

# The political determinants of refugee integration, thriving and mental health. A service provider perspective

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# Objective

Qualitative research with mental health and psychosocial support service providers **to explore the political determinants of community integration, thriving and mental health among asylum seekers and refugees**



1- Background

# UNHCR: Global Trends Report 2022

- 108.4 million forcibly displaced persons worldwide.
- 76% of these find refuge in neighboring LMICs
  - Countries with the least resources host 27% of the total of refugees
- UK received 6% of total EU+ asylum applications due to restrictive migration policies
  - From Syria, Somalia, Iraq, Sudan, Afghanistan, and Ukraine (Home Office, 2020)

## 3.6 MILLION REFUGEES HOSTED IN TÜRKİYE

Türkiye hosted nearly 3.6 million refugees, the largest population worldwide, followed by the Islamic Republic of Iran with 3.4 million.

**Türkiye**  
3.6 million

**Islamic Republic of Iran**  
3.4 million

**Colombia<sup>5</sup>**  
2.5 million

**Germany**  
2.1 million

**Pakistan**  
1.7 million



# Political determinants 1: UK's “hostile environment” policies

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- Two-tier asylum process
  - Nationalities and Borders Act
  - Rwanda Plan
  - Illegal Migration Bill
- Huge backlog of unprocessed asylum applications
  - Approx. 120,000 people awaiting initial decision on asylum claim
- Adverse effects on quality of life
  - 37,0000 asylum seekers accommodated in sub-standard housing
  - No right to work and limited access to ESOL classes
  - Restrictions to claiming welfare benefits, education, accessing free secondary healthcare, etc.

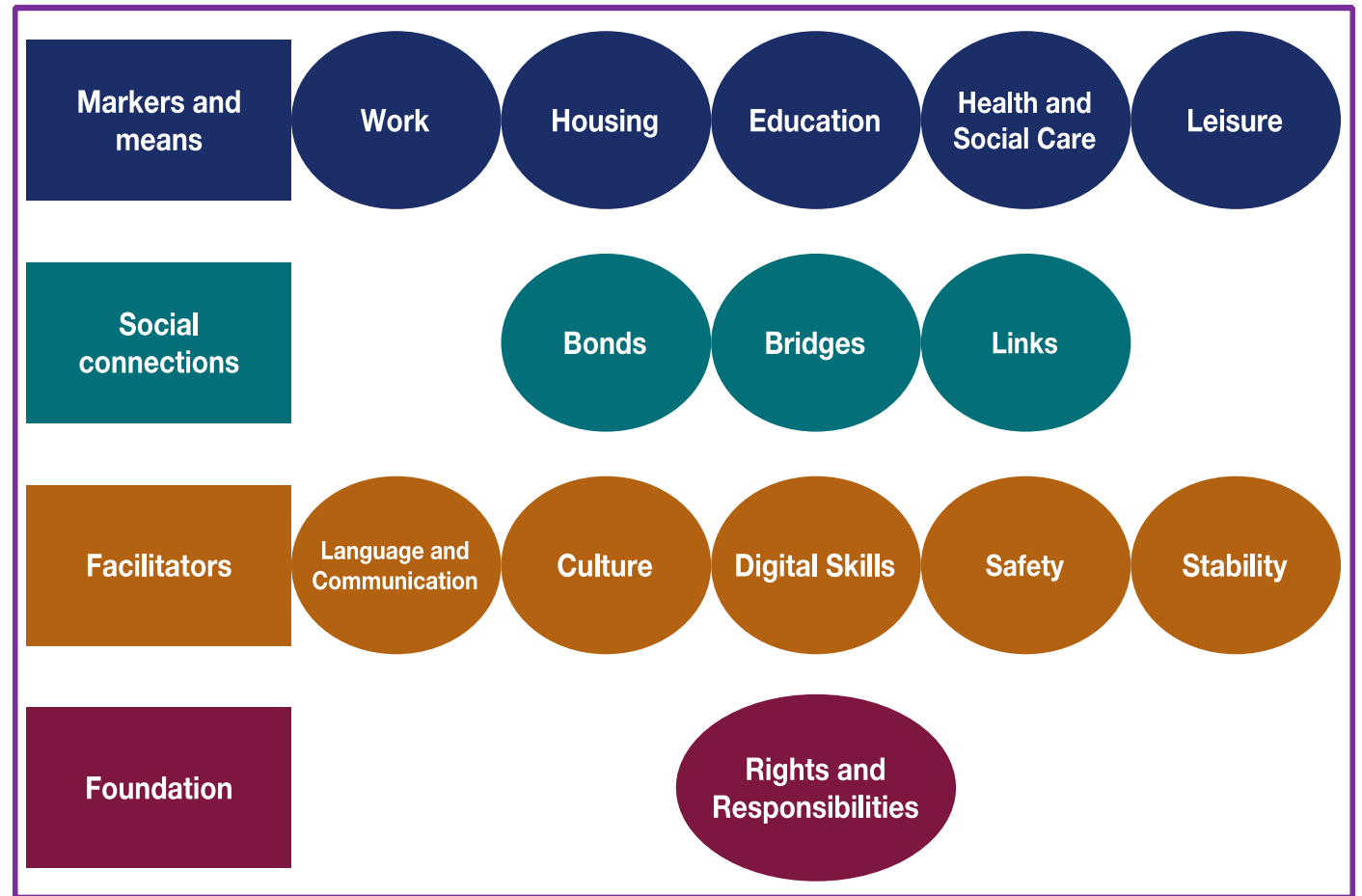


‘Go Home’ vans

# Political determinants 2: Home Office *“Indicators of Integration Framework”*

- A. Multi-dimensional
- B. Multi-directional
- C. Mutual responsibility
- D. Context specific

Structured around 14 key domains







# Political determinants of Mental health

- Integration framework rests on assumption that better integration leads to good quality of life and ensures good (mental) health
- Hostile environment policies negatively affect integration *and* social determinants of health
- UK gov “*Mental health: migrant health guide*”:
  - increased 5-10% risk of mild or moderate mental health problems for asylum seekers/ refugees
- England: Asylum seekers/ refugees are 5 times more likely to have mental health needs than general population
  - 61% will experience serious mental distress

## 2- Methods



Image from New Citizens Gateway



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Qualitative research

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Sample: 20 mental health and  
psychosocial support service providers

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Online 1-hour interviews via zoom

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Thematic analysis

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Ethical approval: King's College London

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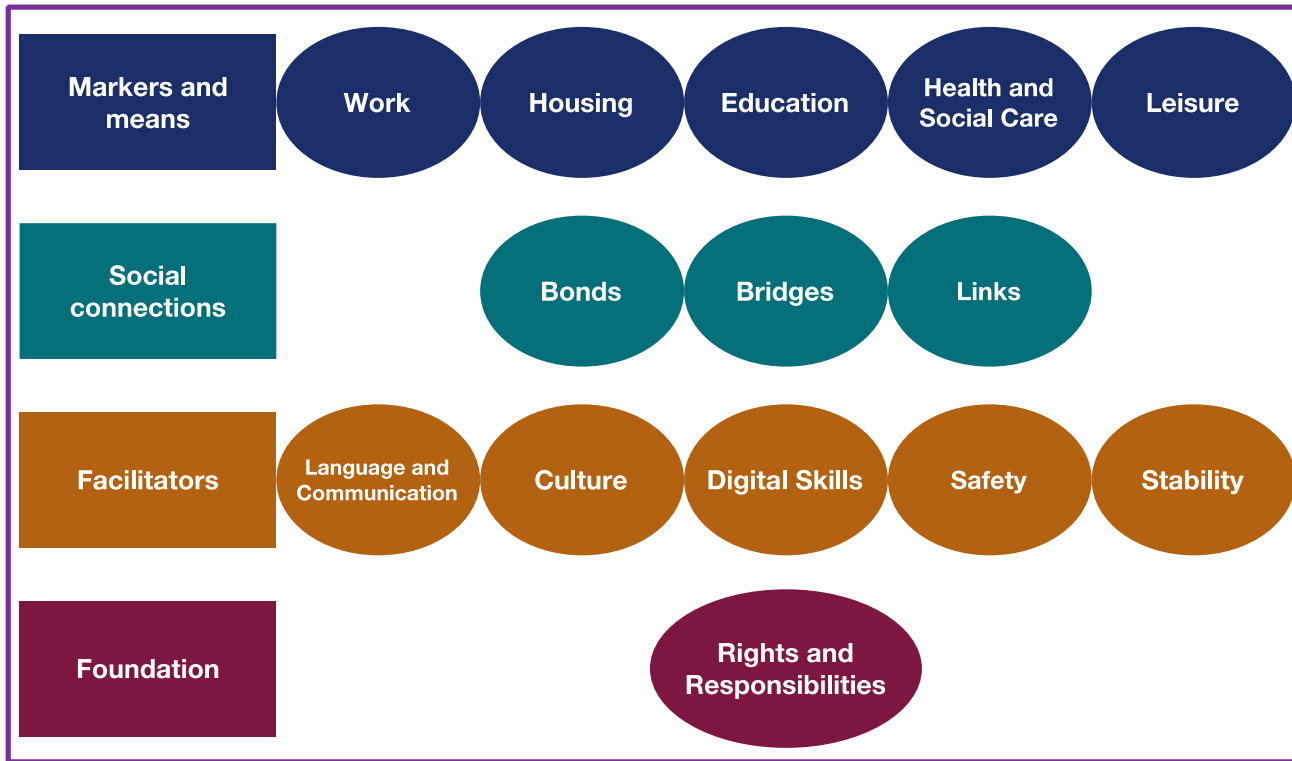
## 3- Results

# Community

- 'Community' = dynamic, multi-faceted, context dependent
  - Geographic place, social connection, belonging, familiarity, identity, support, and emotions
  - Positive in that it brought people together
  - Difficult to access due to discrimination/ exclusion
  - Linked to immigration status
- Community exclusion linked to isolation, depression and anxiety
- Mental health problems as barriers to community inclusion



*“When you are an asylum seeker, it is particularly tricky (...) because the anxiety of not knowing whether you’re going to be able to stay in the UK. [This] is also a deterrent about getting too attached to others. So, there’s this sort of longing to have more connections and more support, but at the same time, there’s a sort of fear about getting stuck in case (...) you get deported.”*

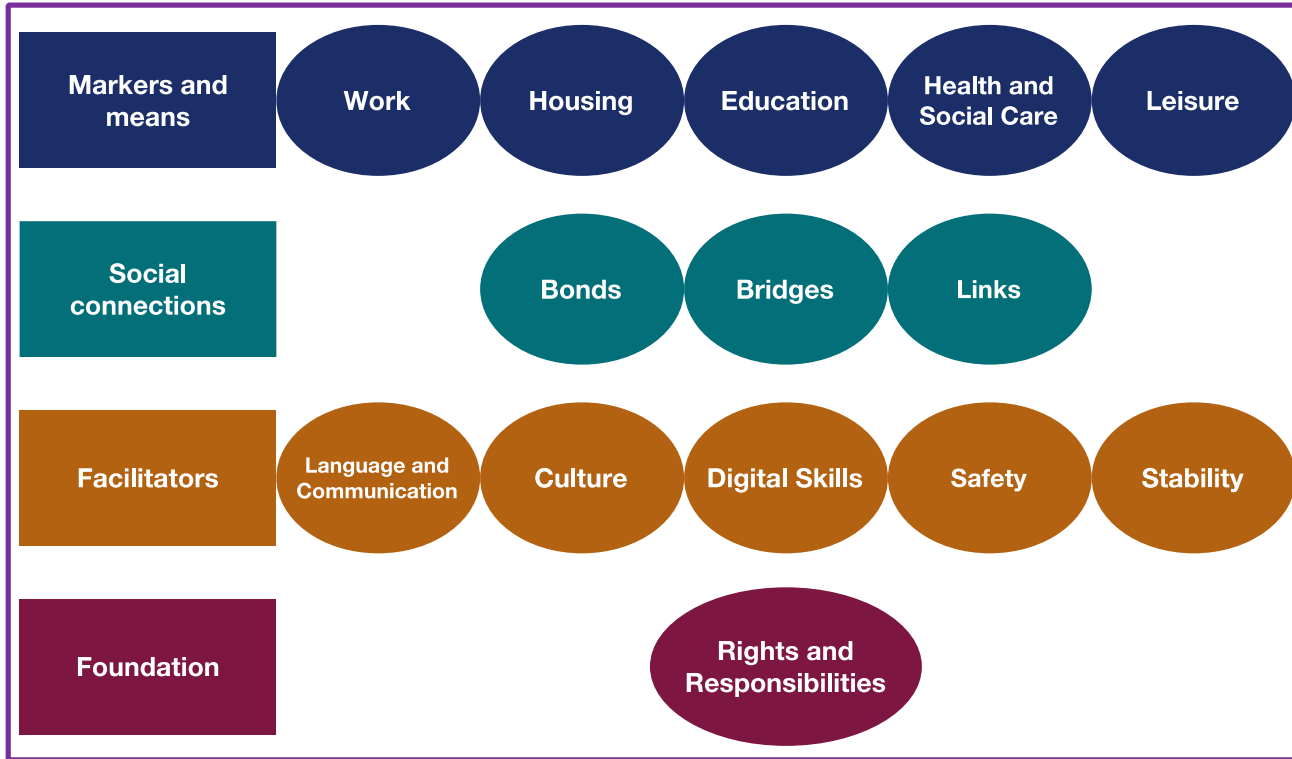


# Foundations for community integration

- Well-functioning asylum system
- Rights and entitlements to *work* and to access *education, adequate housing, welfare and healthcare*
  - Lack of rights linked to development or worsening of PTSD, depression, anxiety, hopelessness, suicidal ideation
- UK's 'broken asylum system' keeps people waiting "frozen in limbo"
  - Linked to feelings of uncertainty, insecurity, hopelessness, and wasting one's best years.

*"So, it's exclusion from entitlement like welfare and benefits, its exclusion from being able to choose what housing you live in. It's exclusion from education (...), not having the right to work and not being able to travel. (....) [It's] financial exclusion – having such limited asylum seeker support means you can literally just survive and do very little else."*





# Social connections

**Bonds** between people from similar backgrounds and shared experiences of violence and hardship, flight, and seeking asylum.



+ Sense of safety and space to recover esp. for those with mental health problems

- But potential barrier for inclusion due to isolation from British society

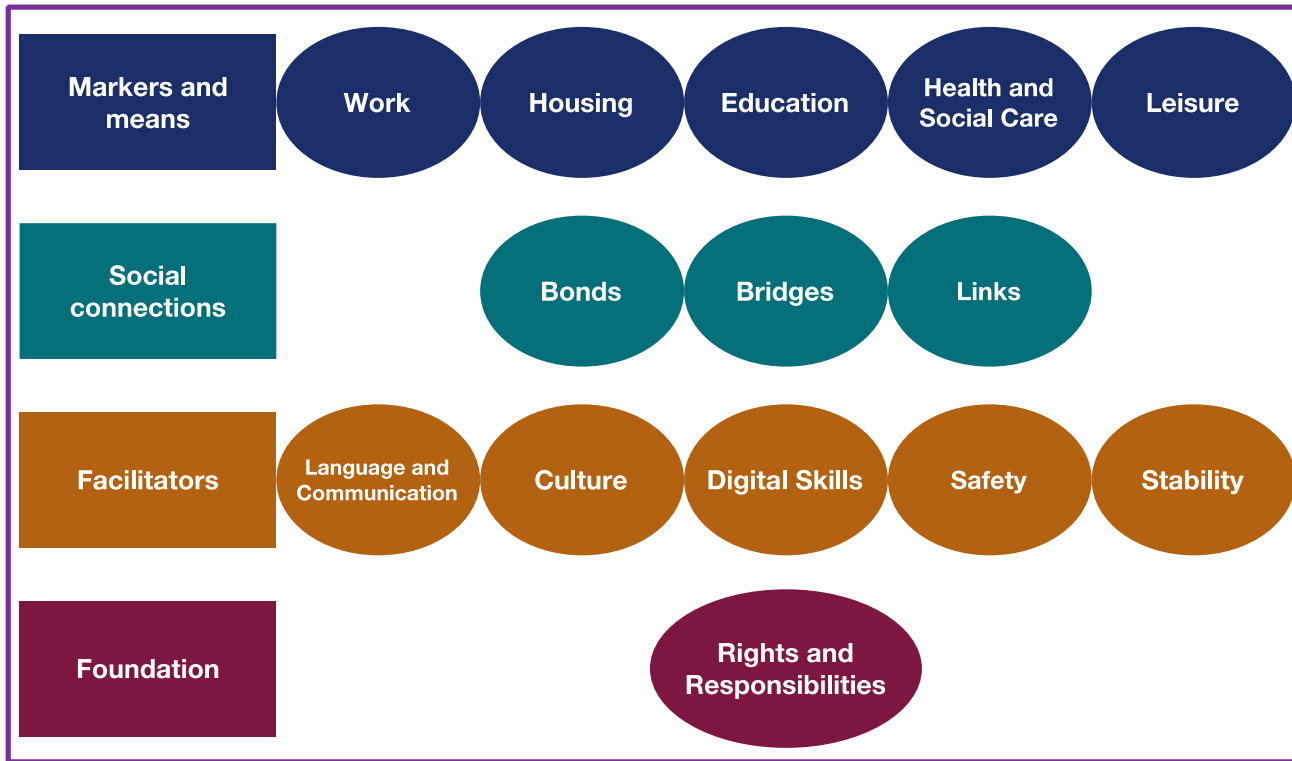
*“You know creating a community among other migrants (...) really re-instils what they have lost. So yeah, I guess the sense of security really aids their recovery, especially migrants with mental health issues.”*

**Links** existed between refugees and asylum seekers to organisations.

- Organisations recognised their role in fostering *bonds* and their limited success to build *bridges* into the wider British society
- **Linking activities:** building confidence; support with navigating asylum, welfare, health systems; upskilling; material/financial support

**Bridges** into the wider community developed over time

- + Crucial for rebuilding one's life and support systems
- + Opportunity for “giving back”
- + Positive for belonging, wellbeing and mental health
- Discrimination and language barriers made building bridges difficult



Markers/means  
and facilitators  
of integration

# *Employment*

- Asylum seekers lacked right to work
  - Refugees experienced exclusion
    - Prejudice and discrimination
    - Language barriers
    - Not having certificates/diplomas recognized
- ↓
- Poor quality of life - living in poverty - feelings of disempowerment and depression
  - Those who worked
    - felt empowered and had better mental health
    - had greater stability
    - considered themselves better integrated
    - tried to give back to the communities

**LIFT THE BAN:**  
**WHY GIVING PEOPLE**  
**SEEKING ASYLUM**  
**THE RIGHT TO WORK**  
**IS COMMON SENSE**





# *Education*

- Differential experiences based on age and gender
  - Younger age was a facilitator to accessing education (e.g., automatic school enrollment)
  - Older people struggled to access education due to language barriers and ageism
  - Women faced barriers due to discrimination experienced in home country, cultural norms, lack of confidence
- Barriers to accessing further education
  - Language barriers
  - Digital exclusion
  - Competitive funding schemes



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**Education as buffer for mental health problems**

# *Living conditions and Housing*

- Dispersal policies force asylum seekers to frequently move
- Inhumane accommodation
- Unsafe accommodation especially for women

*"I once had an Eritrean girl say to me, 'I was safer in Eritrea than I am in my house in Hammersmith somewhere.' So, I mean there's got to be a safe space for them to just put their head down at night and not to wake up, afraid and threatened."*



# *Health and social care*

- Health and social care to be holistic and multi-layered to **address social determinants of health**
- Most organisations unable to offer holistic support BUT have **referral** system in place
- **Barriers** to mental health care
  - Difficult to navigate health system
  - Shame, stigma
  - Lack of trust and fear confidentiality might be breached
  - Fear of deportation
  - Language barriers and lack of translators



# Beyond integration: Thriving

- Thriving: people fulfilling their aspirations and dreams, having agency, reaching their potential, and leading the lives they valued
- Inner strength to move forward and meet external opportunities and impact on the world
- Interrelational experience and reciprocal process
- Difficult to achieve in an anti-immigration environment
  - “it’s so challenging and with the hostile environment and with the way the Home Office immigration and asylum process works, it’s very, very difficult and very challenging to be able to thrive.”*

*“It is knowing that you have the internal resources and confidence and that they meet external opportunities and there’s that sort of magic moment where it’s like wow I have done something that has impact.”*

*“And then being given opportunities to achieve your aspirations and to have people to support you along the way. And to be able to support others as well through that process. I think it’s also about the environment that you’re in, whether you know to be able to live in a place where it’s not a squalid (...) and you are looked after and have access to parks and greenery you know (...) and you have the opportunity to travel and move around.”*





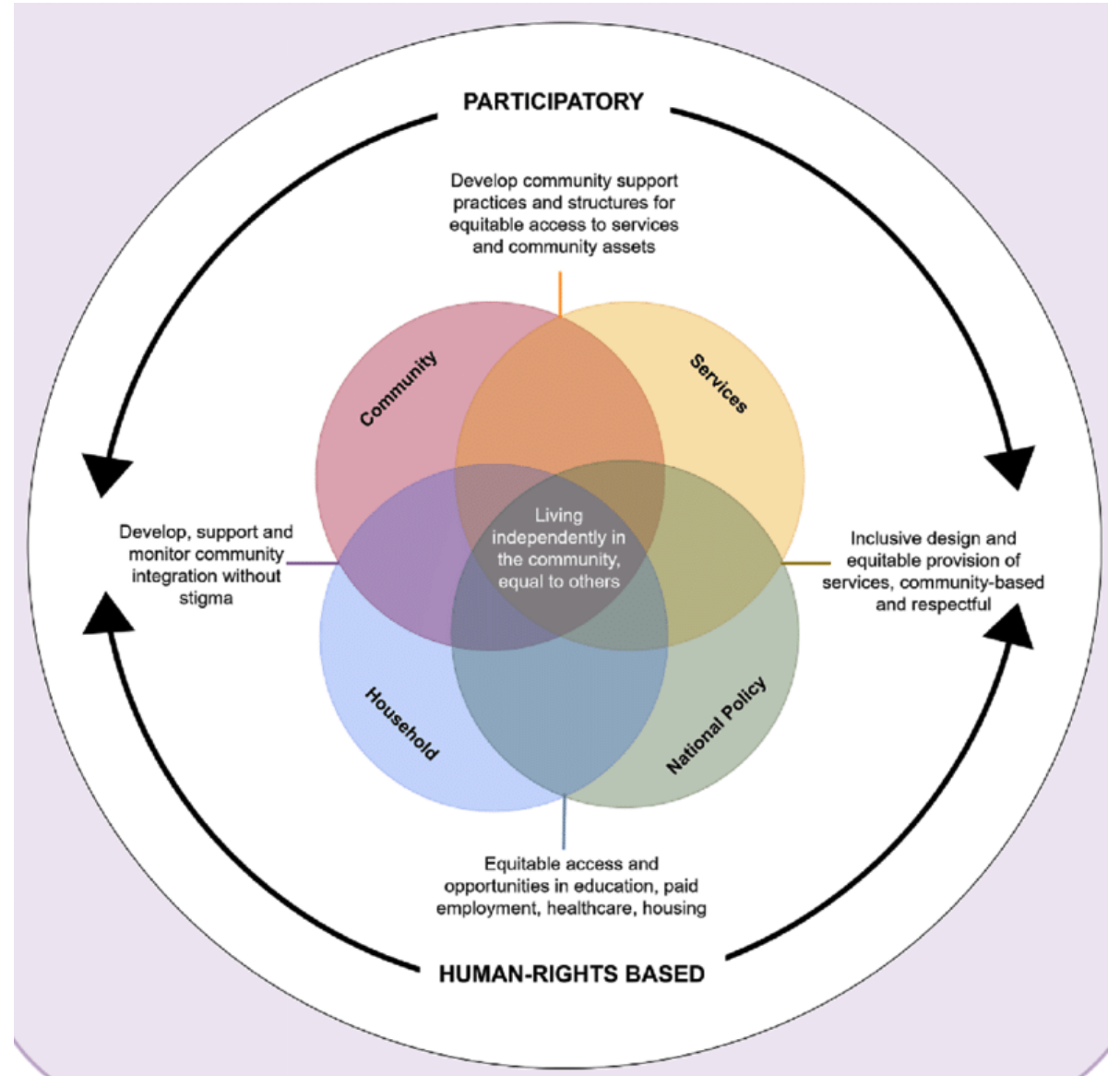
## 4- Conclusion



- Political determinants underlie refugee integration, thriving and mental health
- UK is far from achieving integration in any meaningful way
  - Lack of basic rights and entitlements
  - Lack of basic safety and security
  - Lack of facilitators and support
  - Over-reliance on under-funded charitable organisations to fill gaps
- Ensuring a good life that allows people to thrive and have good mental health requires tackling 'systems of oppression' (Hatch, 2023)

# Way forward

- Addressing structural inequalities and systemic injustice and oppression to impact on social determinants of health
- Whole-of-Society approach to integration, thriving and mental health



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# Thank you!

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