to their satisfaction and emotional well-being given that, you know, they are not only here to seek support but they are also able to, to be in a more managerial position… and be like a voice of someone that gives out support and assistance to others – Sitara, an Afghan working at a charity*

I personally didn't want help from anyone because I felt that compared to others my social skills were very good. In a short time I was able to meet the MP [and help sanctuary seekers]… people in London know me as a humanitarian and philanthropic person – Azadeh, an Iranian who offers informal support to community members

However, for a few participants, volunteering become one of the main activities they engaged in, coming to define them. Instead of preserving pre-migration identities, it replaced them and provided people with new meaning.

And I've reached this age in my life, I always reached a place I was hanging by a thread, but the thread was never ripped, because the most important thing in my life was always to help people who are in need. Always this. – Maryam, an Iranian granted asylum many years ago

Many participants attested that volunteering connected sanctuary seekers with the diaspora and the host community, growing the social networks that people needed to keep going through the asylum process. These links were suggested to provide sanctuary seekers with a sense of belonging, increase resilience, and, ultimately, protect people's mental health.

[The charity] helped me so that my eyes were opened to what I had to do in this environment. They accepted me as a volunteer, I became a volunteer there. I was there two days a week… It was from there I found my way. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

However, volunteering was not seen by sanctuary seeking participants as a replacement to paid work. Indeed, it could highlight the people's lack of rights, their deprofessionalisation and loss of social status, and their inability to build a secure future.

If you don't have any work you can't do anything. You could go volunteering but you don't have the right to get paid… If you work ten years for a charity organisation you will get nothing. Okay you get experience, but financially you are weak – Najibullah, an Afghan recently granted asylum

6.2 Talking about and processing migration experiences

Sanctuary seekers brought with them difficult pre-migration experiences. These were hard to recover from due to the challenges, instability, and lack of safe spaces during the asylum

process. In the face of disbelieving Home Office officials and a marginalising process, many sanctuary seekers emphasised the mental health benefits of speaking with people who would listen to and believe them, as well as bear witness to their existence and their suffering. Sanctuary seekers benefitted from support from their peers and from mentors, who offered solidarity, validation, and a vision of a better life.

6.2.1 Safe spaces to recover from pre-migration experiences

You can walk barefoot [in the park]. When I took my shoes off there and leaned on my wife to walk, I felt that the dirt pulled out all my pains and disabilities. – Nur, an Afghan diaspora member

Several participants suggested that sanctuary seekers sought a safe, stable place in which to heal from the difficult experiences they had been subjected to, both pre-migration and on their migration journey. However, sanctuary seekers described entering an unstable and unsafe situation in the UK from which they could be deported at any moment. The latter appeared to be a particular concern for Afghans.

> *The safety issue - when we came here, we applied for asylum to be in safety. But it's clear that to an extent you don't see safety when you're in the asylum process. Because you think that in any moment the case can be refused. – Gulbadin, an Afghan granted asylum many years ago*

> *There's absolute no stability at all. There's never the feeling that you're going to be protected. – Jacob, a lawyer working with Afghan asylum applicants*

After their substantive asylum interview, some sanctuary seekers feared the asylum system as unpredictable, unknowable and capable of doing anything, without reason. People reported coping by constantly being alert and vigilant, and preparing themselves for the worst ahead of any Home Office interactions. Participants implied that, in this state of fear and hypervigilance, there was little space to recover from pre-migration experiences.

> *[Sometimes I'd go to the park] But not really far from the hostel because you should be there any time. Maybe they will contact you or someone come to you to see where are you and what are you doing, do you have any problem or any issue or anything. So you should be there, and they need to know are you here or not. – Hamid, an Iranian recently granted asylum*

Well, first of all, they have actually already gone through a huge amount of difficulties making their way here and then on top of it the fear of being deported back to a place they have just fled from is already a huge – Anahita, an Afghan working at a charity

For many participants who had sought sanctuary, government-funded accommodation could not serve as a safe space from which to reflect on and recover from premigration issues. This was because it was unstable, unfamiliar and in some cases reminded them of difficult pre-migration experiences.

They gave me a place and it was very difficult because I was a professional person and the accommodation they gave me was with people who were from broken families, there were fights every night, it was really difficult for me. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

[In Afghanistan, I survived an explosion]… when we came here we went to Birmingham, they gave us temporary accommodation. We were in a fourteen story tower. As soon as I entered the tower, I remembered the explosion. Because the building… was exactly like this tower that they had given me temporary accommodation… I said I can't use this lift. Because it takes me back to exactly the day of the explosion. – Rahmat, a Afghan diaspora member recently granted asylum

In lieu of safe spaces, people sought quiet public spaces, such as libraries, parks, and churches, where they could find perspective.

One person started talking about how just walking in the park helps them clear their mind - if they're feeling low, they can just go and take a walk in the park, and try and ground themselves, in a way - Sakena, an Afghan working at a charity

Several practitioners and community members, including charity staff, stated that charities could be important as safe meeting points for people going through similar experiences and providing a range of social activities. However, a few sanctuary seeking participants suggested that charities did not always constitute a safe space. Often, charities were looking for premises, frequently moving or closing. They also focussed on basic services, having comparatively limited time for social contact and support.

I really liked it. It was a lovely warm and intimate environment. And because everyone was a refugee and in the asylum process… [a charity member] came and sat to talk to me and explained how they can help me – Eteram, an Iranian recently granted asylum

We used to hire a community place for gathering, particularly for praying - like Masjid - and it was a rented place and then the members were contributing towards the rent. However after some time like a year in two, the building owner in London just quitted us because he was planning to build a school and we were struggled to find a place – Rashid an Afghan diaspora member working in the health sector

6.2.2 Bearing witness and speaking out

A friendship so I can feel like someone here understands me or can help solve my problems - there was nothing like this – Azar, an Iranian diaspora member recently granted asylum

Many participants who had sought sanctuary used the research interview to highlight their difficult experiences during, what they argued, was an unjust asylum process. As the interviewer, I was invited to bear witness to their suffering, existence and shared humanity, in the face of marginalisation, exclusion and neglect.

Don't think you can call this a hope, this is a natural human right of me and you and everyone. You can't call it hope. But my main hope is that the killing stops in this world and that everyone can live together peacefully and they stop killing each other – Meisam, an Iranian who has been refused asylum

The whole [asylum] process, it's not a good experience… I never ever want anyone to go through this. At the end of the day we are all humans and we should care about what we make other people feel. – Shapoor, an Afghan recently granted asylum

Part of bearing witness was being listened to and believed, countering experiences with a distrusting Home Office and judgemental diaspora community. Thus, in the context of mental health support, sanctuary seekers reported wanting support from people who actively listened to and empathised with them, and were familiar with their circumstances.

[The psychoanalyst] just listened, and sometimes my English was so broken maybe she didn't understand, but she showed that she understood. She cried with me, she

laughed with me. Like this, I felt that there is someone in this world to share my sorrows with. – Nur, an Afghan diaspora member

Some sanctuary seekers intimated that the act of bearing witness could help, temporarily, break the cycle of negative thoughts by unloading them onto other people. An active listener could be found through friendships, sometimes developed with charity staff members, and family. They lent people the bravery to go to the interview and tell their story to a sceptical stranger, as well as the determination to overcome each new process hurdle.

I think because they feel like...these are people, most of them alone here, without any support, and then they sit in front of someone and they feel like they have to make them believe their story. – Roza, an Iranian medical practitioner

If you see someone comes and stands by you talks to you and says it's OK, this gives a positive mindset to a person, and gives them more hope to fight for their life, to be stronger. – Majid, an Afghan recently granted asylum

However, many participants reported that families and friends were under pressure, both at home and abroad, and could struggle to fulfil the role of witness. A few participants implied that cultural standards around being a burden meant that asking for such emotional support was shameful.

The place wasn't great, it was difficult. They had a kid themselves; I wasn't getting any benefit. After six months I eventually got my status and I left the place. – Niloofar, an Afghan recently granted asylum and trying to bring her family to the UK

When I came to stay with a friend, I said I will just stay here. When I saw the problems, they had themselves, I came out. Because us afghans we are the type of people we who can't do this. – Aryana, an Afghan woman who has recently been granted asylum

For many interviewees, the invitation to bear witness transposed into a dialogue with perceived public perceptions of sanctuary seekers. The interview was used as a space to counter public and political framings of sanctuary seekers as parasites, and associated reported feelings of worthlessness.

We can bring a lot of positive things to this country, to society and we are people with all of these talents and skills that can be very useful, and we are willing to give back.

We're not only here to take, we are here to give back as well. – Shapoor, an Afghan recently granted asylum

A few participants suggested that those who had excellent interpreters may have had less of need for witness and to be listened to. This may have been because a good interpreter could communicate a case in the Home Office's language and, as a result, sanctuary seekers may have felt listened to during the process. Equally, interpreters could also exacerbate the problem and transmit damaging misinformation.

I haven't seen better than this interpreter in my life, this interpreter invested in me from his heart and soul, and he did all of my things, he listened to my story himself, he wrote my story correctly and made a good case out of it for me – Maryam, an Iranian granted asylum many years ago

My case was put back one year because of [interpreter] errors. For instance, they hadn't explained in detail, or just mistranslated. In particular Iranian dates which differ with English ones. These are really important. – Eteram, an Iranian recently granted asylum

6.2.3 Mentoring and peer support

From then on I always say to people from my own experience: it's your right, you can speak and don't have the fear that I had, don't have that experience. – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

Numerous sanctuary seekers had sought a trusted mentor figure to speak about mental health or wellbeing. This was usually someone already helping the person with practical issues, who intimately understood the pressures of the asylum process. Lawyers, interpreters, community members and volunteers could all act as mentors.

I'd gather them in a group and once a week they'd dance, eat a free meal, and talk to me about anything that upsets them, and be sure it was confidential and wouldn't affect their cases – Azadeh, an Iranian who offers informal support to community members

Those participants who had been through the asylum process were keen to share their experiences with new arrivals. Nonetheless, interviews suggested that members of the

diaspora also used their experiences as a basis to judge. In some conversations, diaspora members implied that present-day sanctuary seekers were not as strong or independent as they had been when they came to the UK. Accordingly, diaspora members were not always positive mentor figures.

> *I think I helped myself to a large extent rather than others… something very important I think is dependent on the person themselves - how can they find answers from the different thoughts that come into their minds, and use these thoughts to make themselves more active. Because in asylum there is laziness – Gulbadin, an Afghan granted asylum many years ago*

Sanctuary seekers described how mentors encouraged and supported them to reach out of limbo and move their lives forward, both in terms of their case but also irrespective of it. Participants illustrated how these relationships could be reciprocal, with the mentor gaining a volunteer, friend, or colleague.

> *[The woman who hosted me] was alone too. She was very young. And she had a very large house. She said that I am currently living separate to my husband, we have had difficulties – Eteram, an Iranian recently granted asylum*

> *I was working with an English woman who is a friend of mine who interprets for agencies; I did all her computer related works – Najibullah, an Afghan recently granted asylum*

Some sanctuary seekers also claimed that peer support and peer-led activities helped them understand that they were not alone in the struggle. Peers helped convince people that their struggles were not due to a weakness of character and that their difficulties were normal.

> *But then when they actually interact then they can see that there are also others who are suffering they are not on their own. So that gives them some confidence in talking about their issue that just talking could help them. – Anahita, an Afghan working at a charity*

Participants did not report any formal structures or training around peer support. However, peer support on practical matters related to wellbeing was common. Peer support was often very intuitive and came from shared experiences.

People try to find ways to heal each other, give suggestions. Say someone isn't feeling very well, like I say to you I don't feel well, I'm alone at home, you'll say let's go out to the pub or to this party or to that Iranian environment so you feel better. People talk with each other. – Amir, an Iranian diaspora member

6.3 Community and belonging

Community was a vital part of managing the negative mental health impacts of, and keeping going through, the asylum process. Many people turned first to diaspora communities but were often ignored or judged. Consequently, many people eventually formed or joined transnational sanctuary seeking communities. Charity run activities could form the nucleus for such communities. Such activities were also a way for sanctuary seekers to compartmentalise the stresses of the asylum process.

6.3.1 Damaged diaspora

I don't really support some of the people who... for example I've had friends that have changed religions to seek asylum, or claim that they're gay but they're not – Siah, an Iranian diaspora member

Many sanctuary seekers reported turning to the diaspora as they were familiar and had been through similar experiences. There was a diaspora culture of giving practical support in both the Iranian and Afghan communities, and members of the diaspora were generally effective at signposting new arrivals to migrant organisations that supported people through the asylum process. However, mental health was not commonly discussed among either community..

In the Afghan community, they get some support, with housing, with food and stuff like that. The Afghan community are very close, in that sense. Not when it comes to mental health; they just don't understand it. – Jacob, a lawyer working with Afghan asylum applicants

Many participants, particularly Iranians, claimed that sanctuary seekers were ignored and avoided by the diaspora. Participants described a judgemental diaspora who felt that new arrivals were coming to the UK for less valid reasons than they had, were lying about their cases, and refusing to adapt to UK cultural norms.

I want Iranian slogans of nationalism to not just be poetry… they can talk about the feeling of love for humanity, but they don't show that feeling amongst people and this is a strange feeling – Azadeh, an Iranian who offers informal support to community members

They first have to strive to adapt themselves. I have Afghan friends and family who don't let their daughters go to university. In some ways they force them to marry – Nur, an Afghan diaspora member

In comparison, Afghan interviewees usually described a more welcoming community. This may be because many people in the diaspora had recently gone through the process.

I think talking about asylum is quite even quite comfortable. The Afghans, at least the Afghans I know, they are not embarrassed of it… it's something they are more comfortable with because 90% of the people surrounding them have been through it so – Aryana, an Afghan woman who has recently been granted asylum

For both communities, however, education was a basis for divisions in the diaspora. The educated Iranian diaspora, including students, were not always welcoming to newcomers, who were often less educated. For Afghans, education was also a key separating factor from co-nationals who had stayed in Afghanistan.

The older Iranians, who came twenty, thirty or more years ago… came to pursue education, or came to do office work with the UK during the era of the Shah. They're these types of families. There's a big gap between this community and the recent community. The old community don't want to have connection at all, under any circumstances. – Azar, an Iranian diaspora member recently granted asylum

When we come here, we just think, compared to other people in Afghanistan, fekr andishman [thoughtfulness] is higher. We think more ambitiously than those who stayed, we want our kids to progress. – Niloofar, an Afghan recently granted asylum and trying to bring her family to the UK

Social rejection by the diaspora community was hard to accept for many participants, who were coming from strong communal cultures in Iran and Afghanistan. For some participants, it had been their last logical place of finding safety and understanding; finding it lacking meant

that there were no safe spaces left for them, let alone places of belonging. Others were able to find belonging elsewhere. This is the subject of the next mini-section.

> *These feelings of being unfamiliar, outsiders, alien, they lead to them feeling more defeated as they are side by side with Iranians who treat them like strangers, and treat them with apathy, and this causes a blow to their egos and their self-esteem – Azadeh, an Iranian who offers informal support to community members*

6.3.2 Community of the margins

When I was in Greece, I found some friends who were from [the UK]. When I came here I found the friends I had made in Calais and in Greece here… when we came here we founded a group and set up the theatre. – Majid, an Afghan recently granted asylum

Many people described eventually joining communities made up of other sanctuary seekers. Sanctuary seeking communities related to, but also transcended, national boundaries. They included people going through asylum and other immigration processes as well as those who supported them, such as charity workers, volunteers and even lawyers and interpreters.

> *I started the charity work then, and this was how I became familiar with different people from different nationalities and Mrs S took us, a group of women - got a bus from the refugee centre and took us to the seaside, Brighton – Maryam, an Iranian granted asylum many years ago*

Participants suggested that, because of the social support provided in sanctuary seeking communities, people were less likely to become despondent and abandon the process. These communities also provided information around the asylum process and practical support, such as translation.

> *I've been very lucky, in terms of having a good network around me and people who keep supporting me, and kept pushing me. Because there were a lot of times where I wanted to give up, just give up and like leave it – Shapoor, an Afghan recently granted asylum*

> *[My friends seeking asylum would] say "this letter has come for us, who do we send this to who can speak Farsi too and translate this for us, I don't know what this says'… I would help them – Majid, an Afghan recently granted asylum*

Most participants also stated that these sanctuary seeking communities could protect against the mental health impacts of the asylum process. Sanctuary seeking networks helped mentally ground people and build a life outside of the process. They encouraged people to be more present, pay attention to what is happening to them physically and manage any mental health problems.

> *So, we went to court cases where we just went to support the person, having someone by their side. Not even to translate, just having someone there. Like a sort of friend. Someone they can actually have next to them physically. – Anahita, an Afghan working at a charity*

Nevertheless, a few participants suggested that these sanctuary seeking communities were characterised by short-term ephemeral relationships, with key figures such as lawyers featuring heavily before disappearing. Reasons for disappearing included that people had been relocated or dispersed by the Home Office or were volunteering internationally. Consequently, relationships did not provide consistent support or friendship.

> *Yes of course [I made a few friends on the journey], but I don't have any contact with them. If I see them… I have one or two of them on Facebook. And after that they said, after two weeks, that you have to go to Cardiff – Hamid, an Iranian recently granted asylum*

> *If the cases do get adjourned, that's when I would say to then, go on seek help, talk to your GO and get some further help and see whether they can refer you to another institution. But otherwise once the case is over, I don't really get to see them. I don't even get to know sometimes what the outcome of the case was. – Shirin, an Iranian immigration lawyer*

Furthermore, the shared experience of seeking sanctuary did not necessarily bond people together. Interviewees conveyed that there were many selfish elements within the sanctuary seeking community, perhaps due to people's difficult circumstances. Moreover, the notion of the perfect victim could even undermine any fledgling communities. Those who did not fall into one of the Government's favoured categories or narratives based on religion, nationality, or ethnicity, grew resentful of sanctuary seekers who did.

[People in the reporting centre would] be a little tricksy and skip the queue so they could leave a little earlier. They wouldn't respect the people who had waited in the queue. Some people would feign illness, I don't know, my back hurts. Well look, I am waiting in the queue just like you. – Meisam, an Iranian who has been refused asylum

They put all the cases of different people on one side, and the one thing they prioritised was, because of the war in Syria, they put all Syrians in a special queue. – Majid, an Afghan recently granted asylum

Though volunteering could help with building social links and provide a nucleus for sanctuary seeking communities, for most people engaging with volunteering was not simple or instant process. Most new arrivals took a long time to rebuild lost social networks. This was partly due to the time needed to trust others again after challenging migration experiences.

At first I was very alone, I didn't have anyone. But after about one year, I became part of an organisation, and I was able to meet other people. At first it was very hard to trust people. I couldn't very simply trust just anyone. So in the first year I was incredibly alone. I met people but didn't want to start any relationships – Eteram, an Iranian recently granted asylum

6.4 Accessing mental health support

According to participants, accessing mainstream mental health support was challenging due to language barriers, different cultural conceptions around mental health, and the lack of time given to patients within these services. Compared to Afghans, Iranians found it easier to access mental health services. This was partly due to generally better English language abilities, but also due to the slightly lower levels of stigma around discussing mental health problems, albeit in general terms. Interviewees, particularly the Iranians who were more likely to have accessed mainstream mental health services, suggested that they preferred practical and direct advice from mental health practitioners. They implied that different forms of mental health support should be provided depending on where the user was in the asylum process. Charities frequently plugged mental health service gaps, increasing accessibility by linking wellbeing support with practical help.

6.4.1 The language of access

For a GP that is UK based or a UK graduate GP, he or she will not be able to understand what exactly we mean by the words we use – Tala, an Afghan mental health practitioner

Practitioners reported how sanctuary seekers, in particular Afghans, may have had problems accessing mental health services because of difficulties expressing mental health concerns in English. This led to misunderstandings about what their problem was. Equally, when GPs asked about symptoms, they sometimes use words that did not translate or were hard for sanctuary seekers to understand. The Iranians I interviewed generally appeared to have greater English language ability than did Afghan interviewees.

> *The main reason [GPs don't take people seriously] I think is expressing their problems because they are really happy to tell me the symptoms clearly in their own native language. But saying it in English they struggle to find the right words. – Tala, an Afghan mental health practitioner*
>
> *They express themselves but then when they actually maybe translate it in English, they might not say it correctly – Anahita, an Afghan working at a charity*

Some participants described how GPs and mainstream services were not generally well-placed to understand or use the metaphors and language needed to speak about mental health with Iranian and Afghan sanctuary seekers. A few participants also attributed the difficulties of communicating with GPs about mental health to being new to the country and having different concepts of normality.

> *I had a quite recent case where a lady telephoned me… she said she went to the GP and the GP didn't give anti-depressants… when I explored the symptoms she had the psychotic symptoms, but she was ashamed to tell the doctor, the GP. I am not blaming the GP: the GP does the assessment based on what the patient says. So yeah, it is one of the examples of the difficulties. – Tala, an Afghan mental health practitioner*
>
> *I remember myself as a fifteen year old, I was having difficult times adjusting to this society, and I remember my GP once asking me: have you had any problems, any difficulties growing up? And my answer which I actually believed was: no, I had a completely normal upbringing. And when I think about it, that answer couldn't have been further from the truth. – Marzieh, an Iranian diaspora member*

Several participants argued that GPs needed to devote more time to understanding the complicated circumstances around sanctuary seeking. Time was also needed to create a trusting atmosphere that allowed people time to open up about their potentially traumatic experiences.

> *A GP might not know that they need to talk to an Afghan lady more in detail, they need to persuade them to open up. They've got only ten minutes. They go ahead and talk about the symptoms and then they make a decision based on the symptoms. – Tala, an Afghan mental health practitioner*

> *I just give them more time [than my other patients] and usually ask them to come back because you cannot cover everything just within a ten minute consultation. So I go to some lengths to book them to come back to see me for longer appointments. – Roza, an Iranian medical practitioner*

Some charities and community members, therefore, described how they served as cultural translators. They helped clinicians and sanctuary seekers understand their respective mental health languages. They also undermined the community stigma people reported around receiving mental health treatment, emphasising the confidentiality of the process.

> *We would actually even go with them to their GP and talk to them so that their GP totally understands what their problems are or even talk to them over phone whilst they are seeing their GP they actually put us on the phone and we translate even what they are saying because sometimes when they get translators, like Iranian people cannot translate for Afghani people and there are a lot of misunderstandings which develop. – Anahita, an Afghan working at a charity*

6.4.2 Authoritative therapy

I needed to speak without an interpreter, because if the interpreter understood my case it unsettled me even more – Maryam, an Iranian granted asylum many years ago

Some of the Iranian sanctuary seekers taking part in this study had accessed mental health support through therapists and qualified mental health professionals. In comparison, few Afghans had done so. accessing mental health services, Iranians preferred practical, direct advice on what actions to take. Iranian sanctuary seekers that were interviewed typically preferred not to speak directly about their feelings in counselling. Rather, they sought

practical advice from therapist, something more akin to life coaching; a series of things they could proactively do to improve their situation.

> *Others seemed to just listen. But this one taught me some ways of working. They'd say you have problems with your son? Say this thing. Do like this. They'd give suggestions. They'd put paths in front of me, if I try this maybe things will improve. But the others just asked me things and I'd say my words and they'd just listen. – Zena, an Iranian diaspora member granted asylum many years ago*

Interviewees intimated that the best therapists plainly stated what needed to be done and were experts with deep experience. Relatedly, most practitioners explained that mental health advice to sanctuary seekers was often given in the form of social instruction to survive in a foreign culture, unwelcoming country, and incomprehensible system.

> *[We offer indirect mental health support for] parents, they can't understand what's going on here and what they can do, or in what area they are...Because the rule is so different so they just become more familiar with British rule and I think...tradition – Shabnam, an Iranian working for a charity*

Participants also reported that people usually preferred to access support from someone who spoke their language; sanctuary seekers often had limited English and were tired of trying to speak the language.

> *Eventually I found it and when I went and the therapist was Iranian. And they gave me a very good feeling as I could speak Persian with them. – Eteram, an Iranian recently granted asylum*

> *The places they sent me there were professionals who were Iranian, where I'd go to talk and the therapies I was doing. – Maryam, an Iranian granted asylum many years ago*

A few interviewees stated that a co-national would be more likely to treat them with respect and alleviate the shame of going to a therapist. However, this expectation could lead to disappointment.

The Iranian wasn't good at first either. It was a young woman and she treated me the same as the English people. – Zena, an Iranian diaspora member granted asylum many years ago

Certain participants followed charismatic and even celebrity figures for mental health advice and therapy. These were described as individuals with the power to instantly change people, instil power to the powerlessness, and pave a path to overcome intractable obstacles.

Doctor Hadi has many doctorates, psychology and sociology, I always listen to him now… I listen online. But Anoosheh, I went to her workshop. They are very strong, they can have a lot of effect on people. And it's like they understand you within. – Zena, an Iranian diaspora member granted asylum many years ago

Akbar, rest his soul, said to me go there, it's better than anywhere else in the world for you, I realised that this respectable person is saying this to me because he knows something, and with the trust and belief I had in him I surrendered myself to God and the beliefs that this man had, and came. – Maryam, an Iranian granted asylum many years ago

A few participants reported that therapy may be limited in the extent to which it can address mental health problems during the asylum process. Nonetheless, treatment could be useful in managing ongoing mental health problems and supporting people to continue to function.

Psychological input and mental health therapy, psychotherapy - is it actually possible? It doesn't seem possible until they have the refugee status. – Roza, an Iranian medical practitioner

Mindfulness classes, therapy classes, I put twenty counselling sessions for her… at least she could stay alive, it could reduce the effects a bit. It's things like this that we can do for people who have depression – Farnaz, an Afghan granted asylum many years ago, working in the charity sector

A few interviewees intimated that different types of therapy and counselling should be provided to help people manage different stages of the asylum process. They implied that, depending on the stage and severity of someone's asylum process experience, people might be more or less receptive to different treatments. For example, when people are going

through uncertainty and waiting for a decision, stress management and emotional-regulation practice could be useful.

> *And just counselling, a lot of...I think there is a good need for counsellors available at different stages of the process, for those who need them. – Leilah, an Iranian diaspora member*

> *Interviewer: What did you feel like when you got a Home Office letter? Your blood pressure! Sometimes it goes too high! And then you fall. Sometimes you need water, and sugar water in particular. And sometimes you need salt water. Because you blood pressure goes up and it goes down. But I just try to control things by myself. – Hamid, an Iranian recently granted asylum*

6.4.3 Mental health engagement through other support

They are going to their GP, they are having their medication… when we are filling the form for PIP or DWP we could understand that they are under this – Shabnam, an Iranian working for a charity

Almost all practitioners reported that they employed a holistic, psychosocial model[8] of mental health support, focussing on wellbeing and personal development. The biomedical model[9] was typically avoided by charity workers and most sanctuary seekers, partly due to the stigma of mental health problems. Many sanctuary seeking participants were frustrated that statutory health services did not integrate mental health care with social support.

> *At the organisation, we have different programmes, like we have art therapy, women's group, mindfulness class, volunteering… [Psychosocial activities] should increase. From psychosocial activities, from art, from music, we can tackle [mental health problems] using different methods.– Farnaz, an Afghan granted asylum many years ago, working in the charity sector*

[8] Psychosocial support can be defined as 'a continuum of care and support which influences both the individual and the social environment in which people live' (ARC 2009, p10)

[9] The biomedical model, as described by Engel (1977) in his famous critique, assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables' (p130). It is associated with objectivism and reductionism.

[They say] hello, how are you, but they don't say we will do this thing, to help me. They have this power to write a letter to say why are you playing with his life, let him know what his future is. They don't do that – Morteza, an Iranian going through the asylum process

Charity practitioners described how they broached or introduced the subject of mental health with sanctuary seekers whilst giving practical support. Equally, mental health problems were naturally revealed or became necessary to reveal when sanctuary seekers were receiving support with administrative affairs. Practitioners also used other practical activities such as sports or exercise as a way to engage people around mental health problems.

We said it would be an hour Yoga session and then we'd get together to talk about mental health so it was advertised to them in that way, especially when I was phoning people around… the main thing that interested them was the Yoga essentially, but once they came and engaged with us they found it interesting; we do evaluations after each session as well – Sakena, an Afghan working at a charity

A few participants asserted that mental health services should be more easily accessible and information about mental health services provided to all sanctuary seekers. Participants argued for an outreach programme and for prompt access to services given the sudden downward spirals people can enter. A few participants also contended that specialised mental health services were needed for sanctuary seekers.

[Sanctuary seekers] should be offered mental health support from the outset, that it exists and they should be told that a lot of people use the service and I think there should be programs where these services are encouraged and discussed in communities. – Marzieh, an Iranian diaspora member

The GP was useless. If you go to the GP, the GP doesn't do anything for you… But if there is some specialised services for refugees, something you can trust. Somewhere you can speak freely. – Anahita, an Afghan working at a charity

Several interviewees working in charities espoused the importance of building up trust and relationships in engaging people in long-term mental health support. Yet, one practitioner

stated that the asylum process could make it difficult to follow up with people as they could get lost in a neglectful system.

> *[Wellbeing support] is just having conversations with people who use our service and want to have like a more prolonged contact or communication about one particular person… I have noticed is that a lot of the women who use our services remain in contact with me in out of office hours… there is a demand for emotional and erm.. friendly support – Sitara, an Afghan working at a charity*

> *We heard later on that he was released [from hospital] without follow ups and so on. We lost him now, and we don't know where he is now… when we refer, we try to follow up and when they don't get back to us that is where the problem starts. Isn't it that these patients, these people are lost in the system? – Anahita, an Afghan working at a charity*

6.5 Discussion

Analysis produced themes related to Iranian and Afghan sanctuary seekers' experiences of accessing formal and informal mental health support, as well as their coping strategies. This was in addition to themes around mental health conceptualisations and the mental health impacts of the asylum process, covered in Chapter 5. Interview participants emphasised the resilience of sanctuary seekers and how many people coped with the mental health pressures of the asylum process by volunteering. Sanctuary seekers often needed, but struggled to find, safe spaces to recover from migration experiences. Safe spaces often provided witnesses to people's suffering and humanity, and finding an active, empathetic listener was a vital coping strategy for many participants who had sought asylum. Community mentors and peers could fill these roles, though they were also managing migration-related stressors.

Though Iranian and Afghan diaspora communities often provided practical support, there was limited emotional solidarity and people turned to sanctuary seeking community that could cut across nationalities. Formal mental health services were rarely accessed by Iranians or Afghans. This was linked to a lack of English language ability and a limited GP understanding of different cultural conceptions of mental health. Comparatively, Iranians were a little more likely to use formal mental health services, suggesting that they preferred an authoritative and practically focussed service. Charities facilitated accessed to mental health services by

serving as cultural translators and by offering mental health information while providing practical support.

Sanctuary seekers arrived with resilience deriving from their cultural identity and migration experiences, as well as vulnerabilities. People frequently drew on their internal strengths to maintain their mental health and motivation through the asylum process. This finding contrasts with much of the asylum and mental health literature that analyses pre-migration experiences through the lens of trauma (e.g., Lindencrona et al. 2008, Bhui et al. 2003). They also differ from work with Afghans in Iran who '[equated] a destroyed Afghanistan with a destroyed sense of self' (Tober 2007). This could be related to the different socioeconomic profile of Afghans in Iran, who may be poorer and less educated than those migrating to the UK. However, findings echo those of Shulman and Korn-Bursztyn (2015) who present one sanctuary seeker's migration narrative which connoted 'resourcefulness, autonomy… resilience, self-sufficiency and purpose'. They also resonate with Khawaja et al.'s (2008) work with Sudanese refugees in Australia, who they suggested coped with their situation through 'a belief in their own inner strength'. Khawaja et al. similarly describe acceptance as a coping strategy.

Findings echo Dressler et al.'s (2018) theory that cultural consonance leads to improved wellbeing. Cultural consonance is the 'degree to which individuals, in their own beliefs and behaviours, approximate the prototypes for belief and behaviour encoded in cultural models' (Dressler et al. 2005, p1). Similarly, Weine et al. (2014) found that cultural adherence was a protective factor for wellbeing in their work with Burundian and Liberian refugees in the USA. They argued that cultural adherence can prevent integration into negative host society practices. Drawing on the framework in Schwarz et al. (2010) and Cohen's (2010) expansion of Berry's acculturation model (1998) (described in Chapter 1.4.3), on a behavioural level, the UK's strategies of excluding and segregating sanctuary seekers narrowed their options to marginalisation or separation, with separation being the most adaptive. Future research could explore how sanctuary seekers can transition from a strategy of marginalisation or separation into an integration strategy.

Although the sanctuary seekers I spoke with arrived with resilience, the process of going through the asylum system slowly, but surely, increased the risk of mental health problems. This was partly attributed to the lack of spaces of safety in which people could recover from

negative premigration experiences, endorsing findings from Jannesari et al. (2019). The instability of the asylum process, epitomised by the shifting and distant outsourced accommodation, was a particular barrier to recovery. For some, charities provided spaces conducive to recovery, but charities were themselves struggling for resources. They therefore often focussed on providing basic services and were in a cycle of finding and changing premises. Charities as well as local authorities could usefully consider Eckenwiler's (2018) conception of solidarity as place-making when creating community spaces and providing sanctuary seeker accommodation. Eckenwiler provides examples of how German city planners redesigned houses and neighbourhoods to 'help refugees feel secure and foster a sense of embeddedness-in-community'.

When supporting sanctuary seekers, mental health and charity practitioners should structure interactions in opposition to what sanctuary seekers described as the key features of the asylum process. Faced with a disbelieving asylum process, sanctuary seekers needed space to be listened to and believed without question. Similarly, people needed succinct interactions providing direction and purpose. In their review of sanctuary seeker access to mental health services, van der Boor and White (2020) report that participants felt discriminated and rejected by healthcare professionals. Participant 'concerns were not taken seriously' by practitioners and people faced open hostility. In such interactions, sanctuary seekers relive the asylum process. Similarly, to my knowledge, no UK sanctuary seeker services have been explicitly designed in opposition to the asylum process and, as evidenced in Chapter 4.2.2 the hierarchical and often judgemental nature of diaspora-run organisations may even enforce asylum process power dynamics.

Sanctuary seekers that participated in this research wanted to speak out against their marginalisation in the asylum process, as well as their framing by the media as parasitic. This reflects refugee narratives in Jannesari et al. (2019) that culminated in a call to change asylum conditions. There was a related demand for practitioners to bear witness to people's suffering. This relates to Fassin's (2008) claims, also discussed in Chapter 1.3.2, that we are living in a second age of humanitarianism, in which psychologists and psychiatrists communicate people's subjective trauma to the world. Results extend this concept to marginalised migrant settings in high-income countries and to anyone working with sanctuary seekers. Fassin explains how humanitarians are allowed to communicate with greater affect

than survivors because they are more likely to be believed. Thus, the desire for a subjective emotional witness could be linked to the disbelief people feel during the process.

Amidst the sense of stagnation and deterioration people felt as they moved through – or waited in - the asylum process, people had to proactively find purpose, fulfilment, and control in order to prevent or manage mental health problems. This was conveyed especially by members of the diaspora community. Participants often engaged in charitable activities, particularly volunteering. Correspondingly, the diaspora argued that asylum seekers should have the right to work. The recommendations of proactivity and perseverance as solutions to, or remedies for, mental health problems was commensurate with Iranian and Afghan community philosophy that people should find their own ways through problems. Findings replicate research on the wellbeing benefits that volunteering can bring sanctuary seekers in high-income countries (e.g., Wood et al. 2019) as well as for Afghans in Iran (Hoodfar 2007).

Based on the nature of mental health support Iranian and Afghan participants reported to want or to have found helpful, occupational therapy (therapy based on encouraging meaningful and fulfilling activities) could be useful when working with these groups of sanctuary seekers. This is supported by the growing number of occupational therapists and increased academic focus on the discipline in Iran (Fallahpour 2004). Blankvoort et al. (2018) explore the potential style of occupational therapy sanctuary seekers might benefit from as refugees, reporting that they desired therapists to be 'connectors… bringing refugees together', 'matchmakers… matching refugees to new opportunities in their new settings', and 'translators… of culture and society' (p94-95). For participants in this study, lawyers and interpreters often fulfilled these connecting, matchmaking and translating roles. Findings suggest that these professionals might usefully be given basic mental health and occupational therapy training to build on the informal mental health support roles they are already providing.

Results also show how sanctuary seekers sought community for stability and grounding, belonging, practical help and information, and to build a future with. Typically, they could only find a distanced human sympathy and basic practical support from established members of the Iranian community. There was a sense from participants that the Iranian diaspora community in the UK had lost its sense of humanity. The Afghan diaspora was viewed as more politically sympathetic, though similarly limited in terms of emotional support. Consequently,

people turned to cross-ethnic, transnational sanctuary seeking communities. This challenges the current academic, policy and NGO consensus where migrant communities are defined primarily through nationality and ethnicity (e.g., Jamal 2015, Gidley and Jayaweera 2010, Rutter and Latorre 2009). More research needs to be conducted into how sanctuary seeking communities are formed, who their members are, and the extent and contexts of community identification.

Established Iranians and Afghans used relevant personal and professional experience to advise people on the mental health challenges of the asylum process. Research has shown how mentoring (Cole and Blythe 2010) and peer support groups (e.g., Liamputtong et al. 2016) can be beneficial for sanctuary seeker mental health. Formalised programmes such as Refugee Support Network's educational mentoring (2020) could, therefore, be usefully supported by migration charities to support service user mental health. Mentors and peer supporters could receive fulfilment, purpose, and social benefits from their role, and mentor-sanctuary seeker relationships were generally reciprocal. This resonates with the idea of vicarious resilience, which 'encompasses the positive consequences of working with trauma survivors… it includes experiencing personal strength, psychological growth, and empowerment' (Puvimanasinghe et al. 2015, p744). Findings proffer another potential pathway between vicarious resilience, and the mental health benefits of mentoring and being a peer supporter. They suggest that these forms of support can provide peer supporters and mentors an opportunity to produce positive outcomes from their negative asylum experiences.

Accessing mainstream mental health services was difficult, particularly for Afghans, due to language issues, cultural differences, and short appointment times. This builds on evidence suggesting that mental health services are not accessible for sanctuary seekers (e.g., Player et al. 2018) and that clinicians could benefit from specialised training on how to communicate with sanctuary seekers about mental health (Shannon 2014). Findings demonstrate that participants in this research were more likely to access wellbeing support through charity-run administrative and physical health programmes. This reflects the psychosocial (i.e., versus psychological or pharmacological) approaches to mental health support frequently adopted by major refugee charities as well as mental health intervention programmes in humanitarian settings across the globe (e.g., de Jong 2011).

Participants suggested that sanctuary seekers may benefit more or less from different therapies at different stages of the process, and that there may be limitations to treatment during the instability of the asylum process. The latter finding echoes Domoney et al.'s (2015) work with survivors of trafficking, which reported that a lack of stability especially around 'accommodation and immigration status' could disrupt the continuity of mental health care, undermine the patient-clinician relationship, and hinder therapeutic progress. Results also align with Herman's (1992) three stage trauma and recovery model. The Helen Bamber Foundation, a charity, (2021) have described this model in the context of sanctuary seeker mental health. The first step is stabilisation - 'helping survivors to manage', then intervention - 'supporting people to come to terms with the traumatic experiences', and integration – 'helping clients belong in their community and pursue independent and fulfilling lives'. Stabilisation might be usefully tailored to the different stages of the asylum process and directed by sanctuary seeker needs. The support needed to manage mental health during the adversarial substantive asylum interview may differ from the support needed to withstand the bureaucratic stasis that follows. Mental health treatment and support provided by both mainstream mental health services and charities needs to be a long-term endeavour, with time needed to build trust and to help people regain the identities, memories and purpose lost both prior to arrival in the UK and during the asylum process.

6.5.1 Strengths and Limitations

This study benefitted from the range of people interviewed, including: people who had been granted asylum many years ago, had only recently obtained status, were going through the asylum process and had been refused asylum. Consequently, I could look at both the short-term and long-term mental health consequences of the asylum process. Similarly, community members included second generation migrants, refugees arriving after political upheaval (including communists and royalists), people involved in religious communities, and students whose families were in Iran or Afghanistan. This helped identify the nuances in how interactions with the diaspora affected sanctuary seeker mental health. For example, suggesting that class and education played a role. The flexibility of the interview topic guides was another strength. It meant that regardless of a participant's interview category, they had space to bring their personal experiences to bear. This was crucial as even outside the sanctuary seeker category, many participants had sought asylum.

However, due to PhD time and resource restrictions, the interview sample was not exhaustive. Thus, I was unable to explore in depth how someone's reason for claiming asylum might affect their experience. For example, Home Office country reports for Iranians and Afghans (Home Office 2021b) suggest that homosexuality is an important reason why people claim asylum in the UK. Such applicants might experience specific and increased risk factors during the asylum process related to their sexuality. Firstly, they may be asked from extremely invasive questions. Secondly, the asylum process might be particularly difficult because the Home Office interviewer holds Western and homophobic assumptions about what a gay person looks and acts like (O'Leary, 2008).

The walking interviews had the potential to be a key strength of the study. They revealed insights around the spaces people spent time in, were excluded from, and used to recover from difficult migration experiences. However, they required a high degree of trust to arrange and only three people agreed to participate. If I had conducted more walking interviews, it might have been possible to analyse the sounds collected during walks. O'Keeffe (2015), for instance, argues that urban sounds can provide information on people's everyday life experiences and sense of community. With more walking interviews, I could have used location data to compare the routes people took. This may have revealed differences in asylum process experiences linked to, for example, gender and age.

Another strength and limitation was the broad scope of the interviews. Topics covered included: mental health conceptions and stigma; accommodation during the asylum process; discrimination and public perception of sanctuary seekers; the asylum process interview; and diaspora politics. This breadth provided a holistic understanding of people's mental health and enriched analysis. For instance, when participants described how the asylum interview affected their mental health, they would draw on conceptions and terms from earlier in our conversation. Thus, information on mental health conceptions improved my understanding of the asylum interview. However, the breadth of topics also meant that certain issues could have been explored in more detail. For example, aside from nationality and education, I was unable to identify how demographics influenced mental health conceptions. With a narrower focus I could have asked about gender-specific experiences of mental health. This has been explored by Dejman (2010) in their 'model of depression among Iranian women'. The next and final chapter synthesises findings from across thesis studies and concludes this thesis.

7 Overall Discussion

7.1 Summary of thesis findings

This thesis investigated what affects the mental health of Iranian and Afghan sanctuary seekers during the asylum process, and how negative effects of the asylum process might be mitigated. To answer this question, three studies were conducted, with the following sub-questions and methods:

> Study 1) To what extent are post-migration social environmental factors associated with mental health problems among people seeking asylum? A systematic review with narrative synthesis (Chapter 3).
>
> Study 2) How should researchers work with migrants, migrant organisations and migrant communities? An ethnography of three Participatory Action Research (PAR) projects with Iranian and Afghan groups (Chapter 4).
>
> Study 3) How does the UK asylum process affect the mental health of Iranians and Afghans seeking asylum? Walking and in-depth interviews with Iranians and Afghans

seeking asylum in the UK, those who work with them on migration or mental health issues, and community members (Chapter 5 and 6).

From 49 eligible papers, the systematic review produced a seven-domain typology of post-migration social environmental risk factors, highlighting the wide range of factors potentially affecting asylum seeker mental health. Several important risk factors were omitted in the literature or could have been examined with more nuance. Narrative synthesis drew on quantitative findings from 21 eligible studies that presented the required data on post-migration social environmental risks and asylum seeker mental health. Discrimination and general postmigration stressors were associated with mental health problems in people seeking asylum. Moreover, there was a bias towards studies produced in Western institutions and around Western mental health conceptions. Review findings informed the interview topic guides used in Study 3, with at least one question addressing each domain identified during the systematic review. As a result of the review findings, in-depth interviews, particularly with practitioners, included questions about Iranian and Afghan conceptions of mental health.

Review findings on the number of post-migration stressors, coupled with initial discussions with migrant organisations about conducting in-depth interviews, suggested that there could be potentially exploitative differences in power between researchers and sanctuary seeker participants. In Study 2, an ethnography of three Participatory Action Research (PAR) projects on wellbeing was, therefore, conducted to investigate how to work with participants in an ethical, non-exploitative, and mutually beneficial way. The shortcomings with the 'asylum seeker' label identified in the review and discussions with participants at the start of the ethnography broadened the scope of the ethnography and in-depth interviews to focus on migrants more generally. Hence, the ethnography explored possible ways of working with sanctuary seekers, migrant organisations, and migrant communities.

Ethnographic findings suggested that researchers working with migrants should offer participants a choice of research approach, challenge organisational hierarchies where appropriate, and incorporate community ethical values where possible. These findings guided the interview study, informing the approach and working relationship with participants and collaborators. This resulted in more reciprocal arrangements moulded to benefit partners. Interview study collaborators were approached with tailored ideas on I might contribute to their organisation as a researcher, beyond the scope of the research. This included

volunteering, producing a targeted summary of research findings, and advice to on ongoing charity research projects. Interview participants were assured that I would create a plan to implement findings where possible and keep participants updated and involved post-interviews.

The third and final study comprised 35 in-depth sedentary interviews of Iranian and Afghan sanctuary seekers, practitioners, and community members, and three in-depth walking interviews with Iranians who have sought sanctuary in the UK. Topic guides were informed by the preceding studies. Analysis of qualitative interviews demonstrated the use of metaphor as a common means of discussing mental health among Iranians and Afghans, the importance of somatisation as way that mental health problems were experienced, and that mental health problems were commonly viewed as a source of personal weakness among community members. Findings also highlighted the range of emotions and feelings experienced by sanctuary seekers during different stages of the asylum process. These comprised findings on the social context of arrival, minoritisation, and internal sanctuary seeker strengths; the asylum interview, betrayal, and re-traumatisation; waiting for a decision, feeling trapped, uncertain and fearful; daily life in asylum, precarity, and marginality. Identified coping strategies included creating a purpose, talking about migration experiences to sympathetic listeners, and accessing community.

7.1.1 Strengths and Limitations

One strength of this research was the phasing of the three contributing studies, each using different methods and analysis techniques, with each one informing the next. Qualitative interviews with practitioners, community members, and sanctuary seekers were, for example, informed by the systematic review and ethnography, with topic guides designed to address gaps in knowledge and build on areas of interest, using terminology familiar and meaningful to participants. More practically, the ethnography and participatory action research provided me with the understanding, networks, and reciprocal style of approach to make the recruitment of almost 40 participants relatively straightforward. A further strength is the synthesis and triangulation of findings across the studies, enabling more nuanced conclusions and recommendations to be drawn.

Although my Iranian identity was associated with both positives and negatives during the research (discussed in detail in Chapter 2.7), the overall impact was positive. For example, the

ability to conduct interviews in Persian enabled understanding of mental health concepts that may have been obscured if working through an interpreter. Without speaking Persian, the ethnography would have been far weaker, as many participants, particularly more recent sanctuary seekers, did not speak English. Practically, it meant that the research could be more inclusive, responsive, and involve more participants, as I could very quickly attend interviews and did not have to arrange or pay for interpretation. Furthermore, my Iranian identity endowed me with trust and networks in the Iranian community, and a more limited but still useful cultural familiarity with the Afghan community, without which candid insights and discussions around diaspora opinions may have been difficult.

Limitations should, however, be noted. The ethnographic and interview studies presented in this thesis worked with only a limited number of Iranian and Afghan sanctuary seekers, community groups and the diaspora. For practical reasons, this thesis generally excluded those living outside of London in the ethnography and interviews. Though London is home to the largest Iranian and Afghan communities, there are communities all over the UK and many sanctuary seekers are scattered across major UK cities. This denied the thesis a deeper perspective on the potential mental health impacts of Home Office policies of dispersal, accommodation, and potential community building in more rural areas. Moreover, though I could speak Persian, I could not speak Pashto, the other major language spoken in Afghanistan, nor Kurdish, one of the major minorities in Iran. This meant that the I was more likely to speak to people from the Persian speaking Fars ethnic group, though many non-Fars people speak Persian as a second language. Consequently, the PhD struggled to reveal any ethnicity-dependent experiences during the asylum process.

Time, related to PhD requirements, was a crucial limitation throughout the thesis. Most crucially, a lack of time meant that it was difficult to build up trust with participants prior to and after research. For example, the qualitative interviews could have usefully included a preparatory phone call or meeting, to discuss and change the topic guide according to people's suggestions. Similarly, where desired by participants, a follow-up phone call or meeting could have been arranged to share emerging analysis. Lack of time to build up a rapport with potential Afghan participants may have contributed to the fact that no walking interviews were conducted with Afghans.

Similarly, there was limited time available for preparatory work ahead of the participatory research. For instance, training in research concepts was limited to one meeting for the Iranian group and did not take place with the Afghan groups. I had limited time to express and discuss with participants my Iranian identity claim in conducting the research. This may have led to more tension and slower progress in the research team, with the claim undermined by participants throughout the research. This did not negatively affect research findings; if anything, these difficulties provided more data with which to answer the ethnography research question. However, there were ethical challenges. Without a full-time commitment over several years, it was difficult to action participatory research findings and the research brought few short-term direct benefits to participants. To address these issues I ensured firstly, that relationships and collaboration continued after the participatory project. Secondly, I ensured that the research brought in funds and volunteers to support organisation work.

7.2 Discussion of research findings

Synthesis of findings across the three studies has drawn out six common themes, discussed below. The first four themes concern factors that negatively affect people's mental health: 1) a negated and excluded identity 2) the reduction and obliteration of identity 3) a pervasive Home Office discourse 4) the unending search for safety. The final two focus more on ways to protect and improve sanctuary seeker mental health: 5) practical diaspora support and sanctuary seeker community networks and 6) sanctuary seeker agency in mental health support. Synthesis also produced three key themes relevant to researcher practice: 7) reducing reliance on Western mental health concepts to encourage learning from other cultures 8) using the sanctuary seeker framework to move away from Home Office discourse 9) negotiating the balance between respecting and challenging diaspora values. Recommendations arising from the study findings are integrated throughout the discussion below.

This discussion chapter interprets study findings through a postcolonial lens, drawing primarily on the ideas of two seminal postcolonial authors, Fanon and Said, and the many interpretations of their work. Fanon (1986) argued that colonialism could be a cause of mental health problems by imposing a non-identity on colonised subjects through 'a racialized social order' (Dalley 2016). Fanon suggested that colonised subjects may confront their inadequacy

and lack of social recognition by aspiring to be like the coloniser (Mambrol 2016). However, societal racial hierarchies meant that becoming white was impossible for the colonised subject and the aspiration 'only alienates one from oneself resulting in bad faith and inauthenticity' (Bose 2017, p37). Fanon's (1961) work on violence is also instructive, stating that colonialism acts through a pervasive psychic and physical violence and can only be broken through a 'cleansing' political violence that 'frees the native from his inferiority complex and from his despair and inaction; it makes him fearless and restores his self-respect' (p93).

Said (1978) argued that Western scholars, particularly from Britain, France, and the USA, created an exotic, primitive, and traditional caricature of non-Western countries: the Orient. He contended that the Orient was, and is, used to define everything the "West" is not. It suggests that non-Western countries are backwards and require 'supervision, guidance, assistance and development by the West' (Mahadevan and Kilian-Yasin 2017). Said argues that orientalism constitutes a discourse, that is, a way of thinking, producing ideas, speaking, and behaving produced by the dominant social order that controls what knowledge is reasonable and true, who may speak and what people can speak about (Foucault 1971). Accordingly, orientalist discourse is an expression and enactment of Western dominance over non-Western countries and peoples, reflecting institutional oppressions.

This chapter also draws on intersectional theories around space and inequality. Massey (1994) claimed that space is both constructed through, and can produce, socioeconomic relations. Hence, space is both a source of, and a representation, of power; it reveals relations of dominance, inferiority, and solidarity. Massey (1994) suggested that, due to the socioeconomic construction of space, it is a dynamic phenomenon and 'must be conceptualised integrally with time'. With globalisation, time and space have been compressed. However, Massey (1991) argued that time-space compression is different for different people. Socioeconomic power can be examined by assessing the degree of control people have over their time-space compression, referred to as power geometries. Relatedly, Massey (1994) suggested that place can be experienced differently by different people and that multiple spaces exist simultaneously, 'cross-cutting, intersecting and aligning with one another' (p3).

In their study with mental health service users, McGrath and Reavey (2015) argue that 'the spaces we occupy and the objects that surround us participate in the constitution of self at

any given time' (p117). Thus, an analysis of time-space compression naturally leads an analysis of how outside forces influence mental health through changes in identity. Drawing on Massey's (1994) ideas about space as dynamic and relational, McGrath and Reavey suggest that through the self-making attribute of space, movement between public and private settings was vital to how participant 'agency and action [was] experienced in mental distress'. This highlights how a spatial analysis informed by Massey's theories can reveal important coping factors.

A postcolonial and spatial lens is pertinent and timely given the worldwide Black Lives Matter protests in 2020. Thousands of people took part in these protests across the UK (BBC 2020), although there was also opposition, with the Home Secretary describing them as 'dreadful' (Parveen 2021). These protests manifested with strong anti-colonial sentiment and the defacing, toppling and removal of statues such as Edward Colston, the English slave trader and Conservative Member of Parliament. Thus, protesters implicitly acknowledged the power dynamics and social relations written into space, violently altering it. The relevance of these lenses has also been highlighted during the COVID-19 pandemic, which has expanded the spatial reach of the asylum process, with asylum screening interviews are now taking place in a greater range of locations (e.g., Glasgow, Belfast, Liverpool, Leeds and Cardiff), not only London (Right to Remain 2020a). While offering greater flexibility to people seeking asylum, this may entrench the policy of geographical dispersal and its associated control over movement, a policy has continued during the pandemic (Parliament 2020a). Overall, postcolonial and spatial theoretical lenses can help reveal relevant aspects of factors affecting the mental health of sanctuary seekers during the asylum process, as well as the possible mechanisms through which they operate.

7.2.1 Sanctuary seekers are silenced through discrimination and marginalisation

Sanctuary seekers' experiences during the asylum process were characterised by neglect and exclusion alongside targeted discrimination. The negative effect of discrimination on asylum seeker mental health was a key finding of the systematic review. Issues around discrimination were further reflected in the interview results, with participants reporting experiences of societal marginalisation, neglect and infantilisation during Home Office interactions. This adds to recent work with sanctuary seekers in Australia (Ziersch et al. 2020) exploring facets of discrimination around physical assault, racially motivated "incivility", and structural

discrimination. Interview participants reported feeling invisible, with their suffering seldom acknowledged. They implied that they were framed as parasitic by the media and wider society and, in the process, dehumanised. The ethnography demonstrated how researchers' cultural assumptions around migrant communities could exclude people. It revealed a community prejudice and stigma around mental health issues. Consequently, some members of the diaspora were reluctant to provide sanctuary seekers with emotional support. Conversely, participation in the research project provided people one of the few sites of inclusion where participants reported feeling heard and useful.

The simultaneous neglect and discriminatory targeting that sanctuary seekers reported is reminiscent of Fanon's (1986) discussion of the colonised subject 'with no ontological resistance in the eyes of the white man'. Dalley (2016) explains that Fanon's colonised subject is 'a kind of non-being, a split subjectivity which is at once nothing in itself, and a site upon which the white world attaches its paranoid fantasies' (p30). Dalley suggests that, for Fanon, this white gaze erodes people's sense of self by creating a rigid and shameful identity solely based on negation. Relatedly, Rodriguez (2018) argues that within British and European media rhetoric, the vilified image of a "refugee" works as a '"floating signifier" representing the anxieties and fears… of the [white] population'. Thus, sanctuary seekers are locked into an imagined, denigrating and damaging "blackness".

The white gaze that Fanon (1986) describes is paralleled in Malkki's (1996) description of how Western audiences saw Rwandan sanctuary seekers and reveals a racialised silence that may underlie the experience of sanctuary seekers in this thesis. Malkki claims that Rwandans were presented as faceless, black and brown masses without a history or politics, at best only existing to be saved. This ties into infantilising orientalist representations of non-White men in Western media (Manea and Precup 2010). Media representation of the 2015 movement of people into Europe offers a contemporary example. For example, outlets frequently used a birds-eye image of hundreds of people crowded into an orange dinghy (Bowman 2017).

In the de-historicising focus on the body, there is a demeaning implication that people cannot speak for themselves. This is reflected in institutional practice. Fassin (2008) argues that, in trying to claim their human rights, Palestinian refugees are reduced to objectifying their bodies as evidence. Their emotions are not trusted by Western governments and publics, and humanitarians become the designated communicators of emotion. Relatedly, the qualitative

interviews found that sanctuary seekers used mental health problems as evidence with psyches, not bodies, being objectified. Similar to Fassin's claims, these mental health problems required validation from an NGO expert.

Sanctuary seeker's experiences of marginalisation and feeling trapped occurred at the intersection between space and discrimination. Massey (1994) argues that spaces should be imagined as dynamically accumulating layers of history and social relationships. She describes how space comprises several simultaneously existing worlds that can exist by 'aligning with one another, or… in relations of paradox or antagonism'. Sanctuary seekers engaged with London through Home Office restrictions, sites of violence, and potential deportation, evoking colonial histories of oppression and surveillance. There was an implied wariness and self-consciousness in existence. Similarly, interviewee descriptions of discriminatory interactions in London can be interpreted through an orientalist spatial framework. Said (1978) claims that orientalism placed the West at the centre of the world and the East on the periphery. From the perspective of the host society, maintaining this conceptualisation necessitates the exclusion of sanctuary seekers. Thus, sanctuary seeker marginalisation is potentially both an internalised concept and a systemic one.

However, Massey (1994) offers a positive way forward in breaking the postcolonial silence and spatial marginalisation of the sanctuary seeking experience. Firstly, describing Wilson's (1991) arguments Massey explains how, in large cities, patriarchal regulation and surveillance is difficult. Patriarchy can be defined as the 'structuring of society by the gradual institutionalisation of sex-based political relations… [achieving] consensus on the lesser value of women and their roles' (Facio 2013). Wilson's work focuses on the new freedoms, and dangers, that large cities such as London offer women, but these may also hold for postcolonial power structures such as the UK's immigration regime. Secondly, though spaces can be exclusionary and dominated by majority identities, Neely and Samura's (2011) reading of Massey suggests that they can also be places of meeting where identities are formed and claimed as 'social actors… create, disrupt and recreate spatial meanings through interaction with one another' (p1939).

Thus, this thesis recommends providing spaces, platforms, mediums, and practical support for sanctuary seekers to disrupt postcolonial and orientalist understandings of space. This should not be limited to creating separate spaces of sanctuary, but fundamentally reshaping

the everyday spaces of border enforcement that sanctuary seekers exist in. For example, after Lewisham and Greenwich NHS Trust began conducting background checks on patients they thought may not be eligible for free care (PA Media 2019), school children in Lewisham hand-delivered Christmas cards to their local hospital asking for them to stop charging their migrant mothers (Cuffe 2020). The children inserted their narrative and histories into a space that was discriminating against their mothers, in the process calling for structural change. Self-organised or charity-supported networks (e.g., Survivors Speak Out and Freed Voices) may be useful in these reshaping endeavours, as is the burgeoning sanctuary seeker theatre scene (e.g., the Borderline theatre ensemble at PSYCHEdelight and Phosphoros Theatre).

7.2.2 Identity is devastated through the minoritisation and deprivation sanctuary seekers experience during the asylum process

Participants in Chapter 6 described how sanctuary seekers underwent a process of minoritisation once they arrived in the UK, accelerated by Home Office restrictions on access to employment, education, and welfare. Sanctuary seekers reported they did not have enough money for their everyday needs, including for food, and were unable to provide for themselves having been denied the right to work. Interview participants lamented their inability to learn and grow during the asylum process, reporting that they were losing themselves and their humanity. This involved a loss of their professional and social identities; deprofessionalisation was also a key grievance that arose during the ethnography and a reason for taking part in participatory action research. Many interview participants found it difficult to give and be relied upon, and parents implied they could not fulfil their roles of providing for and nurturing their children. Participants spoke about experiencing depersonalisation; a sense of detachment and of being outside of one's own body, and of becoming unrecognisable even to themselves.

Though researchers have discussed deskilling in the context of the migration (e.g., Carangio et al. 2021, Hilario et al. 2018), few have detailed the mental health consequences of this process for sanctuary seekers, or its impacts on the parental role. Thus, this thesis demonstrates the dual social and economic cost of minoritisation. In their work with Somali sanctuary seekers, Warfa et al.'s (2012) suggest that male professionals could 'breakdown under stress' due to a mismatch between 'life expectations… and post-migration realities'. Central to this mismatch was the experience of deprofessionalisation and the concomitant

loss of the traditional male gender role of being the family's primary provider. This may have been linked to the inability to carry out the traditional gender role of a father. Warfa et al. describe how, for women, the loss of the patriarch's ability to provide might reverse traditional gender roles. Their participants were divided as to whether this would have a positive or negative mental health impact. Relatedly, deprivation and minoritisation were linked with sanctuary seeker reported feelings of worthlessness, neglect and humiliation during the asylum process, echoing findings from research on rights to work (e.g., Fleay and Hartley 2016, Shishehgar et al. 2015, Doyle 2009, Azizi et al. 2006).

Sanctuary seeker deprofessionalisation can be interpreted as an denial of non-Western knowledge. In Said's (1978) orientalist framework, those from the Orient are infantilised by Western scholars, and knowledge exchange only occurs from the West to the Orient. Orientalism suggests that Western culture must be unquestioningly adopted by sanctuary seekers, and that any pre-migration knowledge is of lesser importance. During this process, sanctuary seekers become akin to Fanon's (1951) lumpen proletariat, unable to contribute to society in any meaningful way. The denial of knowledge forces people to constantly ask 'in reality, who am I?' (ibid, p249). Thus, deprofessionalisation constitutes a fundamental erosion of identity, beyond simply the loss of professional status. This analysis echoes Mahadevan and Kilian-Yasin's (2017) use of orientalism in their work on 'discourse on skilled Muslim migrants in a German research company'. In their study, human resources staff suggested that Muslim migrants must be "cared" for and educated on how to act in line with Western conventions. They implicitly rebuffed the suggestion that migrant workers may be able to educate human resources on how to adapt their practices and facilitate integration and inclusion.

Findings from this thesis suggest, therefore, that the Home Office should provide the immediate right to work for people seeking asylum in order to protect people's mental health during the asylum process or, at a minimum, amend regulations to be in line with most European countries by providing this right after six months (Lift the Ban 2020). Currently, people seeking asylum can only apply for the right to work if they have not received an asylum

decision within a year and can find a job on the shortage occupation list[10]. This amounts to an 'illusory right to work' (McKinney 2020a).

This thesis also suggests that the asylum process wears sanctuary seekers down through deprivation and a gruelling bureaucracy. Moreover, sanctuary seekers and those that work with them perceive that it does so by design. This compliments and contrasts with Mayblin et al.'s (2020) recent work with 30 sanctuary seekers in the UK, including ten Iranians. Mayblin et al. claim that asylum welfare support is a necropolitical operation. Necropolitics is the exercise of sociopolitical power through the control of death (Mbembe 2003). Mayblin et al. argue that due to limited asylum support 'participants… were very busy with survival, so docile in the face of perpetual wounding, that any possibilities for resistance were quietened' (p120). Findings from the interview study presented in this thesis suggest that the complicated and seemingly endless asylum process works alongside deprivation to inflict a slow violence on sanctuary seekers. The bureaucracy metaphorically keeps people between life and death, while limited asylum support accomplishes this more literally. Thesis finding chime with Ghanim's (2008) description of Israel's starvation diet for Palestinians in Gaza, controlling the population by 'localizing them in the liminal zone between life and death'. The parallel between the UK migration system and Israel's biopolitical colonialism reveals the postcolonial nature of UK polices.

Thus, this thesis recommends the Home Office should raise asylum seeker support from its current rate of £39.63 per week to the destitution threshold of £70 a week (Trust for London, 2021). In 2020, asylum applicants received an increase of three pence to their government entitled asylum seeker support, raising the total to £5.66 a day (Grierson 2020). This was lower than the daily increase of £2.86 given to those on universal credit to cope with pandemic pressures (ibid) and followed a long history of unsuccessful legal challenges to the asylum seeker support rates (e.g., EWHC 2014, Sumaya EWHC 2016) Raising asylum support might help relieve stressful choices between 'food, cleaning materials, nappies and over the

[10] Although in 2020 the High Court ruled that the trafficking survivors who have applied for asylum should have the right to work outside of the shortage occupation list after one year without a decision (McKinney 2020b), to date, this ruling has not been extended to applicants who have not been trafficked.

counter medication' (Asylum Matters 2020) and reduce the necropolitical power exercised over sanctuary seekers.

Minoritisation and deprivation processes were exacerbated, and partly caused, by the seemingly endless waiting and bureaucracy of the asylum process. Waiting was a ubiquitous experience, with several Iranian sanctuary seekers taking part in the participatory action research because they were waiting for status, relevant work experience, or educational opportunities. Interview participants reported that deprofessionalisation and deskilling did not occur instantly, but over years while they waited for their asylum claim to progress. It was linked to a gradually fading future for many participants and an abandonment of an imagined future self. Relatedly, time in host country was identified by the systematic review as the social environmental mental health risk factor most commonly assessed in studies of the asylum process and mental health, highlighted as a predictor of overall quality of life and a potential mediator between quality of life and mental health problems.

The exercise of power through the control of time-space compression and its associated oppression described by Massey (1991), was evident in the sanctuary seeker experiences documented in this thesis. Time-space was stretched during the wait for an asylum decision. During the wait, not only were people's families and home countries far away and unreachable due to exclusion and marginalisation, but so was a life in the UK. The long journey for sanctuary had not come to an end and people's time-space ground to an unbearable halt. The deprivation experienced during the asylum process exacerbated this, with people finding it difficult and unaffordable to even journey across London. Stretched time-space was punctuated by sudden Home Office-controlled compressions during the asylum interview and through the threat of deportation.

This thesis recommends reducing asylum process waiting times, via "amnesties", awarding people status without an interview, and online processing, as well as relieving uncertainty by providing applicants with regular milestones and updates. Compared to the first quarter of 2016, the number of people waiting longer than six months for an initial decision on their asylum application has risen more than 600% to 46,000 people in the first quarter of 2020 (McKinney 2020c). Though COVID-19 may have exacerbated the situation, these numbers are part of a longer trend (ibid). As highlighted in this thesis, and elsewhere, longer waiting times, and the associated experiences of uncertainty and stagnation, negatively impact mental

health (e.g., Jannesari et al. 2019, Grace et al. 2018). Given the unprecedented backlog, the UK Government should make use of amnesties to automatically provide status for sanctuary seekers who have been in the UK or waiting for a decision for a long period time (e.g., ten and three years respectively). Such regularisation has been enacted by past UK governments (Levinson 2005) and was proposed by Prime Minister Boris Johnson during his Brexit campaign (BBC 2016).

Similarly, the Home Office could grant asylum to some Iranians and Afghans based on the initial screening interview and documentation where cases appear conclusive. In 2015, for instance, the German government granted asylum to almost all Syrians based on an application form and security check (AIDA 2015). Online video calls are already being used in the UK for asylum interviews due to COVID-19 (Right to Remain 2020a). COVID-19 presents a useful opportunity to push for greater use of technology within the asylum process, with potential efficiencies. An online platform could also be used to provide regular updates on case progression, reducing some of the uncertainty associated with the process. To avoid the language and digital exclusions many migrants have seen during COVID-19 (Doctors of the World 2020), these systems must ensure that people have adequate access to IT or mobile telephone equipment, internet data, and translated guidance.

7.2.3 The adversarial nature of Home Office officials is indicative of a pervasive Home Office discourse of distrust, disbelief and orientalism

Participants reported feeling attacked, threatened, disbelieved, and re-traumatised by the asylum interview and, resultantly, betrayed by the institution and process they had anticipated would protect and support them. This supports quantitative (Schock et al. 2015) and qualitative (Jannesari et al. 2019) findings on the potential link between the asylum interview and onset of posttraumatic symptoms. The systematic review suggested that there was a systemic quality to the adversarial Home Office interview, identifying the 'immigration system' as a social environmental domain that impacted mental health. Here, the immigration system not only comprised the asylum interview but also delays in the asylum process, fear of deportation, and conflict with immigration officials.

The asylum process creates and imposes a discourse on sanctuary seekers. Firstly, there is an expected behaviour of compliance where sanctuary seekers must 'disclose all relevant information in support of their application at the earliest possible opportunity' (Parliament

2020b, p10) and speak an unfiltered truth to Home Office officials with the threat of two years' in prison for 'false information' (Home Office 2021). Secondly, there are limited and specified spaces in which sanctuary seekers can speak and relate their stories, namely the asylum interview. Finally, there is way of speaking and fashioning asylum stories that the Home Office accepts: a story that is exact with dates and chronology, that describes a helpless and hapless victim, and that matches orientalist understandings of Iran and Afghanistan. My interpretation following interview analysis suggests that anything other or less than this was distrusted and attacked during the asylum interview, lest it undermine the established discourse.

Ethnographic findings further suggested that aspects of the adversarial and disbelieving Home Office discourse permeated into charitable organisations. Similarly, the interviews suggested that this culture of disbelief was present in sanctuary seeker legal services. Thus, this thesis expands the ideas of a culture of disbelief beyond Home Office officials and institutions typically analysed by researchers (e.g., McFadyen 2019, Jubany 2011). In turn, it therefore also expands the concept of the UK asylum system. Any figures and institutions engaging with the logic of the system may, even with the best and most necessary of intentions, become part of it. Thus, examples of Home Office logic can be found in lawyers arguing a sanctuary seeker's case on the basis of their credibility, psychologists evidencing that applicants are survivors of torture through a medico-legal report, and charities refusing to work with people who have exhausted their appeal rights.

Sanctuary seeking interview participants suggested coping with the mental health pressures of the asylum process partly by adhering to Home Office discourse. As part of this adherence, for instance, an asylum applicant should provide the Home Office a curated story about their reason for claiming asylum. This should match Home Office language and ideas about their country and avoid communicating an unfiltered truth. Results from the qualitative interviews demonstrate that those who were educated were better able to do this. This parallels ideas around strategic self-orientalism propounded by Lui (2016) in their study with Chinese Australians as well as Haralambous' (2017) claim that refugees may use stereotypes around them to increase their chances of obtaining status. However, this risks sanctuary seekers accepting a discourse of inferiority and becoming a tool for their own oppression. As Lui (2016) aptly surmised, her Chinese participants endured a stressful 'double consciousness

where some participants felt constrained by Chinese stereotypes and dislocated… while accessing temporary rewards such as visibility among white peers' (p799).

The systemic nature of Home Office discourse and its negative effects on mental health, requires a systemic response. Given the postcolonial undertones of asylum process policies, campaigns to change the asylum process (e.g., Refugee Action 2021) may be particularly effective if they rooted their suggestions in decolonising frameworks. Decolonisation seeks 'to reverse and remedy' the economic, cultural, and psychological impact of colonisation (O'Dowd and Heckenberg 2020). Decolonising campaigns have changed government policies across the world, famously, in South Africa where they overthrew the legal system of racial apartheid. In 2008, Ecuador approved a constitution including the 'the principle of universal citizenship, the free movement of all inhabitants on the planet and the progressive extinction of the status of alien of foreigner' (Article 416, Paragraph 6, Ecuador, 2008) informed by an indigenous decolonising campaign (Holst 2016).

On a much smaller scale, decolonising campaigns in the UK have experienced success. In Bristol, the Black Lives Matter protests pulled down a statue of the Bristolian slave trader Edward Colston and called for decolonisation. In response, several institutions in the local area have begun to change. For example, the University of Bristol has started a free course 'decolonising education: from theory to practice' (University of Bristol 2021), created a new professorship in the History of Slavery, and started reviewing the names of colonial buildings (Damelin 2020). Bristol City Council (2020) created a Commission on Race Equality, and the Bristol Museum pledged to adopt decolonisation as a 'service-wide approach' and has begun to repatriate stolen items (Graves 2020). Though these are very small steps in the restitution, revolution, and reparations required for decolonisation, they are evidence that UK-based decolonising campaigns can have a positive impact. In the asylum context, campaigns could link calls for a more liberal asylum regime to economic reparations. The widespread and explicitly anti-colonial Black Lives Matter protests in 2020 provide the perfect opportunity for such a reframing.

In the context of a decolonising campaign around the asylum process, this thesis recommends that asylum cases should be evaluated using the presumption of credibility. That is, Home Office representatives should be burdened with proving applicants wrong, rather than applicants being burdened with proving that their cases are credible, as is currently the case,

(McFadyen 2018), with sanctuary seekers expected to collate documentation and proof of their persecution and answer detailed questions that contribute to inaccuracies and omissions (Herlihy and Turner 2007). Such a fundamental change is likely to require a change in international law and would be difficult to enact in the contemporary policy environment. However, fundamental pillars of the right of asylum are already changing, albeit in a negative way. For example, there are many examples of European countries not upholding the principle of non-refoulement, the idea that no one should be returned to a country where they their life may be threatened. Infamously, in 2014, Spanish border enforcement shot and killed Lorios Foto and at least 15 others when they attempted to cross into the Spanish enclave of Ceuta from Morocco (ECCHR 2018).

Findings from this thesis additionally give rise to several recommendations to reduce the mental health impacts of the asylum process that can be implemented under the current requirements regarding burden of proof. This includes asylum interviewers '[refraining] from expressing a pre-judgement or scepticism during the interview' (Freedom from Torture, 2020). Furthermore, asylum interviews should constitute a series of conversations over a few weeks, each lasting no more than an hour or two, rather than a single interrogation. Mental health therapy and peer support groups should be made accessible to sanctuary seekers before, during and after interviews. Applicants could build up to and process the difficult disclosures necessary in an asylum interview. Asylum applicants should have an opportunity to speak to and get to know the interviewer and interpreter beforehand and be given examples of likely questions, specifically around difficult experiences. Interpreters and interviewers should follow a trauma-informed approach to interviews, as far as is practically possible, adopting its principles (see Buffalo 2020) around safety (e.g., that the physical interview room environment is welcoming), trustworthiness (e.g., that the interview is conducted with respect and clarity), and affirmation (e.g., people feel that their experiences have been validated).

Charity services may also be at risk of replicating the most difficult aspects of the asylum process and this thesis supports the use of trauma-informed approaches to guard against this. The Helen Bamber Foundation's (2018) interpretation of such an approach involves 'a mutual relationship of trust… [imparting a consistent sense of calm, security and safety… [increasing] the confidence of survivors and [minimising] the risk of causing distress and re-

traumatisation' (p1). This thesis further recommends examining the structure of service provision to ensure that it is in opposition to the asylum process. For instance, initial appointments should be reasonably short, trust building interactions with relatively few intrusive questions and interruptions. They should allow space for the client to lead the interaction and focus on their priority areas. It should be possible to make appointments via mobile text messaging rather than the lengthy and potentially inaccessible online forms used by many UK charities. Ruzek and Yeager (2017) argue that text messaging provides an accessible medium for mental health support as it is 'easy to learn and very widely employed [and] messages can be accessed at any time'.

7.2.4 Creating safety and stability amidst the insecurity of migration journeys

Qualitative interview findings demonstrated how participants had few stable physical spaces in which to feel safe and recover from difficult migration, and postmigration, experiences. Several sanctuary seekers arriving in the UK had recently spent time in the Calais 'Jungle', a slum town populated by sanctuary seekers and subjected to continual suppression by French and British authorities using 'controversial weaponry', 'violent demolition', and 'bio-political violence' (Mould 2017). Further, and as described above, the asylum process was a source of stress for interview participants. Being housed in unhygienic and isolated accommodation was described as perpetuating feelings of instability, insecurity, and rootlessness among sanctuary seekers. Accommodation conditions, alongside policies of forced dispersal, undermined access to legal advice and mental health and other forms of support. Findings reflect Bhui et al.'s (2012) work with Somali sanctuary seekers in the UK, which found that forced dispersal during the asylum process was a 'risk factor for psychiatric support' and suggested that the loss of social networks during dispersal might contribute to this association. Forced dispersal is another example of Home Office's control of the sanctuary seeker time-space compression (Massey 1994), with the power to suddenly move people hundreds of miles between cities. It also provides another facet to the asylum process's power geometries of 'deportation, confinement, and exclusion' identified by Belanger and Silvey (2020).

Findings suggest that sanctuary seekers should be accommodated in urban centres linked to diaspora, voluntary sector, and sanctuary seeking community networks, close to amenities, and in clean housing. Good practice guidance on asylum seeker housing emphasises the

importance of creating local networks of service providers and community organisations to coordinate inclusion, bring people together and tackle 'problems such as harassment or discrimination' (Joseph Rowntree Foundation 2005). This speaks to Nicholls' (2009) assertion that 'cohabitation in the same location does not by necessity produce distinctive political dispositions or solidarities' and an active government effort needs to be made around the integration of asylum housing into the local community ecosystem.

Unfortunately, the current policy environment appears orientated towards increasing the isolation of sanctuary seekers. In 2020, for example, the Home Secretary, the Rt. Hon. Priti Patel, asked officials to investigate the possibility of sending sanctuary seekers to a British territory island 800 miles away from the UK (Walker and Murray 2020). Though the Home Secretary has not yet pursued this policy, some sanctuary seekers have been housed at isolated military barracks where they are forced to sign 'confidentiality agreements underpinned by the Official Secrets Act' and live in unhygienic conditions with 'insufficient access to food and water' (ECRE 2020). On 19 November 2020 an Iranian man "housed" at Napier barracks tried to kill himself, one of many reported suicide attempts (ibid). In relation to more typical National Asylum Seeker Support (NASS) accommodation (rooms in multiple occupancies, flats for families), the Independent Chief Inspector of Borders and Immigration report (2018) has produced evidence of generally unsanitary, ill-equipped accommodation with 43% 'not fit for purpose' or in urgent need of improvements. Only 24% of inspected accommodation was compliant with contractual requirements.

When describing the spaces in which they recuperated from asylum process stresses, only a few sanctuary seeking interview participants referred to charities and implied that they were safe, healing spaces. The interviews suggest that this could be because charities struggled to maintain a stable space, with organisations often being forced to move accommodation due to financial issues. It may also be linked to charities being orientated towards the provision of practical services (related to asylum claims, welfare, and language training) rather than providing an informal social space. Findings from this thesis suggest that migrant organisations should create and support online spaces of safety. Refugee communities already gather through online social groups, for instance, Chang (2020) documents the use of WhatsApp group by Venezuelan sanctuary seekers in Colombia to spread useful information while the ethnography in this thesis provided evidence of older Iranians using a mass

Telegram group as a bulletin board and social space, a finding replicated in work with Iranians in the USA (Nikkhah 2020). Moreover, many sanctuary seekers are familiar with smartphones having used them prior to and along their journey to the UK (e.g., Gough and Gough 2019). Charities could support and grow such groups by providing people data, smartphones, and basic tutorials to overcome potential digital exclusion as well as forum moderation.

However, a postcolonial lens questions the long-term benefits of the above seemingly pragmatic steps; though there are changes that can improve accommodation and access to space, without more systemic change, reforms will always be limited. A few interview participants suggested that there were no spaces in which they felt safe, including their homes and private rooms. Drawing on Fanon's (1961) theories on the pervasive nature of colonial violence, entering every aspect of material and psychic life, Leonardo and Porter (2010) suggest that safe spaces cannot exist in race dialogue because the 'violence is always present'. Given the ubiquitous nature of Home Office discourse in sanctuary seeker lives, the same claim can be made in the context of mental health recovery and the asylum process; that is, safe space cannot exist anywhere in the UK during the asylum process. Fanon (1963) states that only political violence, with its cleansing, emboldening, and conscious-raising consequences, can overcome colonial violence. Violence, it should be noted, has many forms aside from direct bodily harm, including threatened, structural, and environmental (see Jones 2016) as well as symbolic (Bourdieu and Passeron 1970).

In response to Fanon's call for political violence, Leonardo and Porter (2010) suggest that firstly, those seeking to change society must abandon the narcissism 'that designates safety for individuals in already dominant positions of power, which is not safe at all but perpetuates a systematic relation of violence' (p148) and become 'comfortable with the idea that for marginalized and oppressed minorities, there is no safe space' (p149). Secondly, though they do not provide details, they repeat Fanon's (1961) call for liberatory violence that 'shifts the standards of humanity by providing space for the free expression of people's thoughts and emotions' (p148). Thus, this thesis recommends that, where sanctuary seekers propose political violence – such as the hunger strikes at Yarl's Wood detention centre (Bulman 2018) or the Napier Barracks fire (Trilling 2021) - charities and mental health practitioners should be supportive.

7.2.5 The diaspora provided practical support, but for solidarity, sanctuary seekers often had to look elsewhere

This thesis addresses gaps in the literature on the Iranian and Afghan diaspora's complicated relationship with sanctuary seekers. The systematic review identified social networks as one of the seven social environmental factor domains studied in the asylum and mental health literature. Relatedly, interviewees stated that there was a sanctuary seeker demand for community networks and support, with people often approaching diaspora communities in order to access this. Though interviews provided evidence of divisions and tensions between established diaspora members and more recent sanctuary seeking arrivals, the ethnography also demonstrated how the diaspora could be supportive, albeit partly on the basis of shared values around responsibility, reciprocity, hard work and enduring personal relationships.

Diaspora networks were effective at providing practical support, such as information about the asylum process, familiarity, or even accommodation. They were less effective at providing the emotional solidarity needed to manage mental health during the asylum process. In particular, listening to mental health and asylum process difficulties with belief and empathy, and providing space for people to talk about the injustices of the asylum process and of pre-migration experiences. Findings highlighted seemingly anti-migrant attitudes among both the Afghan and Iranian diaspora and community organisations supporting sanctuary seekers in the UK. Ethnographic results suggested that this was related to judgemental attitudes from more established migrants towards recent arrivals.

Findings echo those of Khosravi's (2018) work with the Iranian-Swedish diaspora, one of the few studies in this area, which found that the diaspora distanced itself from sanctuary seeking arrivals, who were perceived as shameful and parasitic. As in Khosravi, this thesis finds a potential cleavage based on class: Iranian students and work-visa entrants, though also new arrivals, may share these judgemental attitudes. Interview and ethnographic findings suggest that the stigmatisation of mental health problems among members of the diaspora communities contributed to negative attitudes towards sanctuary seekers. Struggling sanctuary seekers, especially those with mental health problems, were thought of as lazy and self-indulgent, and hoping to live off UK welfare.

Though the elements of the diasporas held anti-migrant attitudes, sanctuary seekers and diaspora members shared values around responsibility, reciprocity and hard work. These

shared values suggest that mentoring and peer support programmes, working with more members of the Iranian and Afghan diasporas who have more positive views towards recent migrants, could be effective in improving or protecting sanctuary seeker mental health. Such programmes have been shown to be useful in reducing acculturation stressors in sanctuary seekers in Australia (Liamputtong et al. 2016). Charity organisations could consider employing co-mentoring approaches that emphasise the mutual knowledge and learning of both parties (see Kochan and Trimble 2000), such as the Swati (Mental Health Foundation 2018) project in Scotland where volunteers shared professional skills while receiving life lessons from refugees. This prioritises sanctuary seeker knowledge and helps counteract the orientalist discourse of the Home Office. Charities should also offer as many meaningful volunteering opportunities as possible. This may dovetail effectively with NHS plans to introduce 'social prescribing link workers into GP surgeries in England' (Morris et al. 2020).

Given the division around education, Fanon's (1961) figure of the colonised intellectual is useful in understanding the role of the diaspora in sanctuary seeker mental health. The colonised intellectual mediates 'the relation of the colonized for the colonizer, translating the terms of colonial life into the language, concepts, and thinkable politics of the colonial power' (Drabinski 2019, p4), standing 'ready to defend the Greco-Latin pedestal' (Fanon 1961). There is an implication that, in adopting this role, the colonised intellectual receives an improved position in the colonial hierarchy. Like the colonised intellectual, the diaspora defended and perpetuated host society parasitic framings. This may be because, due to asylum process restrictions, sanctuary seekers could not match diaspora expectations of self-dependency and self-improvement. In contrast to Fanon's depiction of the colonised intellectual, the diaspora in this thesis did not translate the colonised for the coloniser, but the coloniser for the colonised, producing innumerable reasons and case studies to justify the parasitic framing of sanctuary seekers.

Findings suggest a potential role for migrant charities in promoting mental health literacy in diaspora communities. This is exemplified by Mind's 2008-2010 campaign in Harrow, partly targeted at the large Afghan community living there (NHS Harrow 2010). After a local community consultation, they ran a series of workshops, posters, newspaper articles, and local radio advertisements tapping into cultural understood conceptions of mental health (ibid). An independent evaluation found evidence that the campaign was effective in

increasing knowledge around mental health concepts and awareness of mental health services (Tobert 2010). However, Fanon (1963) suggests that during the 'struggle for liberation' the colonised intellectual will become the native intellectual in 'touch again with his people'. Thus, it may be a better use of time not to engage with the Iranian or Afghan diaspora but support sanctuary seeker self-organisation.

Analysis of interview data indicates that, in the face of a muted diaspora welcome, many people joined sanctuary seeking communities. These communities were formed, sometimes across countries, around shared acculturation issues among sanctuary seekers. These communities often cut across national identities and included those supporting sanctuary seekers such as volunteers and lawyers. Sanctuary seeking communities resonate with Massey's (1991) 'global sense of the local' where the specificity of place and people's rootedness comes from the 'distinct mixture of wider and more local social relations'. She argues that this conceptualisation of place constitutes place as a meeting and intersection of many identities and relations. Massey claims that this is 'a sense of place that is extroverted' and positive, accepting the inevitable changes of globalisation.

7.2.6 Sanctuary seeker agency and internal attributes were critical to managing mental health problems during the asylum process

Analysis of data from the ethnography and qualitative interviews suggested two contrasting characterisations of the sanctuary seeker psyche. There was the weak, victimising, and parasitic framing were sometimes imposed by the Home Office, migrant charities, and diaspora. These conceptions could be internalised, and some interview participants proffered the fatalistic notion that, while in the asylum process, nothing can improve or be overturned. Similar findings have been reported elsewhere (Haas, 2020). Equally, however, interviewees and participatory work suggested a resourceful and determined strength that sanctuary seekers brought with them. This kept them going through the gruelling asylum process. The systematic review suggests that access to formal mental health support during the asylum process was less studied than informal mental health and wellbeing activities, with only two identified studies looking at the former.

Interviews findings suggested that cultural dignity, spiritual beliefs, and greater education served as protective mental health factors for Afghan and Iranian sanctuary seekers. Findings suggest that retaining and reminding themselves of their cultural roots could help people

cope with the asylum process, building on results from studies with other nationalities (e.g., Weine et al. 2014). Poetry has helped preserve the Persian identity for almost a thousand years (Bekhrad 2018). Olszewska (2007) documents how Afghan refugees in Iran have used it to sustain their Afghan identity taking 'pride both in their non-Iranian origins and in their common heritage with Iranians' (p203). Olszewska also (2015) describes how poetry can be a way for Afghan refugees in Iran to process mental health problems.

Participants in studies presented in this thesis claimed that supporting cultural wellbeing activities could improve sanctuary seeker mental health. Similarly, poetry and metaphor could provide useful ways of talking about mental health. Accordingly, this thesis recommends that charities working with Iranians and Afghans engage and promote poetry and cultural heritage activities such as the Migrants Organise (2020) and Red Cross (2016) poetry activities, and the International Organisation for Migration's healing ceremonies programme, respectively (see Rebolledo et al. 2019). A postcolonial lens helps reveal how cultural practices may support sanctuary seeker mental health: validation and engagement with Afghan and Iranian culture counters the infantilising, patronising, and agency-sapping orientalist narratives often present in Home Office discourse. When facilitating cultural wellbeing activities, it may be helpful to bear in mind Mambrol's (2016) reading of Fanon (1963), stating that native culture must be embraced but not be romanticised; to reach a full anti-colonial consciousness the native must critically analyse their culture.

Recommendations in terms of therapeutic support are more complicated. Herman's (1992) triphasic model of trauma recovery suggests initially beginning with safety and stabilisation. Thus, due to the instability and insecurity of the asylum process it may be difficult to even begin therapy. However, while evidence suggests that both short-term (Drozdek et al., 2013) and long-term (ter Heide and Smid, 2015) therapy might be slightly less effective during the asylum process compared with after status has been awarded, they still appear to positively affect sanctuary seeker mental health. Moreover, some studies, such as Stenmark et al.'s (2013) narrative exposure therapy work in Norway, indicate that certain treatments can be equally effective for people seeking asylum compared to those who have refugee status. Postcolonial theory suggests that therapy may face problems other than effectiveness. Molloy et al. (2014) describe how Fanon (1963) believed that 'in oppressive societies, the therapeutic relationship between therapist and patient is generally a microcosm of the power

relationships that exist in the wider society' (p209). Thus, therapy with sanctuary seekers might exacerbate their oppression, feelings of inferiority, and associated mental health problems. Molloy et al. suggest that Fanon called for a 'promotion of choice between passivity and action in response to the [colonial] domination' (p209) in therapeutic offerings.

Therapists working with sanctuary seekers should explicitly acknowledge the potential impact of race on people's mental health and could usefully refer to French et al.'s (2020) 'radical healing for People of Color'. This framework is grounded in 'collectivism', 'critical consciousness', 'radical hope', 'strength and resistance', and 'cultural authenticity and self-knowledge,' and links to many of the pillars used by many of the sanctuary seeking participants of the studies presented in this thesis (e.g., community support, cultural dignity). For French et al., 'social action is a critical component of radical healing'. Relatedly, GP surgeries should allow additional time to see sanctuary seekers, recognising the time needed to understand their cultural conceptualisations of and the language used to talk about mental health, as well as the additional time required for interpretation. This recommendation could provide a post-registration focus to the Doctors of the World (2019) Safe Surgeries initiative addressing sanctuary seeker access to healthcare. This initiative encourages GP practices to improve sanctuary seeker accessibility by suggesting seven steps including never 'insisting on proof of address documents… identification… or proof of immigration status' (p3).

Sanctuary seeker resilience during the asylum process often involved them understanding and adjusting to its practical reality. The asylum process described by interview participants contrasted with the one described on Home Office government websites and suggested by international law. Sanctuary seekers arrived and resided, not in safety, but in insecure and unsanitary environments. They entered a process not of empathy, but of interrogation, deceit, and mistakes. Those who coped best with the asylum process were those who recognised and adapted to this reality. For example, by curating an asylum story that matched Home Office discourse or, instead of deteriorating in destitution, finding illegal work to help them survive. The systematic review highlighted that researchers often fail to recognise this reality, for example rarely exploring work in the "black market" within research on employment and mental health.

Accordingly, this thesis recommends that charities should provide information on the process from the perspective of applicants, rates of acceptance based on nationality, and the

importance of credibility in the interview, and should translate the publicly available Home Office country guidance used by officials to make asylum decisions. Similarly, applicants require information about how the chaotic and complex asylum bureaucracy works in practice. Being provided with this information could help people prepare themselves mentally for a gruelling adversarial process, encourage them to be proactive in managing asylum process bureaucracy, and protect against feelings of desperation, shame, and being gaslighted. The Migration Policy Institute's (2017) interactive graphic on acceptance rates by country and nationality could be usefully updated, translated, and shared with sanctuary seekers. Information on the practical realities and challenges of the asylum process could be incorporated into pre-existing resources, such as Right to Remain's asylum process toolkit (2020b), that provide sanctuary seekers detailed information about the asylum process in their mother tongue.

7.3 Implications for research

7.3.1 Reducing reliance on Western mental health concepts to encourage learning from other cultures

Analysis of qualitative interviews found that some Iranians and Afghans viewed mental health problems as a personal weakness and, relatedly, there was shame attached to mental health problems. Interviewees implied that the legalised and medicalised framing of mental health problems within the asylum process (for example the use of mental health problems in medico-legal reports to corroborate their asylum claim) may exacerbate these issues. The shame associated with mental health problems reflects Dejman et al.'s (2010) findings in Iran. The Iranians they spoke to suggested that depressive symptoms were partly due to personality weaknesses such as selfishness or over-sensitivity. People usually discussed mental health problems through metaphor or via the body. Differences between sanctuary seekers' and practitioners' cultural conceptions of mental health problems created a barrier to mental healthcare for some interview participants. Findings echo Kiselev et al.'s (2020) work with sanctuary seekers in Switzerland, arguing for cultural sensitivity given 'the wide variety of models of disease [and] idioms of distress'.

The British Psychological Society has published guidelines for working with refugees and asylum seekers, with key recommendations including 'showing respect', using 'professional interpreters', addressing 'experiences of racism, hostility and hate crimes', and 'recognising

the diversity and the resilience of asylum seekers and refugees' (Patel et al. 2018). While thesis findings support these recommendations, they also highlight the need for targeted and co-created guidance for professionals working with Afghans and Iranians, two significant groups of sanctuary seekers in the UK. This guide should be useable by not only mental health practitioners, but charity workers, lawyers, interpreters, and diaspora community groups.

In contrast with the preferences of many participants in the interview and ethnography, the majority of studies included in the systematic review of post-migration social environmental risk factors for mental health problems used Western mental health concepts. The most commonly examined mental health problems were depression (assessed in 39 of 49 studies), then PTSD (38) and anxiety (29) [11]. Similarly, only four of 23 studies included in a review conducted by Ryan et al. (2009) were reported to examine anything other than depression, anxiety, or PTSD. While papers in a review conducted by Patel (2011) reported on a broader range of outcomes, including self-harm, somatoform disorder and poor mental health functioning, the vast majority of studies again used PTSD, anxiety and or depression as their primary outcomes.

The systematic review highlighted that most mental health measures were developed by academics based at USA universities. Some studies, such as Gerritsen et al. (2006) and Nakash et al. (2017), adapted these tools for their asylum populations (Afghans, Iranians and Somalis in the Netherlands, and Eritreans and Sudanese in Israel, respectively) through a multi-step process including translation and backtranslation as well as the addition of culturally relevant items. Nonetheless, given the different conceptualisations of mental health across cultures, migration and mental health studies could draw on mental health measures developed in non-Western countries. This could usefully involve examining mental health problems other than, or in addition to, PTSD, depression, and anxiety. PTSD, in particular, has been the subject of cross-cultural criticism. Summerfield (1999), for example argues that the diagnosis pathologises normal social responses to trauma and disconnects '[victims] from others in

[11] Frequencies were updated from the Jannesari et al. (2020a) review to take account of studies eligible for inclusion but not synthesised.

their community and from the wider context of their experiences and the meanings they give to them' (p. 1456).

Miller et al. (2006) provide a possible way forward in their development of the Afghan Symptom Checklist in collaboration with Afghan academics and community members. This scale was partly developed through common elements in community narratives of wellbeing. They aimed to provide a 'locally-grounded' measure of distress, a concept they argued was relatively universal. Baasher (2001), writing from the University of Khartoum, argue that the Quran comments on mental health when giving directives for 'a firm belief… endurance of hardship and resolution of stress'. Some health and well-being papers from Iran, not included in the above reviews, focus on spiritual mental health and use the spiritual wellbeing scale developed by Paloutzian and Ellison (2012) (e.g., Sharif Nia et al., 2018; Niyazmand et al. 2018; Ziapour et al. 2017). Studies could also focus on culturally specific mental health terms such as Zar, an Iranian condition understood as where a spirit takes control of a person, invading their heads and leading them to harm themselves (Moghaddam, 2012).

The Delphi method, a consensus 'iterative process used to collect and distil the judgments of experts' (Skulmoski et al. 2007), was adopted in Krause et al. (2021). It provides another alternative to reduce the influence of Western-developed mental health measures in studies with participants from countries outside of the West. Krause et al produced a 'standard set of outcome measures for child and youth' mental problems by conducting an iterative series of feedback surveys, voting and structured teleconferences 'supported by sequential research inputs' with 'clinical, research and lived experience experts' across 45 countries. Through these activities, Krause et al. arrived at 'a standard set of outcome measures for child and youth anxiety' in order to improve 'care effectiveness' (p76). These consisted of 'three outcome domains of symptoms, suicidal thoughts and behaviour and functioning… using seven instruments that are primarily self-reported' (p77) to track mental health. The Delphi method has been used in a few mental health studies around migration, for instance in Guajardo et al.'s (2016) work with Iraqis in Australia exploring 'important considerations when providing mental health first aid'. However, in Guajarado et al., experts were 'recruited through their association with key non-government and government organisations', with seemingly no lived experience representation. Without lived experience experts, research can

reproduce oppressive colonial power dynamics and omit outcomes crucial to sanctuary seeker mental health.

A further option could be to use mental health measures commonly associated with positive psychology, including around spiritual wellbeing, and reducing reliance on potentially pathologising measures such as PTSD. Positive psychology constructs used around employment, referring to 'existential fulfilment', 'vigour', 'dedication', 'absorption' and fulfilment (see Tomic and Tomic 2011) could be particularly useful with Iranian and Afghan sanctuary seekers as they chime with cultural values of reciprocity, responsibility, and hard work. However, there are issues to overcome before potential benefits can be realised. In their work with Hmong people in the USA, Sandage et al. (2003) suggest that positive psychology needs to produce culturally embedded concepts. They suggest that practitioners engage in 'meaningful and sustained dialogue with particular communities' to understand what positive psychology concepts of forgiveness mean to them. In their work with Sri Lankan survivors of war, Jayawickreme et al. (2017) have successfully incorporate local idioms into positive psychology measures to 'predict functioning… above and beyond [measures of] psychopathology'.

7.3.2 Using the sanctuary seeker framework to move away from Home Office discourse

The inclusion and exclusion criteria for the systematic review presented in this thesis were developed with reference to the legal term asylum seeker. However, during the systematic review data extraction, analysis, and interpretation, it became clear that a focus on this legal term had limited conceptual value. People in this legal category had very different experiences partly based on demographic characteristics and they often shared more in common with people going through different legal processes in different countries. The ethnography, PAR, and interviews were originally intended to be based around asylum. However, during the ethnography, participants resisted using the asylum seeker label. In the Iranian group, participants suggested there was a stigma around asylum seeking and rejected this categorisation. Thus, the participatory research expanded to include any Iranian migrants and focussed on demographic characteristics, such as age, that participants claimed was more important to people's experience.

When working with Afghans, the ethnography participants implied that the asylum seeker label was redundant as almost everyone in the Afghan community had been through the

process. Consequently, the label again served to obfuscate people's experiences and, hence, a meaningful examination of the factors that affect mental health. This led to use of the broad term "sanctuary seeker" for the ethnography results and discussion. The move away from asylum seeker and towards a different conceptualisation continued during the interviews. Regardless of interviewee category, practitioner, community member or experience of the asylum process, almost everyone spoke about their personal asylum process experiences, sometimes even if this was in other countries.

The legal category of 'asylum seeker' is part of a Home Office discourse, replicated in many other countries, where an asylum seeker is a suspicious figure to be disbelieved and attacked, and who has no rights until granted to them and cannot gain these rights unless they are articulated in language sanctioned by the Home Office. It is not a necessary corollary of international law; the word 'asylum' was mentioned once in the 1951 Geneva Convention relating to the Status of Refugees and not at all in the 1967 Protocol relating to the Status of Refugees. Zetter (2007) contends that labels, such as 'asylum seeker', are politicised and centred on fear of the other and a desire to maintain a secure national identity. He argues that 'asylum seeker' and other government sanction labels such as 'overstayer', 'illegal migrant', and 'failed asylum seeker' encourage the perception that the right to refuge is not enshrined in the 1951 Geneva Convention but a prize for the privileged few that is typically claimed through falsehoods. Likewise, Crosby and Inter Pares (2006) assert that the signifiers associated with migration labels are part of a political control and containment of people of certain races, classes, and genders. This thesis claims that conceptual fragmentations in turn fragment the asylum and mental health literature.

This thesis, therefore, offers a conceptual framework for categorising 'sanctuary seekers' that is grounded in people's experiences as an alternative to using the legal and discursive category 'asylum seeker' in defining study populations (see Jannesari et al. 2020b). Though it requires empirical testing, this thesis proposes grouping sanctuary seekers based on the difficulty of obtaining permanent status and how supportive post-migration conditions are for integration and inclusion. Though the sanctuary seeker framework can provide an initial basis for research, researchers should use it to help their populations self-define. As part of their participatory project on gender and migration, Pascal et al. (2019) worked with sanctuary seeking women to deconstruct the categories used around migration, responding

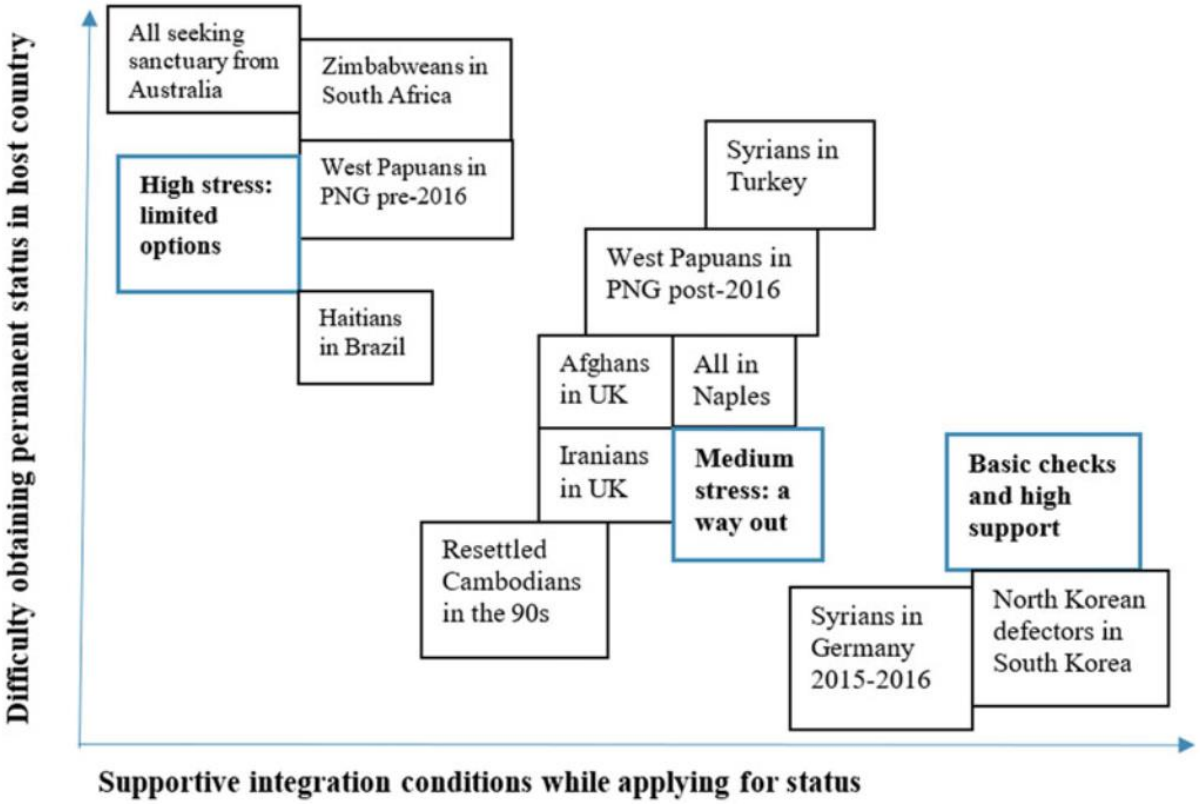
to ‘media images and political rhetoric… [categorising migrants as the source of social and economic problems’. Their participants decided to call themselves ‘movers’. This, Pascal et al. argued, signalled their ‘agency and [desire for] change’. This framing is commensurate with the suggestion earlier in the chapter to focus on positive psychology concepts.

The difficulty of attaining status could be assessed with reference to average decision waiting time, acceptance rates by nationality, migration interview processes, and access to legal aid. These factors may be affected by individual demographic characteristics such as education, gender, and age. Between 2017 and the third quarter of 2020, for instance, grants of status for female Afghan asylum applicants were 14% higher than for Afghan male applicants (Home Office 2020). During the same period, Afghans over the age of 50 had a 61% acceptance rate compared to 39% for those under 50 (ibid). Post-migration conditions for integration and inclusion could be assessed, for example, by temporary status rights, suitable accommodation, host society discrimination, access to diaspora or sanctuary seeker social networks, migrant charity infrastructure, and available paths to permanent settlement. These factors might be influenced by diaspora numbers, migration history and the extent to which someone is a visible minority. Again, demographic characteristics may be important. For instance, research in Sweden suggests that education might facilitate access to the Iranian diaspora (Khosravi 2016). Alongside this rich set of indicators, legal category may aid in understanding experience.

Figure 10 provides a simple illustration of how categorisation based on shared experience could group populations, with the y-axis representing the difficulty in obtaining permanent status and the x-axis representing supportive conditions for integration. In this example, three groups emerge. Top left are sanctuary seekers enduring relatively high stress, defined as living in poor conditions while having few or no options to resolve their situation. In the middle are those under moderate stress; though there are limited options, a path does exist to a stable life either through employment and integration, or permanent status. Bottom right are people for whom the process of obtaining status is typically an identity and security check; these people will almost certainly receive status and benefit from a range of support. Researchers working with certain sanctuary seeking populations could further complicate this model by including salient demographic factors, for instance looking at Afghans in the UK based on age or gender.

Figure 10: Sanctuary seekers by shared experience

Figure 10 is taken from Jannesari et al. (2020b). Populations in the figure are not from a refugee resettlement programme unless this has been noted. Positions of different populations on the figure are only for illustrative purposes. They may not be completely accurate and are liable to change over time.



Though this thesis focuses on those asking for humanitarian status, the sanctuary seeker concept can encompass migrants arriving under work, student, or spousal visas. This is for two main reasons. Firstly, there is a fluidity between migration categories. People with humanitarian motivations may choose different bureaucratic routes to status depending on convenience and chances of success. Abbara et al. (2019) for example, describe how 'some Syrian healthcare workers came to Germany either on a working or student visa' and then applied for asylum. This reflects the complex overlapping reasons and factors related to why people migrate (Jannesari 2021c in press). Secondly, the concept of safety extends beyond traditional conceptualisations of humanitarian status, and people may be partly searching for economic and environmental safety. For example, people may migrate in the face of poverty prompted by crop failures linked to environmental degradation (see the household model of migration in Massey et al. 1993, Stark and Bloom 1985).

In arguing for a move away from legal discourse, the sanctuary seeking framework logically suggests including people who are seeking, have received, or have been refused refugee status. Though the systematic review demonstrated how factors associated with legalisation processes can be particularly stressful, the other risk factor domains in **Figure 9** (Chapter 3.2.1) could all apply to such people. Relatedly, during the qualitative interviews, regardless of people's success, people mentioned lasting mental health problems related to the asylum process (e.g., a loss of identity, pervasive fear and uncertainty) as well as an ongoing search for safety, acceptance, and stability. This reflects work suggesting that people continue to experience a plethora of problems after receiving refugee status, for instance related to language and food insecurity (e.g., Hadley et al. 2007). Moreover, refugee status is not always commensurate to permanent residence. For example, in 2017 the UK enacted the "safe returns" policy where, at the end of a person's five year refugee status, a review is automatically conducted to 'consider whether there are any reasons why a grant of ILR [Indefinite Leave to Remain] may no longer be appropriate' (Desira 2017). This policy can be 'activated at any point during the five year route to settlement' (ibid). Equally, a refusal of refugee status does not mean that people have stopped their search for safety. Home Office statistics demonstrate that the vast majority of people refused asylum choose to stay in the UK (Gelbum 2019) and pursue a life in the UK.

Extending the sanctuary seeker framework to people who have been refused asylum and those with refugee status may prove useful for UK charities supporting sanctuary seeker mental health. Home Office asylum policy functions on premise that it has the power to decide whether someone can have a life in the UK or not. The expanded sanctuary seeker concept can undermine this; though difficult, it might be possible to find safety and sanctuary regardless of status. For charities, adopting a sanctuary seeking framework could focus attention on community focussed solutions more in tune with people's lived experience. This could focus on the x-axis of **Figure 10**, facilitating inclusion and integration while applying for status, for instance by supporting access to black market labour. Equally, it could relate to the y-axis of **Figure 10**, easing the process of gaining permanent status, for example by running a workshop on the curation of asylum cases to match Home Office criteria, or creating sharing arrangements in asylum seeker support accommodation.

Nonetheless, this thesis recognises the likely limitations of the framework, including that no categorisation can capture the full depth of someone's experience; even when considering demographic factors, many experiences are excluded. In addition, researchers applying this model may have difficulties if rights and conditions are only considered at a single point in time, as these can rapidly change on both individual and group levels. Moreover, the sanctuary seeker concept does not, in its current form, apply to internally displaced people, who constitute the majority of forcibly displaced people (UNHCR 2020). It cannot, therefore, address criticisms made by Crosby and Inter Pares (2006) that the experience of internally displaced people is rendered invisible by categories such as 'asylum seeker' that draw attention to international crossings.

7.3.3 Researchers working with sanctuary seekers must negotiate the balance between respecting and challenging diaspora values

In conducting this thesis, I worked with around ten migrant community and campaigning organisations. Their support was essential in the practical organisation and recruitment for the ethnography and qualitative interviews. Their honest feedback facilitated and ongoing critical analysis of this thesis and kept me dedicated to ensuring practical benefits for sanctuary seekers and the organisations that support them. This practical focus on the benefits of research to sanctuary seekers and migrant organisations was linked diaspora ethical values around collective interests, duty, and moral responsibility identified during the ethnography. Similarly, analysis of qualitative interviews suggested that diaspora and sanctuary seekers believed that values around hard work and forbearance were the route through asylum process mental health problems. Consequently, interviewees reported preferring therapeutic mental health support that offered direct advice on practical actions they could take to feel better.

This thesis recommends that, in aiming to build relationships with community collaborators and produce mutually beneficial work, researchers should explore and recognise community ethical values. The process of planning for research could then begin with a process of negotiation between researcher ethics and community ethical values, alongside processes related to gaining university ethical approval and, where they are in place, approval from community organisation boards. This could comprise knowledge-sharing around community

ethics and bioethical principles, as well as understanding community interpretation and priorities regarding bioethics.

Barman and Hendrix (1983) describe how to explore bioethical issues in a classroom setting by completing a value inventory, a decision making model, and a case study exercise. These ideas could be usefully adapted to a community setting. Necessary adaptations include changing: (i) the 'Five-Sort Value Inventory' developed by Hendrix (1978) to include items around race, culture and colonialism, (ii) the decision-making model (ibid) to address more systemic issues, and (iii) the case studies to reflect issues around migration and integration. Exercises from the activist group People of the Global Majority (unpublished) may also be useful. The group ran a series of activities with black and brown activists from across the UK defining community culture and values. These included a food journey, participatory discussions, and imagining a future through playdough modelling.

In the Afghan and Iranian diasporas few, if any, institutions exist to evaluate the extent to which researchers adhere to a community code of ethics. Elsewhere, however, the Six Nations Elected Council (2015) in Canada created a Research Ethics Committee to 'approve and monitor' research conducted in the area. They ensure that research conducted in their land fits their values. Others have sought to provide guidance. The Nunavut Research Institute and Inuit Tapiriit Kantami, for example, created a guide (2006) for researchers working with Inuit communities. It covers 'community concerns', 'appropriate levels of community involvement', and the process of 'negotiating a research relationship'. Such community ethics committees and guides could be created with the Afghan and Iranian diaspora, or prominent sanctuary seeking communities.

The creation of a joint community and researcher codes of ethics could be facilitated through community ethics boards and guides; resources that require ethical considerations additional to university ethics committees. There is a delicate balance to be struck between avoiding a patchwork of many community boards with different standards, and having broad boards that dilute expertise and might overlook marginalised groups in their communities. Community ethics boards do not necessarily have to be formed around national or ethnic identities, and people may organise themselves around a shared migration experience. For instance, Freedom from Torture supports Survivors Speak OUT (2020), an advocacy network of

survivors that could be well-placed to consult on research ethics with migrants who have experiences of torture.

However, community values should not be accepted by researchers without question. Throughout the ethnography and interview studies, there was evidence of internal oppressions directed towards sanctuary seekers from more established or educated members of the diaspora. The interviews demonstrated how the judgement from the diaspora could damage mental health, removing one of the few hopes sanctuary seekers had for a space of solidarity and empathy. Thus, when working with migrant organisations, researchers must ensure that they are building up sanctuary seeker power, not enforcing an oppressive system the diaspora has accepted. In interpreting the key findings of the systematic review, that discrimination is associated with increased mental health problems, it is instructive to consider the diaspora as well as the host society as sources of discrimination.

Finally, this thesis resonates with Gaventa and Cornwall's (2001) appeal to researchers to challenge hierarchical structures, particularly during participatory research, rather than 'simply adding a new set of tools and methods to existing institutions, which themselves may be hierarchical, inflexible and non-participatory' (p77). When doing so, migration researchers should consider the colonial legacies and orientalist framings centring knowledge, authority, and morality in Western institutions (see Said, 1978).

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