

# "The life of Glasgow pigeons is more certain": *mental health and wellbeing amongst people navigating the asylum process*

## May 2023

This research was carried out as part of the Rights in Action project being conducted by the Poverty Alliance. Rights in Action is working with communities across Scotland to raise awareness of how human rights can be used as a tool in the fight against poverty, to increase their capacity to address human rights issues and create a supportive community of practice and to support participatory research projects on human rights issues in Scotland.

As part of Rights in Action, the Poverty Alliance have worked with a group of four community researchers with experience of the asylum system on a participatory research project examining experiences of mental health and wellbeing faced by asylum seekers in Scotland.

We would like to thank the participants who took part in this research for their time and for sharing their experiences and knowledge.

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## Overview

People seeking asylum are known to experience high rates of depression, anxiety and post-traumatic stress disorder<sup>1</sup>. This research is aimed at highlighting experiences of mental health and wellbeing of people who are - or who have - navigated the asylum process in the UK.

Utilizing a participatory research approach underpinned by a focus on human rights, this work explores the 'Right to Health' and looks at how the asylum process affects mental health and wellbeing. This research draws on interviews and photo data to highlight key themes and areas for change.

The findings of this research provide an overview of how the mental health and wellbeing of asylum seekers is greatly affected by the asylum system and highlight barriers that being part of this process puts in front of people. This will help inform advocacy efforts and shape the development of new policies to ensure the protection of the mental health of asylum seekers. The research will also identify gaps in existing policies, areas in which rights are not realised and provide recommendations for how to best support asylum seekers to experience better mental health and wellbeing.

## **The Rights in Action Project**

This research was conducted by four community researchers with experience of the asylum system, who live in Scotland. Over the past year the group has carried out research to highlight the hidden voices of asylum seekers and their experiences of mental health and wellbeing whilst navigating the asylum system.

This research was carried out as part of the Poverty Alliance's Rights in Action project, a three-year Inspiring Scotland funded project that aims to raise awareness of economic, social and cultural rights and support communities to use them to fight against poverty and injustice. Our research project began by focusing on understanding economic, social and cultural rights as defined by the International Covenant on Economic, Social and Cultural Rights (ICESCR). We identified mental health and wellbeing as a key issue which led us to our initial focus on the right to health. What became clear as we carried out our research was that all our rights are interconnected, and this is reflected in the range of topics and areas covered.

## **The Right to Health**

International human rights instruments acknowledge the fundamental human right to health. The Universal Declaration of Human Rights explicitly states that "*Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services.*"<sup>2</sup> Additionally, the International Covenant on Economic, Social and Cultural Rights includes Article 12, which specifically addresses the Right to Health. This article recognizes "*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*"

These instruments emphasise the significance of providing individuals and communities with the necessary conditions to attain good health. They recognise health as a fundamental right that encompasses both physical and mental wellbeing. By incorporating the right to health into these international agreements, the international community aims to ensure that individuals can lead a healthy and dignified life. These provisions establish a framework for governments and organisations to work towards improving public health systems, reducing health disparities, and promoting equitable access to healthcare services for all individuals, without discrimination. Governments play a crucial role in translating these rights into practical measures and policies that address healthcare needs. Furthermore, civil society organisations often work to hold governments accountable for fulfilling their obligations regarding the right to health.

*"Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity." UN Committee on Economic, Social and Cultural Rights<sup>3</sup>*

The United Kingdom formally ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1976.<sup>4</sup> By doing so, the UK made a commitment to ensure that all public institutions would uphold and fulfil the rights enshrined in this international legal instrument. The principles of non-discrimination and equality

underpin all human rights, including the right to health. This means that the state has an obligation to address the specific health challenges faced by groups who are furthest from right-realisation. This includes providing adequate support and healthcare services tailored to the needs of these groups.

By upholding the principles outlined in the ICESCR, the UK and Scottish Government has committed to ensuring that the right to health is respected, protected, and fulfilled for all.

*“All human rights are interdependent and interrelated. The fulfilment of one right often depends on the fulfilment of the others. Each one contributes to the realization of a person’s human dignity through the satisfaction of his or her developmental, physical, psychological and spiritual needs.... For instance, fulfilment of the right to health may depend, in certain circumstances, on fulfilment of the right to development, to education or to information” (UNFPA).<sup>5</sup>*

As a result, the emerging themes and recommendations from this research are not limited just to healthcare provision but reflect the expansive nature of the right to health and the interrelated and interdependent nature of the right to health.

Health inequalities and the social determinants of mental health influence and shape the experiences of those seeking asylum. Those seeking asylum are vulnerable to unfavourable social, economic, and environmental circumstances, which intersect with factors including gender, ethnicity and disability, and lesser access to protective resources.<sup>6</sup>

Asylum seekers within the UK face particular risks and challenges in supporting their mental health related to their pre migration experiences such as experiencing war and conflict as well as other post migration factors such as separation or loss of family and friends, experiences of the asylum process and other challenges such as isolation.<sup>7</sup>

Against the backdrop of a cost-of-living crisis, extreme poverty and destitution and an increasingly hostile environment towards those in the asylum process within immigration policy, this research clearly shows how the failure of the Scottish and UK Government to respect, protect and fulfil the rights of asylum seekers leads to people being unable to access their human right to health and incurring suffering.

We believe in showing compassion towards others, helping each other and protecting each other from harm. We share a moral responsibility to ensure that everyone in our country has a decent standard of living and we can redesign systems and support to ensure they work for all in our society.

### **How we carried out the research**

We began the research process by discussing the issues that are faced by people navigating the asylum system. This led us to developing an area of interest, mental health and wellbeing, and the following research questions:

- What do people need to support good mental health and wellbeing?
- What are the barriers to good mental health and wellbeing?

## **Training**

To expand our skills, we underwent training in human rights, research methods, data analysis, media training and policy. This was delivered by staff at the Poverty Alliance. Alongside we received research and pastoral support from Maryhill Integration Network.

## **Research design**

To understand the experiences of asylum seekers we carried out a mixed-methods study. This included interviews with six people with personal experience of the asylum system. Alongside the interviews we carried out a photo-data exercise. For this we asked participants, all who had experience of the asylum system, to take photos relating to the question 'what does mental health and wellbeing mean to you?', and to provide a title and caption if they wished. This was selected as it ensured control of the narrative rested within the community. This method was accessible and provided us with insights into the daily life experiences and perspectives of asylum seekers.

## **How did we reach people?**

In order to gain access to the community and participants we partnered with Maryhill Integration Network, where we presented our research plan. We also drew on our own existing networks.

## **Data analysis**

We analysed the photo data using thematic analysis, uncovering themes which we then used in to analyse our research interviews. The themes developed during this process into what you will see in the following sections.

## **What is mental health and wellbeing?**

Mental health and wellbeing are interlinked. The World Health Organisation (WHO) describes mental health as it as "*a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.*"<sup>8</sup>

We began our interviews by asking participants what mental health and wellbeing meant to them. The definitions provided offered insight into what people need and the pressures and barriers that undermine good mental health and wellbeing:

*"Mental health is like, feeling, okay? You have no pressure; you have no stress. So you just wake up, can do your things easily. You didn't think excessively about you know, other stuff, other issues. Nothing is distracting you. When you go out, you don't experience any negativity. Right? You feel free. There is not much restrictions on you."*

The sense of freedom was highlighted by another participant as being key:

*"Freedom. That's the word I can use for mental health and wellbeing. Not having any worries, you know? Even if you got worries, being able to find a solution and try to tackle a problem."*

Throughout the data, the desire of people navigating the asylum system to be able to contribute to wider community was repeated. This was linked by one participant:

*“Mental health is a state of mental well-being that enables people to cope with the stress of life... you know, people are in distress, they cope up with the stress of life, right, learn, learn well, and work well and contribute to their community.”*

## **Findings**

### **Theme 1: Mental Health Nourishment**

Mental health ‘nourishment’ emerged as a key theme in our report and was characterised by barriers faced in improving one’s own mental health and wellbeing, and the strategies employed and needed. Social contact was highlighted as crucial. This was experienced in maintaining and creating new friendships, attending social and cultural events and taking part in meaningful volunteering opportunities.

### **Volunteering**

*“Every day busy in voluntary work. So this is my daily routine habit. So this is kind of wellbeing.”*

Volunteering work was highlighted as providing a positive boost to mental health and wellbeing. There was a strong willingness to contribute to society, and participants did this overwhelmingly. Volunteering roles did not however always match the skills, or the area that one person wanted to work in. Furthermore, it did not fill the gap left by the restrictions imposed on the right to work.

### **Physical Health**

Participants reported the benefits of engaging in outdoor activities such as walking, cycling and organised hiking. When attending outdoor activity groups, participants highlighted the need to make sure that all equipment and transport is provided in order for people to be able to take part and realise the benefit. This was highlighted as a barrier to accessing spaces such as gyms, as the cost made it impossible. This is despite spaces that some participants currently access, such as higher education spaces, already having these facilities available. One participant described their enjoyment of taster sessions that were provided by university societies, but also the financial barriers that ensured they were not able to fully participate in student life:

*“At uni, they still charge for membership so I can’t join them because I’m on a limited budget. So if you pay here then you know you cannot survive... I did some taster sessions and it was really fun... I was able to blend in with everyone, you know have a laugh, enjoy my time.”*

### **Access to transport**

A key finding was that access to public transport is a significant barrier in engaging in activities to promote mental health and wellbeing. Central to this was access - or indeed the lack of access - to public transport. To access many activities that support mental health and wellbeing people have to travel. One participant said that they “didn’t engage in any outdoor activities” due in part to an inability to access transport.

Without adequate access to public transport, opportunities and activities cannot be enjoyed and this led to increases in loneliness and isolation. Furthermore, an inability to travel around the country - to see the place in which people now live - contributed to feelings of isolation and was a barrier to integration.

*“it is very expensive, train ticket is very expensive now, and the buses service is very expensive now.”*

Access to leisure and transport facilities would represent preventative social spending. As well as providing an increase in physical and mental wellbeing, it has the potential to reduce the need for access to primary health, and wider mental health services. Active transport was highlighted as being one area where positive impacts could be made, but one in which barriers persist.

*'Bikes for all, bikes for some'*



### **Access to ESOL classes**

One participant discussed their experience of volunteering as an ESOL tutor. This provided an opportunity to support other people who were navigating the asylum system, whilst also enabling the participant to contribute to wider society. For asylum seekers, it makes a massive difference to learn English and be able to speak confidently in varied contexts. Without English, people face barriers to participating in social events and integration becomes challenging. As a consequence, people's mental health and wellbeing begin to deteriorate.

## Strategies highlighted in the photo data

Participants in the photo data exercise documented strategies that they used to boost their mental health and wellbeing. These highlighted the value of access to art, sport and nature to promoting good mental health and wellbeing.

### *'My Hand Painted Art'*



*“Attached are the photos of some of my work which I enjoy doing. It helps me to relax, divert my tensions into colourful life. I like to play with colours. I am making bookmarks and greeting cards for friends and colleagues. Anything which I am creating myself is very important for my mental health. My children also like them and I believe it will be creating a good impact on their mental health as well.”*



*“I am a passionate player and my ball and bat means lot to me. Sports/Physical activity have a positive impact on my mental health it helps to improve my mood and decrease the stress level. Sports activities helps me to focus on everyday tasks.”*

## 'Long Walks'



*“Having long walks is like meditating for me because it clears my mind in many senses at least for a few hours. I don't do it so often, but I tried to take long walks on my own just going nowhere. Just breathing in the middle of the forest feels like a privilege.”*

## **Theme 2: Broken system/broken life**

The impact of navigating a system that was experienced as broken, created an environment which caused participants to feel broken themselves.

### **Housing**

People's experience of housing was symptomatic of a system that failed asylum seekers. Participants described being housed in often poor conditions alongside people who they often did not know prior to moving in. This lack of choice was compounded by a lack of accountability as housing organisations were not supportive and were themselves seen as a key contributor to poor mental health and wellbeing. For example, one participant described ways in which their housing providers have failed to respond to the issues they had with their flatmates, leaving them depressed, anxious and stressed:

*“They don't take housing really seriously, and this impacts my mental health...”*



### *'Death Trap Kitchen'*



### **Cost of living**

Participants highlighted the impact of the cost of living. The recent sharp increases were not met with the necessary increase in financial support and had added huge pressure to a financial situation that was already dire and inadequate. This added to feelings of not being in control, as by having no control over finances and being extremely limited in their ability to make money, people felt limited in their own ability to change their situation. Having limited or no right to work encouraged feelings of being insignificant, that asylum seekers were just a number and not a part of the community. For instance, asylum seekers reported feeling invisible as if they were “*practically non-existent*” as they were not allowed to work and had to rely on asylum support:

*“We know what is going on and the economic situation is skyrocketing.”*

### **Accessing health services for mental health support**

When participants attempted to realise their right to health, they reported encountering a number of barriers. Participants reported experiencing long waiting lists when attempting to access support from their GPs, which led participants to seek support elsewhere. Participants also highlighted that mental health support services provided by higher education institutions were more accessible. However, these were limited to a number of sessions, which once completed required people to re-join a waiting list for more support.

Experiences of the Home Office requesting medical information also contributed to fears that accessing healthcare may in itself impact on people's asylum applications. Whilst the participant who discussed this reported that their GP was transparent and supportive of them, this represents a possible hidden barrier to the realisation of the right to health.

*"... even the GP so once you get that appointment you try as much as possible to utilise it."*

### **Legal Support**

Legal support is central to the lives of asylum seekers and crucial to the maintenance of mental health and wellbeing. Participants experiences show that despite the importance of legal representation, that appointments were often difficult to access, which added stress and impacted on wellbeing. This was described as a system that was not always responsive to developments in people's asylum applications. For instance, participants described how they were required to attend multiple appointments to get their legal advice, or how they were not able to get timely appointments to discuss changes in their circumstances.

### **Delays in Home Office decision-making**

Navigating the asylum system consistently undermined people's efforts to maintain and improve their mental health and wellbeing. Participants spoke of the constant fear that they may be contacted with bad news regarding their asylum application or asylum support. This made any attempts to maintain or improve mental health and wellbeing precarious. One participant described how *"years of awaiting a decision from the Home Office is killing me slowly"*.

*'Glasgow pigeons'*



*'The life of Glasgow pigeons is more certain' 🙄*

### ***Lack of lived experience in the asylum process***

The Home Office was consistently viewed as a contributor to poor mental health and wellbeing amongst asylum seekers. A contributing factor to this was the lack of lived experience within the Home Office itself, that cases were being dealt with by people who simply did not understand what life was like for those experiences.

*“I don't feel they understand because they've never been in the asylum system. They do not understand how it is for someone, especially for myself who is alone, no support network, no family... If somebody has experienced something I feel they will be in a better position to understand your feelings.”*

### **Theme 3: Inclusion/Exclusion**

Inclusion and exclusion was a recurring theme in participants' experiences of mental health and wellbeing.

#### ***Sense of community and community integration***

Asylum seekers often arrive alone, or with few friends or family. They left their previous lives behind, their own networks, communities and support structures that people generally take for granted. Being involved in, and feeling part of, a community was highlighted as central to the integration and wellbeing of participants in this study. This was seen as being vital to combatting isolation. Where this was lacking it was seen to contribute to poor mental health and wellbeing.

The work of Maryhill Integration Network (MIN) was discussed as being a space where people were able to meet for social contact and peer support, but also a space where people navigating the asylum system could access advice and support for other areas that are vital to mental health and wellbeing such as housing:

*“I go to Maryhill Integration Network. And I made a couple of like, good, good friends, right. And then they help out a lot with you know, like, if I have any housing issues, for example. And they also introduce you to a lot of services around so in case like, you know, especially if you're new, and Glasgow, so they introduced me to a couple of places that I had no idea, they were really, really helpful.”*

#### ***The right to work***

Most asylum seekers do not have a full right to work. Participants discussed their desire to contribute to society and to regain power in their own lives. The restriction on work was characterised by a lack of clear information about what people were and were not allowed to do. This confusion was also experienced by people who had gained scholarships to study, and discussed the lack of clear guidance as to what the impact could be on existing support. This was seen as being evidence of a system that aimed to exclude, rather than include, asylum seekers.

### ***Lack of freedom and opportunity***

With having extremely limited funds, participants discussed feeling that their options to participate in society, and have choice, was extremely limited:

*“I live on under £45 a week, I can’t afford to buy a bus pass.”*

Even when opportunities emerged - such as education - barriers prevented people from full access. Transport again was considered key here, as accessing places that were not close by required using extremely limited funds.

### ***Theme 4: Mental Freedom***

Mental freedom emerged as a theme that was described as crucial to a sense of wellbeing. This was described as having the ability to choose where to go and be able to maintain and create new social circles. This, however, was often not realised by participants. This was due, in keeping with the other themes, to structural barriers described across other themes such as finances, access to transport, and opportunities to integrate:

### ***Freedom to choose where to go and what to do***

The freedom to choose where to go and what to do was highlighted as key to participants’ mental health and wellbeing. This was discussed in relation to a sense of freedom.

*“That liberty that freedom for me is just freedom. That’s the word I can use for mental health and wellbeing. That’s the word I can use for mental health and wellbeing. Not having any worries, you know, even if you got worries, being able to find a solution and try to tackle a problem.”*



*‘Edinburgh Castle reminds me of castles in my hometown Aleppo Syria. I feel so happy and positive walking around it.’*

### ***Sense of connection***

Participants discussed the importance of having a sense of connection. This was referred to often in relation to the ability to maintain a sense of connection to loved ones, and to be able to do this without restriction. Choice is key to this, and something that is lacking in many areas of life for people navigating the asylum system.

*“Keeping in contact with my friends...freedom I think that's probably that's the most important thing I think we can probably support.”*

*“Calling them travelling, travelling and probably meeting them somewhere, can be anywhere, in the in the pub in the city centre, in the street.”*

*“Having that possibility of freedom of going out meeting people, do what I want to do.”*

Living in a chaotic world or environment can be a huge struggle when our external environment has more power than our internal selves. Overthinking can be indicative of struggles, and that external thoughts dominate your inner peace. People navigating the asylum system experience complex issues, and an increased pressure from the society in general and the Home Office. This is a burden which has a negative impact on their physical health and their psychological freedom.

### ***‘Tranquillity’***



*‘The cat served as a therapeutic support. It provided comfort and companionship when I was feeling lonely and stressed. It brought joy to my life and reminded me there were still things to be thankful for.’*

## **Theme 5: Identity Crises**

Identity, and a belief that this was in crises, was another theme which emerged from the data. This referred to problems forging a positive identity due to the conditions and pressures that participants faced. This was seen as detrimental to participants' ability to maintain and improve their mental health and wellbeing.

### **Lack of access to the activities of life**

This theme referred to the impact that being part of the system had on participants' own sense of identity. This led to a feeling of identity crises, where the denial of involvement in the activities of life which contribute to people's sense of identity, work, social life, loved ones, education, were absent or more difficult.

*"Before fleeing persecution. I was doing fine. I was working before my life was threatened... I came into the UK, which I think it's one of the most advanced countries. And I do hold the firm conviction that seeking asylum is not a privilege, it's a right. A lot of the laws against asylum seekers, key is the right to work. I've stayed in this place for a while, and I cannot work. It's like I'm a guinea pig. It's like they are forcing me to become poor, it's like, they are making me to become useless, that I can do nothing by myself. Which for me that's not the way I want to be. I want to see myself as hardworking contributing."*

This experience of living a heavily confined and frozen life was further illustrated in narratives involving the feeling of being stuck and the fact that the only way forward was through the asylum process, making one's whole life dependent upon the decision on the asylum claim, and leaving few possibilities to take control of or have any influence over one's life situation.

Another aspect of the experience of a frozen life, shared by many of the participants, was that the resources and assets that used to constitute their sense of self had been lost or purely devalued; resources such as one's education, profession, belongings, networks, family, and above all their social status.

'One way'



## **Culture shock**

The shock of entering a new country with its own language, dialect, and culture experienced was discussed in interviews. This highlights the need for asylum seekers to be welcomed into the country and supported in their own and emerging identity.

*“To help any new Scots, you need to understand that the issue of these people, so trauma, shock, I mean, the shock or cultural shock, the barriers of the language and also the barriers of their culture.”*

Being an asylum seeker or a refugee is a challenging situation: people are struggling with past trauma related to their country of origin, often leaving family members behind, the troubles of escape, legal issues, physical and social difficulties in the receiving country, and an unsecured future. The culture shock can be exacerbated by challenges to traditional gender roles. Patriarchal cultural norms where men’s value is closely linked with their employment status was discussed:

*“To see myself as a non-productive man, it’s killing me slowly. See myself waiting for a bus for thirty or 40 minutes, and see myself having to live below five pounds sixty-three pence when the cost of the bus is five pounds is killing me slowly.”*

## **Feeling of not being useful (useless)**

Central once more was the restrictions on being able to work, which led to people feeling “useless” and trapped. In most cases, people seeking asylum are banned from working, and the negative impact of this, including damage to people’s mental health and their ability to move on and engaging with their communities. These challenges including prolonged uncertainty regarding the outcome of one’s asylum claim, prolonged feeling of insecurity and powerlessness, delays in processing the claim, constant fear of being returned to one’s country of origin, concern about family members back home, loneliness and boredom, unemployment, and limited access to services. This was experienced to the backdrop of a Home Office that participants felt disregarded the bravery and dignity of those forced to navigate the system:

*“What needs to be changed is the Home Office being more compassionate. It doesn’t have to get to a breaking point where people can no longer hold it within themselves... I feel like the Home Office needs to think about people’s mental health before they come here. It takes bravery and coming here, it reminds you of all the things you’re running away from again. It reminds you of the pain, it doesn’t heal, you’re here to heal.”*

## **Conclusion**

Human rights are a right, not a privilege. Sadly, this does not mean that all rights are realised. There are many barriers that people navigating the asylum system face in order to realise their right to health. Central to this is a lack of access to resources and wider societal life including adequate financial support, full access to healthcare, employment, social security, education, transport, adequate housing and leisure. These barriers are experienced due to the uncertainty and insecurity that comes from being part of the asylum process.

However, it does not have to be this way. This can all be changed if our duty bearers such as the Scottish and UK Governments, education providers and local authorities choose to. People seeking asylum have a strong desire to contribute more to society than they are currently allowed. There is a huge range of skills and experiences, and potential that is currently not being fully realised. This *can* change.

By acting upon the recommendations put forward in this report we can progress towards a Scotland where those navigating the asylum system aren't locked into systems which worsen their mental health and wellbeing. A dignified approach to the asylum system would enable people to live dignified lives, where people have choice, and the great potential of every person who is forced to navigate this process can be realised. What this research makes clear, is that a Scotland can and must do better to ensure that the right to health, and all human rights, are realised for all.

## **Recommendations**

Following the analysis of our research we make the following policy recommendations to support improve the mental health and wellbeing of people seeking asylum across Scotland and the UK.

### **UK Government**

- Greater clarity and support is required within the UK immigrations system. Those seeking asylum must be provided with clearer guidelines on the asylum process by the UK Government in recognition of the uncertainty and insecurity this imposes on people's lives.
- Recognising the connections between work and wellbeing we recommend the UK Government enable the unlimited right to work for asylum seekers. This will support those seeking asylum the opportunity to uphold and develop skills and employability experiences, contribute to the UK economy, and tackle the deprivation and poverty faced by those seeking asylum.
- Access to adequate and decent housing is a right for all, with important impacts on physical and mental health. Following the housing insecurity reported by many within our study we ask that the UK Government provide housing that is stable and meets a minimum standard.

### **Scottish Government**

- Being able to access services and all aspects of daily lives is essential for wellbeing and mental health. We recommend free bus travel from the day that people arrive in the country. This is essential for people to access their rights, including the right to health.
- Community based support provides a vital infrastructure to help asylum connect and build communities of support. There is a need for sustainable and expanded financial support for third sector organisations who facilitate integration as this is essential to people's mental health and wellbeing.
- For all 'New Scots' creating targeted volunteering opportunities that are varied and meet existing skills or offer new opportunities to gain experience to support integration into the labour market.
- As the cost-of-living crisis continues to adversely impact on those within the asylum process, the Scottish Government should produce a plan to mitigate the



lack of financial support currently available to asylum seekers, as this is a central barrier to good mental health and wellbeing.

- Opportunities for learning and progression are vital for good mental health and wellbeing. Ensuring scholarships are made available to all asylum seekers who are offered a place at college or university is therefore paramount. This requires clear guidance at a national level that supports equal access and provision. As part of this access, this needs to consider extracurricular provision and support free usage of core aspects of student life such as clubs, societies, and on-site gyms.
- Greater investment to increase access to mental health services and provision for asylum seekers. This must ensure services are fully accessible and recognise access requirements that asylum seekers face in accepting and utilising support such as ensuring interpretation is available, culturally sensitive, and trauma informed. This needs to include additional funding for identified and specially trained link workers to support and signpost people to access the services that are right for the individual's circumstances.

### **Local Authorities**

- Across local authorities, supporting increased access of asylum seekers to leisure through free membership for gym and leisure facilities. This requires full access to gym equipment and clothing.
- Supporting the integration of asylum seekers into their local communities. There is a need to create programs that raise positive awareness of asylum seekers and facilitate integration in the local community. We recommend that local authorities increase access to cultural life for example: free bike hire, access to live music, sightseeing tours, and wider cultural events.

<sup>1</sup> Royal College of Psychiatrists (2020) 'Asylum seeker and refugee mental health' <https://www.rcpsych.ac.uk/international/humanitarian-resources/asylum-seeker-and-refugee-mental-health>

<sup>2</sup> United Nations (2015) 'Universal Declaration of Human Rights' [https://www.un.org/en/udhrbook/pdf/udhr\\_booklet\\_en\\_web.pdf](https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf)

<sup>3</sup> Office of the United Nations High Commissioner for Human Rights (2008) 'The Right to Health' <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

<sup>4</sup> Equality and Human Rights Commission (2022) 'International Covenant on Economic, Social and Cultural Rights' <https://humanrightstracker.com/en/untreaty/icescr/#:~:text=ICESCR%20is%20an%20international%20human,education>

<sup>5</sup> United Nations Population Fund (UNFPA) (2005) 'Human Rights Principles' <https://www.unfpa.org/resources/human-rights-principles>

<sup>6</sup> Mental Health Foundation (2016) 'Fundamental facts about mental health 2016' [The-Fundamental-facts-about-mental-health-2016.pdf \(mentalhealth.org.uk\)](https://www.mentalhealth.org.uk/the-fundamental-facts-about-mental-health-2016.pdf)

<sup>7</sup> Mental Health Foundation (nd) 'Refugees and Asylum seekers Statistics' <https://www.mentalhealth.org.uk/explore-mental-health/statistics/refugees-asylum-seekers-statistics>

<sup>8</sup> WHO 'Mental Health' (ND) <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response#:~:text=Mental%20health%20is%20a%20state,and%20contribute%20to%20their%20community>

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