

Research Paper

Understanding the mental health consequences of state, legal, diaspora, and charity support for sanctuary seekers

Sohail Jannesari^{1,2*} and Sian Oram¹

¹ Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; ² School of Public Health, Imperial College London, London, UK

* Corresponding author: Sohail Jannesari, Sohail.Jannesari@kcl.ac.uk

Post-migration factors such as unemployment and discrimination are associated with negative mental health outcomes in people seeking sanctuary. State, legal, diaspora, and charity support can help, but can inadvertently victimise, medicalise, and stereotype sanctuary seekers. We use a critical public health lens and postcolonial theory to explore this support, drawing on 38 interviews with Iranian and Afghan sanctuary seekers, charity workers and diaspora members in the United Kingdom. We identify four themes: 1) 'worthlessness in the eyes of the state'; 2) 'the legal push for medicalisation'; 3) 'a muted diaspora welcome' and 4) 'controlled charity spaces'. We argue that the meagreness of government support reinforces the public image of sanctuary seekers as parasitic and that institutional medicalisation of legal support undermines clients' trust in lawyers. Diaspora networks, for many, provided a muted welcome at best, and at worst, exploitation. Charities struggled to provide spaces to form alternative social networks, but when they did, sanctuary seekers were often able to create cross-national communities of support. We urge governments to ensure the right to work, and charities to offer more opportunities for skill-building through paid or voluntary roles. We call also on lawyers to adopt cultural humility practices, and charities to facilitate the creation of sanctuary seeking communities.

Introduction

Post-migration experiences of sanctuary seeking involve significant mental health challenges, many of which are rooted in the social environment. These challenges arise from factors such as unemployment, limited access to healthcare, inadequate housing, and discrimination (Jannesari et al. 2020a, Giacco 2019). These factors, in turn, have been further aggravated by increasingly stringent asylum policies. In 2012, the United Kingdom (UK) introduced 'hostile environment' immigration policies to force people to leave and deter potential new arrivals. Changes included restricting access to healthcare, banking, work, and housing (Liberty 2019). Other high-income countries have embarked on a similar tranche of anti-immigration policies that target in-country support and migrants' rights, such as the "Stop Soros law" in Hungary, and the Security Decrees in Italy (Papaioannou 2019). High-income countries have also sought

to deport asylum seekers to lower-income third countries or to process their claims offshore. Australia, for instance, sends people seeking asylum to Papua New Guinea and Nauru for processing and potential settlement. Overall, the sociopolitical situation of asylum applicants, refugees, refused asylum applicants and undocumented people is becoming increasingly precarious. We refer to this broad group as sanctuary seekers, defined as individuals who have left their country and are asking another country for safety and residence (Jannesari et al. 2020b).

This paper focuses on mental health because of the profound psychological harm caused by the continual worldwide stream of anti-migrant policies, which are associated with chronic uncertainty, social isolation and a lack of rights. However, we acknowledge the intricate link between mental and physical health, and support calls for holistic health considerations when working with sanctuary seekers (e.g., Dransfield & Clark 2018). In focussing on mental health, we seek to recognise the challenges people face while avoiding an oversimplification of their experiences as pathological. We, therefore, try to avoid the use of generalising, deficit-based terms such as ‘trauma’ and ‘PTSD’. These terms overlook the diversity of individual experiences and reflect a colonial legacy of denigrating and infantilising non-Western minds. We see sanctuary seekers as resilient survivors rather than perpetual victims. Our approach follows inclusive mental health models (e.g., from the WHO 2023) that encompass community support, security, stigma reduction, and improving services.

Sanctuary seekers rely on various forms of support to navigate the psychosocial challenges they face in host countries. This support can often be double-edged. While trying to deter the arrival of sanctuary seekers, states also provide them with health services, accommodation, and financial support. For example, UK asylum seekers can access healthcare services and free medical prescriptions, accommodation, legal aid, and limited financial benefits. Support also comes from charitable organisations; sanctuary seekers often depend on charities for necessities such as food, accommodation, and healthcare. However, charities have been complicit in targeting vulnerable people for border enforcement (Taylor 2019). Diaspora communities, formed of co-nationals who have been part of earlier migrations, can provide a wealth of economic, social, and cultural support, including by running migrant charities. However, they can also perpetuate harmful practices and attitudes from the places sanctuary seekers fled, for instance around female genital mutilation (e.g. House of Commons 2014). Finally, lawyers provide sanctuary seekers a range of support, most critically obtaining people refugee status so that they can live and work in the UK. Yet, lawyers are not always benevolent. Low quality, disreputable immigration lawyers have proliferated, and "rogue solicitors" exploit vulnerable migrants, offering fake advice and charging exorbitant fees for applications that have no chance of success (Johnston 2022). Even among ethical lawyers providing high-quality legal advice, business interests must be balanced against client needs.

While state, legal, diaspora and charity actors clearly fulfil different roles in the asylum system, they do not operate independently from one another. Instead, they interact and collectively create the asylum system. Consequently, we argue, structural violence such as the hostile environment policies, affect not only sanctuary seekers but also infiltrate the actions and support provided by these actors. Accordingly, these actions of support may simultaneously inflict or perpetuate harm. By exposing these dualisms, our paper aims to provide a nuanced understanding of the asylum system's complex and multifaceted nature, particularly in relation to its impact on the mental health of asylum seekers.

We also propose strategies to mitigate observed negative impacts. To achieve this, we adopt a critical public health lens that prioritises health equity, acknowledges the influence of sociopolitical structures on health, and considers the historical context of health inequalities (Schrecker 2022). Accordingly, we examine how structural factors, power dynamics, and systemic injustices affect the mental health experiences of sanctuary seekers while they receive support. We use postcolonial theory to address the historical context of health inequities. Postcolonialism provides insights into experiences shaped through segregation, exploitation, military and cultural subjugation, and the white supremacist nature of colonial thinking (Fanon 1961). It is relevant to sanctuary seeking as Western interior ministries wield power over the lives – and deaths – of asylum applicants, often from countries where racialised

global majorities reside. In this paper, we follow Fanon's assertion (1961) of colonialism as inseparable from racialisation. Relatedly, we draw on Said's (1979) concept of orientalism as a Western cultural framework that constructs the 'Orient' (primarily the Middle East, North Africa, and Asia) as homogeneous, exotic, and inferior, and a system of knowledge production used to assert Western superiority and justify colonialism.

In taking a critical public health perspective, we draw on the concept of victimisation. Victimisation reduces sanctuary seekers to their suffering, erasing their histories, agency and resourcefulness, and identities (Malkki 1996). Using the example of humanitarian work with Hutu refugees living in Tanzania, Malkki argues that international aid organisations create 'exemplary victims'; people who appeared as 'tragic, and sometimes repulsive, figure[s] who could be deciphered and healed only by professionals' (p384). This process helps charities mobilise support, justify their existence and target assistance. Following Schrecker (2022), we also examine the potentially harmful impacts of medicalisation. Medicalisation is 'the process by which an increasing range of conditions and life experiences are defined, understood, and managed using medical or medically-related expertise' (Thomas 2021, p23). Medicalisation can be interactional, where a practitioner redefines social issues as medical ones (e.g., feelings of being trapped in the asylum process bureaucracy are diagnosed as depression); institutional, where medical authority extends to institutions beyond the healthcare system (e.g., psychiatric evaluations as part of building a legal case for asylum); or conceptual, where medical language is used to describe non-medical issues (e.g., referring to cultural integration challenges as 'acculturation syndrome') (Conrad 2007).

Methods

Study Design

We conducted a qualitative study, comprising in-depth and walking interviews with Iranians and Afghans. Ethics approval was obtained from the King's College London Psychiatry, Nursing and Midwifery Research Ethics Committee (reference: HR-17/18-5387).

Study Period and Context

Interviews were conducted between April 2019 and January 2020. Although during this time much of the public debate on immigration was focused on the UK's exit from the European Union, the then Home Secretary also pledged to halve the number of small boats carrying sanctuary seekers across the English Channel, including by using the military to intercept vessels (Taylor 2021). Iranian nationals made up the largest group of asylum seekers in 2019, with Afghan nationals in the top five (Home Office 2023).

Study Participants and Recruitment

Interviews were conducted with people who had sought asylum (current, refused, or accepted), legal and charity practitioners who worked with sanctuary seekers, and people self-identifying as members of the Iranian and Afghan diaspora. Common inclusion criteria were that participants were 18 years or older, able to speak English, Persian, or Dari, and able to give informed consent. Exclusion criteria were being unable to give informed consent or being currently held in detention. Additionally, current or former asylum seekers had to have been born in Iran or Afghanistan, practitioners had to work or volunteer for a non-profit migration organisation that worked with Iranians and/or Afghans, and community members had to self-identify as part of the Iranian or Afghan diaspora. All participants were recruited through

London-based migration organisations (charities and diaspora community groups) that SJ worked with during a previous ethnographic study (Jannesari 2022).

Thirty-eight interviews were conducted: 35 in-depth interviews and three walking interviews. Of these, 13 were with people who had sought asylum (current, refused and accepted); 3 with people working in immigration law who had Iranians/Afghans clients; 2 with medical professionals who had Iranian/Afghan patients; 8 with migration charity practitioners who worked with Iranians/Afghans; and 9 with Iranian and Afghan community members. In practice, participant categories were fluid, and people drew on multiple facets of their identities in their interviews

Data Collection and Analysis

All interviews were conducted by SJ in either Persian/Dari or English and without a translator. In-depth interviews were conducted face-to-face or over the phone, lasting about one hour. Walking interviews lasted two hours, revealing how space shaped support experiences (e.g., how the drop-in centre queue affected feelings of self-worth) and prompted space-based memories that may otherwise have been forgotten. The route was chosen by participants and related to their experience of the asylum process. All interviews discussed how the asylum process affected people's mental health. Discussion guides differed slightly for each category of interviewee; while questions for community members focussed more on stigma and cultural definitions of mental health, those for practitioners focussed on services offered and access to this support, and those for sanctuary seekers looked at people's asylum process experience. All interviews were recorded using a digital recorder and were conducted between April 2019 and January 2020. Recordings were translated, transcribed, and anonymised by the lead author and two professional transcribers.

NVivo 12 software was used to aid analysis. Reflexive thematic analysis was used to analyse interview transcripts, following the seven guideline steps outlined by Braun and Clarke (2006). Open coding was initially conducted on five randomly selected transcripts. The remaining 35 transcripts were coded with reference to these existing codes, adjusting, adding, deleting, and merging codes where appropriate. These codes were grouped based on subject similarity producing descriptive emerging themes and, through discussion with co-authors, developed into conceptual themes. Participant quotes are provided to illustrate themes; all names and identifying information have been changed to ensure anonymity.

Results

Analysis generated four key themes relating to the actions of four actors involved in providing sanctuary seeker support; the state, legal organisations and lawyers, the diaspora, and charities. The themes are: 1) 'worthlessness in the eyes of the state'; 2) 'the legal push for medicalisation'; 3) 'a muted diaspora welcome' and 4) 'controlled charity spaces'. Participants felt that the state begrudged the support provided to sanctuary seekers and viewed them as 'frauds' and 'parasites'. This culture of disbelief contributed to the medicalisation of the legal process wherein diagnoses of mental health problems were used to substantiate people's claims for asylum. In the face of limited state support, people turned to the diaspora and to charities. However, although diaspora members provided practical support, political and emotional solidarity was often lacking. Similarly, while helpful, the support provided by charities was often tightly controlled and did not include the provision of informal social spaces in which sanctuary seekers could develop independent social networks. When they did, however, cross-national communities formed that provided the holistic support and belonging people sought. Though each stakeholder is discussed separately, there is significant overlap and interaction between both actors and themes. For instance, several of our participants were diaspora members who came here as refugees and then began

an immigration charity providing services through government grants. Such dynamic interaction between stakeholders characterises the asylum system and means that even well-meaning efforts can bear the taint of anti-migration structures.

Worthlessness in the Eyes of the State

Most sanctuary seekers in the UK do not have the right to work. The state, therefore, provides sanctuary seekers with accommodation, healthcare, and financial support. At the time of data collection, financial support amounted to approximately £35/week for a single person. This is occasionally supplemented by in-kind contributions from local statutory services. While financial support was practically useful, for many interviewees, this meagre amount meant having to choose between necessities such as food, transport, and using their mobile phone. It also induced psychological harm by making people feel worthless and ashamed. People viewed the support they received as an indicator of their worth in the eyes of the state. They concluded that the state considered them unworthy of the humanising aspects of life such as going out, buying gifts, or staying connected with family.

But if you stay at home in your room without TV, without nothing, so what are you going to do? Only you are thinking, thinking, thinking. Even if you don't want, you are thinking, thinking. (Hossein, an Iranian recently granted asylum)

Maybe someone wants to get themselves a present, to buy a food which they like, they can't do anything with £35... 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)

By depriving sanctuary seekers of the means to engage in activities that could alleviate the stress of their precarious legal situation, the meagreness of financial support contributed to social isolation and trapped them in a cycle of negative thoughts.

Meagre state support contributed to the social exclusion of sanctuary seekers, shaping their perception of urban spaces as ephemeral and isolating. The financial poverty people lived in meant that many spaces such as restaurants, bars, and coffee shops were off-limits. This socioeconomic exclusion influenced how sanctuary seekers interacted with urban spaces, rendering iconic landmarks distant mirages. Instead, their experiences of London were centred on reporting centres, charity offices, and their walks to a friend's National Asylum Support Service accommodation. Sanctuary seekers were often pushed towards quiet, free spaces such as libraries, parks, and churches, which only amplified their social isolation, leading to feelings of hopelessness and of being trapped.

Staying inside is like prison... because you have no choice what to do... When you want to go somewhere, when you don't have money, you can't go... [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. (Hossein, an Iranian recently granted asylum)

Can someone be in London for three years and not have seen this place [said as we passed the Tower of London during the walking interview]?... 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)

Participants noted that the insufficiency of state support created desperation for what little support was available. This, in turn, reinforced a public narrative that portrayed sanctuary seekers as parasitic and aligned with orientalist stereotypes that depicted sanctuary seekers as lazy, untrustworthy and in constant need of assistance. Such a framing clashed with people's perceptions of themselves as independent,

entrepreneurial, and hardworking, and with their strong desire to contribute to society. It undermined their self-esteem and led some to conceal their sanctuary seeker background.

A lot of people I know, they prefer to introduce themselves as migrants instead of 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... 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)

Participants also described how the inadequacy of state support meant that they were consistently at risk of exploitation. In the search for an income, sanctuary seekers turned to illegal labour markets where they worked for low wages, and in poor, precarious conditions, likening some illegal work to slavery.

There was a gender difference in how the parasitic stereotype was received as well as how its associated identity was understood. Men felt like they lost their roles as providers for their family, while women found it challenging to emotionally support their children due to the overwhelming demands of the asylum process.

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)

Paradoxically, the availability of this limited financial support also made sanctuary seekers feel as if they were frauds exploiting the state. On the one hand, interviewees needed assistance and knew that they were legally entitled to it. On the other hand, the perceived reticence of government support and the framing of sanctuary seekers as parasites in public narratives, may have led to sanctuary seekers feeling a sense of guilt or fraudulence for relying on state support. This created a feeling of being subhuman and second-class, reinforcing the colonial dynamic of the asylum application process.

The Legal Push for Medicalisation

Lawyers provide critical support, including obtaining sanctuary seekers refugee status so that they can live and work in the UK, stopping deportations to countries where people's lives may be at risk, and releasing people from detention centres where their mental health may deteriorate. Legal practitioners accepted, and valued highly, medical expertise in mental health to bolster their client's legitimacy. They encouraged sanctuary seekers to obtain mental health diagnoses as evidence for their asylum claims, even when societal and diaspora stigma made people hesitant to do so. The diagnostic process usually took the form of a one-off assessment from a mental health professional with expertise working with asylum seekers and refugees, but could also include referrals to a General Practitioner (GP) and prescriptions.

You just have to explain [to resistant clients that the mental health report] is going to help the case... I would encourage [clients] to make sure they get to GP appointments, make sure that I get them the relevant evidence. (Jacob, a lawyer working with Afghan asylum applicants)

There was lots of time we used to get [mental health evidence for] ... the torture they had been subjected to... We would send them to a psychologist and psychotherapist to be assessed. (Shirin, an Iranian immigration lawyer)

Legal practitioners prioritised one-off private/pro-bono assessments from psychiatric professionals to support people's asylum case. These assessments often offered no follow-up provision and did not support people's long-term mental health. More sustainable, culturally appropriate therapies and psychosocial support could have resulted if people were referred to their GP or a mental health charity.

There was lots of time we used to get this [people with mental health issues], either the torture they had been subjected to, so you would send them to the Victim of Torture [organisation]. That they would assess them, and sometimes we would send them to a psychologist and psychotherapist to be assessed. (Shirin, an Iranian immigration lawyer)

The medicalised understanding of mental health as evidence often conflicted with sanctuary seekers' personal and cultural conceptions of mental health and may have affected people's access to appropriate mental health treatment. Sanctuary seekers were incentivised to distort their reality and exaggerate their experiences, and to accept Western understandings of their mental health experiences to advance their case. Among many sanctuary seeker and diaspora participants, mental health diagnoses were perceived as a sign of weakness to be overcome, and it was implied that accepting a psychiatric framing of one's mental health problems equated to accepting failure and giving up on the asylum journey. Ultimately, therefore, a mental health diagnosis could backfire by making people feel like they had already failed, potentially undermining their agency and determination to win their case.

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)

[There are a] group of refugees, who unfortunately are very many... who lose everything when they come here. Emotionally, spiritually - all the abilities that an adult has... they don't try to change their situation in any way or try to think about the future at all. (Azar, an Iranian diaspora member recently granted asylum)

Eventually however, for a few sanctuary seekers, their mental health diagnoses became an integral part of their story. The language of diagnoses helped them express their frustration and anger, hope and hopelessness, suffering and resistance during the asylum process. For others, such language replaced non-medical ways of describing their experiences and conversations that revolved around interviewees trying to prove the extent of their mental health problems, in terms that sometimes felt dispassionate and numb.

After I was separated from the children, [I had] eight months in that house [government outsourced accommodation]... the person in charge of that house would come and check me, [because] I was ill... 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)

In Liverpool 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 Muted Diaspora Welcome

Asylum applicants also relied on informal, in-kind support from the diaspora. Both the Iranian and Afghan communities offered practical assistance, such as food and temporary housing. Members of these diaspora groups were generally good at directing newcomers to groups and charities that help sanctuary seekers navigate the asylum process.

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)

The diaspora also provided people seeking sanctuary informal volunteering opportunities, often assisting other sanctuary seekers. This helped counter stereotypes of sanctuary seekers as parasites. Volunteering provided sanctuary seekers with a chance to align their activities with their perception of themselves as responsible contributors. It also allowed them to maintain professional or social identities they had before migrating and reduced the feeling of having to start their lives totally anew.

I used to help seven to ten Afghans 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)

However, there was a limit to diaspora support. For Iranians in particular, there was a lack of emotional and political solidarity for new arrivals seeking sanctuary. This response was unexpected for many sanctuary seekers and even more damaging because of it. There was a sense of betrayal in one of the key places people hoped to find support.

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... 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)

For both nationalities, diaspora support often came with a social cost, and some sanctuary seekers felt that diaspora members judged them. This judgemental attitude was evident in interviews with established diaspora members. They suggested that the reasons given by more recent arrivals for fleeing to the UK were less convincing compared to their own. Other points of judgement included a perceived unwillingness of new arrivals to adapt to UK cultural norms.

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)

[New arrivals] 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)

There was a transactional nature to diaspora support that could lead to exploitation. For instance, one participant described how a diaspora member, who had supported her with accommodation and information, attempted to rape her. There may have been a particular risk for women, as well as people who had only recently arrived in the UK and did not know about charity support or their legal rights.

[The Iranian I went to for housing and information on the asylum system 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)

Controlled Charity Spaces

Charities played a pivotal role in providing sanctuary seeker support services, plugging the gaps left by limited state support. They provided an extensive range of holistic services above and beyond the mainstays of immigration advice, housing support and basic necessities. These included psychosocial activities such as gardening and yoga. Many organisations also recognised the mental health challenges sanctuary seekers faced and produced programmes directly on this.

The reason why we exist and the reason we continue to service this particular community is because... how we believe there are gaps in services. For organisations and mainstream liberal government services. What we've found with, with our particular community is that it, they take time to develop trust ... and often other services don't provide that prolonged holistic support. (Sitra, an Afghan working at a charity)

We have a holistic model of support for people who are isolated, we have a lot of programmes. We have women's group, men's group, gardening project, workshops, counselling... we can encourage clients to think about the level of their own mental health through psychosocial activities. (Farnaz, an Afghan working at a charity)

However, charity workers and services could sometimes adopt victimising narratives, which may have unintentionally undermined the autonomy of those they sought to help. Some had an exaggerated sense of responsibility for solving others' problems and portrayed sanctuary seekers as helpless individuals in need of rescue. This could lead to patronising attitudes that undermined wellbeing support by placing the needs of charity workers, rather than sanctuary seekers, at the heart of services, and reinforcing negative public perceptions of them as lacking agency and being a burden on the state.

The work is very very interesting, it's very engaging; you get a chance to challenge and fight against an organisation that's committing...well, evil. And also you get to help people and you get the feeling of reward knowing that you've helped someone, vulnerable people when they have had no one else and you're able to interfere and make a difference to their lives. (Ramona, an Iranian working at a charity)

Homeless and without benefits, no right to work and the dreams they had in their minds about being abroad were very different to the realities they were faced. This led to hunger and loneliness, poverty, lack of friends, lack of right to work, lack of friends, lack of employable skills, and all of these problems ruined the world of their dreams. This leads to a big defeat in their lives. My heart is so much with helping people. (Nava, an Iranian working with migrant charities)

While charities, overall, played a pivotal role in providing psychosocial support for sanctuary seeker they faced practical limitations. For instance, it was difficult for charities to provide consistent and familiar inclusive spaces for sanctuary seekers as financial struggles led to frequent changes in premises. This made it difficult for sanctuary seekers to find safe spaces to recover from potentially difficult pre-migration experiences associated with the circumstances of their flight. The lack of informal social spaces in charities' premises limited the opportunities for people to build independent social networks. While some charity staff acknowledged the desire for more social spaces, their limited capacity and resources made it challenging to fulfil this need.

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 friendly support... We are hoping to move into 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. (Sitra, an Afghan working at a charity)

The lack of an informal social space sometimes related to charity programming and practice on how services were delivered. Even when charities offered social activities, they often did so in a controlled way, with pre-planned drop-in sessions, programmes, or events. These activities typically had a psychosocial goal, potentially suggestive of an institutional medicalisation of the charitable as well as legal sector. Some organisations operated with the paternalistic presumption that the charity knew what people needed even if people themselves did not. However, it is important to note that some charities were more user-led in designing services.

There's also a lot of people with mental but not physical problems. So, we decided we should put workshops on and we were the first in Iranian group in London to run mental health workshops... we'd say [call them] self-knowledge or psychology workshops. (Aylan, an Iranian working at a charity)

I think one of the things that they made were in control of and that they made a decision on, was the ESOL [English as a second language] sessions, because that wasn't something that we initially thought that we needed to provide because there are a couple of colleges that offer ESOL. But it appeared to be very popular demand among the newer participants that they wanted more ESOL, because maybe it was specific topics that needed to be discussed. (Marzieh, and Iranian working at a charity)

When charities could provide informal social spaces, however, they played a crucial role in fostering sanctuary seeking communities, uniting people from differing nationalities and countering the often-transactional nature of diaspora support. These communities reflected internationalist views and identities, manifesting the safety and welcome sanctuary seekers had hoped for upon arriving in the UK.

I started the charity work... 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)

I believed in a global community... It has no meaning saying I'm Afghani, I'm Iranian, I'm English... I've had the same amount of interactions with all of the different nationalities than I have had with my fellow countrypeople. (Najib, an Afghan diaspora member who claimed asylum many years ago)

Sanctuary seeking communities included not only people going through asylum and other immigration processes, but also those who supported them, such as charity workers, volunteers, lawyers, interpreters, university staff, and even politicians. These communities promoted diverse social connections and had the potential to challenge the harmful power hierarchies that could be present in charity and legal support. They appeared to have a positive effect on people's mental health by instilling a sense of agency and belonging.

I quickly found my feet, even though I hadn't received a response for my asylum application then... I found this [charity] through a friend... in a short time, I was able to meet the MP [redacted] and the Dean of the University [redacted]. I became friends with them and... I was able to help asylum seekers from different nationalities (Marzieh, an Iranian working at a charity)

Discussion

Sanctuary seekers' mental health is affected by postmigration factors such as access to healthcare, social networks, and working conditions (Jannesari et al. 2020a, Giacco 2019). In this paper, we explored how asylum support, including support provided by state, legal, diaspora and charity actors, can also impact mental health. We identified actions, both intended and unintended, which caused mental health harms, including depersonalisation, worthlessness, shame, identity loss, and low self-esteem.

The Hidden Mental Health Consequences of Sanctuary Seeker Support

For participants, meagre government support symbolised the low value attributed to those seeking sanctuary. It engendered feelings of worthlessness, dehumanisation and of being an ungrateful victim. The limited and apparently begrudged support was felt to be potentially more harmful than receiving no support at all. By pushing sanctuary seekers into the role of the ungrateful victim, it could lead to feelings of shame and self-blame, both linked to psychological distress in other contexts (e.g., Duncan & Cacciatore 2015). The state's reluctance to provide adequate support is part of the culture of disbelief, which permeates 'practices, structures, and power relations' (McFadyen 2019). This mindset often results in the presumption that the asylum applicant is being dishonest. While extensively documented during asylum interviews and immigration tribunals (McFadyen 2019), our findings demonstrate the mental health impacts this culture can have on people. Inadequate state support also left people vulnerable to labour and sexual exploitation. This tallies with anti-trafficking literature documenting the experiences of survivors who are claiming asylum (e.g., McNamara 2017). Labour and sexual exploitation can result in a litany of severe mental health consequences including anxiety, depression, and psychosis (e.g., Oram et al. 2012).

In the legal sphere, institutional medicalisation led to a conceptual medicalisation of sanctuary seeker experiences, negatively impacting mental health. Sanctuary seekers had to accept Western medical diagnoses to describe their experience. In the Iranian cultural understandings, in particular, this could be perceived by sanctuary seekers and the diaspora as an acceptance of failure in the asylum process. A postcolonial reading might link this feeling of failure with an acceptance of cultural inferiority. This resonates with Fanon's (1961) assertion that colonised people are compelled to conform to coloniser norms while being told that they can never attain them. Conceptual medicalisation might also foster self-orientalisation (Liu 2017), where people accept racial stereotypes, often with a victimising narrative, to access support and attain status. The medicalisation within legal support could undermine sanctuary seekers' agency and willingness to engage with the asylum process. This could be a mechanism contributing to the loss of will observed in some asylum applicants (e.g., Jannesari et al. 2019) and aligns with the notion of government control through the 'politics of exhaustion' (Rota et al. 2022) due to extended asylum process waiting times.

Diaspora networks provided practical support, such as food, housing and charity referrals but were less effective in offering emotional and political solidarity. Members of the Afghan and Iranian diaspora, including those that worked for charities, sometimes displayed judgmental or even anti-migrant attitudes. For example, that sanctuary seekers were a burden on society. This relates to Khosravi's (2018) findings with the Iranian-Swedish diaspora, where the diaspora saw newcomers as shameful and parasitic. Fanon's (1961) concept of the colonised intellectual is relevant. The colonised intellectual translates between coloniser and colonised, reframing colonial oppressions to align with coloniser worldviews. Correspondingly, some parts of the diaspora upheld and justified negative societal views of newcomers, potentially to position themselves advantageously in the host society's hierarchy.

Charities provided vital services to sanctuary seekers. However, a few charity workers took on the role of saviours, and this threatened to undermine people's sense of control. The role of saviour has colonial connotations, echoing the concept of the White Man's Burden that assumed racialised minorities

needed care from white people due to their helplessness. This concept, and our findings, relate to the power dynamics of ‘giving’ observed at drop-in centres. Drop-in centres provide sanctuary seekers with necessities, and in some cases legal advice and medical support, but can replace care with charity, eroding autonomy (Darling 2011). Relatedly, in their discussion of refugee experiences in Canada, El-Bialy and Mulay (2020) argue that the vulnerability narrative used by charities can be disempowering. Beyond the politics of care and vulnerability in charity settings, however, there has been limited research on the potential harms of sanctuary seeker support. This study is a first step in addressing a gap in the literature by analysing the role and motivation of charity workers, and how this relates to the wider asylum system.

Improving the support sanctuary seekers receive

We advocate for equal rights, work opportunities, and benefits for all sanctuary seekers, challenging the current tiered system dividing people into ever finer categories. Financial support from many Interior Ministries are below destitution levels (e.g., Hodali & Prange 2018), and countries such as the USA and UK place time and occupation-based limitations on the right to work. In the first instance, all interior ministries should increase asylum support to at least the destitution threshold and grant asylum applicants the immediate and unconditional right to work. Ultimately, however, all sanctuary seekers need the right to work, including people who are “undocumented”. Insufficient financial support and a lack of right to work not only exacerbates feelings of desperation among asylum seekers but also fuels a harmful public narrative that aligns with orientalist stereotypes, portraying them as dependent and untrustworthy, despite their self-perception as independent and eager to contribute to society. This situation, as noted by Mayblin et al. (2020), constitutes a form of necropolitics, where individuals are reduced to a state of mere survival, dampening any potential for resistance and subjecting them to slow violence.

In lieu of the right to work, volunteering at a charity or informally in diaspora communities can empower sanctuary seekers to take charge of their time and protect their mental health. Our findings echo previous research on the mental health benefits of volunteering for sanctuary seekers (e.g., Hoodfar 2007) and emphasise the value of such engagement. Charities should offer diverse and meaningful volunteering opportunities, employing co-mentoring approaches that prioritise mutual knowledge and learning, thus countering feelings of inferiority due to medicalisation and inadequate government support. Volunteering in sanctuary seeker-led and diaspora-led organisations may yield the strongest benefits due to reduced power imbalances. Further research in this area could be fruitful.

A critical public health perspective necessitates recognising sanctuary seekers’ resistance and resourcefulness, moving beyond the victimising narratives commonly experienced during support. Overcoming government restrictions through work or other means can be a way to survive and potentially even thrive. Charities should acknowledge and encourage acts of resistance, for instance when circumventing hostile environment restrictions on access to a bank account. In certain cases, this could extend to involvement in protest and migrant rights campaigning. Acts of resistance may not be in the interests of everyone, and charities should adopt a tailored approach. Additionally, charities can facilitate de facto paid labour through participation in research projects, volunteering bursary schemes, and informal donations to individuals. Charities could also organise knowledge-sharing workshops on the informal labour market, addressing both survival strategies and the risks of exploitation.

While much good is done by charity workers, diaspora members and lawyers, the overall situation is complex and sometimes contradictory. It is crucial to maintain a critical perspective, for instance, questioning the motives of lawyers and the reliability of the due process. This critical approach helps sanctuary seekers navigate the asylum process more effectively, reduces the risk of scams, holds charities accountable, and acknowledges that the interior ministry policies and culture affects all stakeholders in the asylum system. Charity workers and lawyers should avoid falling into saviourism by not assuming their inherent goodness and instead continually assess how they can resist systemic pressures. For example, they can design services that contrast with interior ministry practices, much like the Survivors’ Voices Charter that states that work with survivors of violence ‘needs to look unlike and be the opposite

of abuse' (Perôt et al. 2018). This could mean keeping initial appointments brief and focused on building trust. Services could also allow clients to lead the conversation and prioritise their concerns. Adopting trauma-informed approaches (Witkin & Robjant 2018) can help with this kinder, relational approach.

Relatedly, this study also found that the legal practice of leveraging mental health diagnoses in asylum claims, while bolstering the credibility of applications, can contribute to the victimisation of sanctuary seekers, undermine trust in the healthcare system, and marginalise non-medical expressions of suffering. This can negatively impact sanctuary seeker wellbeing, agency and self-perception. Lawyers should facilitate access to mental health care through trusted and verified pathways, aiming to support the healing and resilience of clients beyond the courtroom. This recommendation aligns with findings in recent literature highlighting the importance of trauma-informed legal practices for 'increased trust and safety, better attorney-client relationships, client empowerment, and improved representation in proceedings' (Webb et al. 2022, p1). Training in cultural humility might also improve legal practitioners' practice and relationships with their clients. Cultural humility emphasises the role of culture in shaping experiences and perspectives (Fisher-Bourne et al. 2015).

Cross-national sanctuary seeking communities may help foster feelings of belonging, facilitate the reclamation of identities lost to the migration process and provide safe spaces for recovery. Charities could support these communities by creating more informal social spaces. Considering resource pressures, it may be worth considering partnerships with local businesses, sharing community spaces with local residents, supporting sanctuary seeker self-organisation through peer support training, and by hosting online spaces. Refugees of all ages and nationalities are already familiar with online social networking and smartphone usage (e.g., Nikkhhah et al. 2020). Charities could play a useful role by providing the infrastructure for this, such as money for internet data, smartphones, digital inclusion lessons, as well as forum moderation. Engaging with sanctuary seekers to design these spaces is essential. This is not to say that diaspora support cannot continue to be a viable support option for sanctuary seekers, especially if judgmental attitudes are challenged. For example, a recent arts-based London-based project (Dehghan 2024) aimed to promote Iranian unity to support co-national survivors of torture. It culminated in a community exhibition that brought together established members of the diaspora and newcomers in solidarity with torture survivors.

Strengths and Limitations

In recruiting participants to our study, we benefitted from existing relationships with Iranian and Afghan organisations established during previous participatory research. We gained insights from a diverse range of asylum experiences, including individuals accepted many years ago, recently accepted, refused, and who currently had an ongoing case. However, we primarily spoke to Iranians and Afghans living in London, and experiences of support may differ for various nationalities and geographical locations. Our interviews were conducted before two major immigration laws (the UK Asylum and Policy and the Illegal Migration Act, and the Nationality and Borders Act) were passed in the UK, which may have negatively impacted the legal status and welfare entitlement of many sanctuary seekers, and therefore their experiences of support (e.g., Solomon 2023).

Walking interviews had the potential to yield insights on space and mental health. However, their effectiveness was constrained by limited participation, with only three interviewees choosing this method. This limitation stemmed in part from the need for increased trust between interviewees and the interviewer. Future studies might enhance participation by incorporating pre-interview meetings to establish trust. Finally, pre-migration and migration journey experiences are interpreted through post-migration experiences (Jannesari et al. 2019). This will, in turn, affect how people understand support services. For instance, due to ongoing distress, or a lack of trust. For this paper, pre-migration experiences and migration journeys were out of scope but future research could benefit by considering pre and post migration experiences together.

Conclusion

Our exploration of sanctuary seekers' experiences of receiving support has revealed profound but, often hidden, impacts on mental health. Findings underscore the need for a paradigm shift in how support is provided and received. By acknowledging the resilience of sanctuary seekers and moving beyond victimising narratives, a more empowering environment can be created. Key recommendations emerged: governments should increase the financial support provided to sanctuary seekers, charities should support sanctuary seekers to circumvent parts of the hostile environment and design services in opposition to the asylum process, and lawyers should adopt trauma-informed practices and undergo cultural humility training. The institutional medicalisation of sanctuary seekers' experiences should be avoided. Spaces for cross-national sanctuary seeker communities – both physical and online – should be fostered. Assistance for sanctuary seekers – whether state, legal, or charitable – must embrace principles of dignity, respect, and empowerment if it is to support positive mental health outcomes in their journey toward a new life.

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