



Impact of the asylum determination process on mental health in the UK and EU+: a systematic review and thematic synthesis

Jessie Mulcaire,¹ Dom Smetham,² Leah Holt,¹ Sana Zard,¹ Francesca Brady ^{1,3}, Ciarán O'Driscoll ¹

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¹Research Department of Clinical, Health and Educational Psychology, UCL, London, UK

²Haematology Psychology and Psychotherapy Service, University College London Hospital NHS Foundation Trust, London, UK

³Woodfield Trauma Service, Central and North West London NHS Foundation Trust, London, UK

Correspondence to
Dr Ciarán O'Driscoll;
c.odriscoll@ucl.ac.uk

ABSTRACT

Introduction People seeking asylum are at increased risk of mental health difficulties due to premigration and postmigration experiences. The objective of this review was to understand how asylum determination process in the EU+ and UK influences the mental health of asylum seekers.

Methods Web of Science, MEDLINE, PsycINFO, PsychArticles and Scopus were searched, with no start date specified, up to 24 August 2023. Peer-reviewed studies were eligible if they provided a qualitative analysis of primary data from adult asylum seekers and refugees regarding lived experience of asylum determination procedures in the UK and EU+, and contextual factors associated with the mental health and well-being. The protocol was not preregistered. From a total of 4902 articles, duplicates were removed, 3235 abstracts were assessed and of the remaining 113 identified for full-screen articles, 39 relevant qualitative studies were retrieved. Six further studies were identified through citation searches.

Results 45 studies were included in the qualitative thematic synthesis, representing the perspectives of 1158 asylum seekers and refugees. Themes demonstrate high levels of psychological distress during and after the asylum process. This was associated with the hostile environments created by policies and procedures. Participants' mental health was affected by being caught in a stalemate while awaiting the outcome of their claim. The procedures exacerbated previous mental health difficulties. External and internal protective factors were identified, such as non-governmental organisations, religion and cognitive strategies.

Conclusions The accumulation of each step of the asylum process contributes to psychological distress and exacerbates mental health difficulties, leading to longer-term consequences for asylum seekers and refugees. Preventive strategies and policy changes are recommended. To minimise the impact of asylum procedures, clinicians should consider peer-led groups, interventions that cultivate a sense of autonomy and meaning and reduce a sense of alienation and isolation.

INTRODUCTION

Worldwide, the number of forcibly displaced people is an estimated 80 million, with

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Previous research has shown that postmigratory conditions negatively impact the mental health of forcibly displaced populations.
- ⇒ The effects of postmigratory conditions, particularly immigration systems, persist years after resettlement.

WHAT THIS STUDY ADDS

- ⇒ This study provided contextual evidence from asylum seekers in the EU+ and UK, attributing heightened psychological distress to the cumulative impact of restrictive asylum determination policies and procedures.
- ⇒ This study suggests current policies and procedures create a 'hostile' environment for asylum seekers.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Policy reforms and interventions are urgently needed to mitigate the detrimental effects on asylum seekers' mental well-being.
- ⇒ Shorter, more transparent processes that reduce uncertainty may be less likely to negatively impact mental health.

4.9 million asylum seekers globally in 2022.¹ Wait times for asylum claims in the European Union (EU) and United Kingdom (UK) have risen since 2015, with the UK experiencing a dramatic increase, which has doubled since 2020.^{2 3} In 2023, an estimated 68% of UK applications surpassed the 6-month target, with average waits of 1–3 years.^{2 4} The EU+ also has a 6-month benchmark, but wait times vary greatly across member states, with several countries exceeding this limit.⁵ Countries vary in their asylum procedures, reception conditions and the outcome of asylum claims. Some countries offer legal aid, accommodation and education to asylum seekers, while others do not.^{3 6} EU

and UK asylum seekers face a bureaucratic credibility assessment process.⁷ Asylum seekers frequently enter a country through limited legal channels, notify authorities and undergo screening and substantive interviews where they must detail their traumatic experiences for examination.⁸ Some asylum seekers may be detained in immigration centres during their application process or after a negative decision.^{3-5 9 10}

Asylum seekers may be exposed to numerous premigration traumatic events, such as war, political persecution, torture or sexual violence,^{11 12} life-threatening journeys to safety¹² and postmigration traumatic events.^{11 13} Individuals seeking asylum are at risk of exploitation, trafficking and torture¹⁴ and may experience loss or separation from family.¹⁵ Systematic reviews report that refugees and asylum seekers resettled in Western countries have higher rates of post-traumatic stress disorder (PTSD) and depression than age-matched general populations in those countries¹⁶ with prevalence estimates at 31% for both PTSD and depression.¹⁷

Postmigratory conditions, such as unemployment, social isolation, housing and poverty,¹⁸ also affect forcibly displaced populations' mental health.^{19 20} As does the immigration systems, and the sociopolitical context of the refugee experience.^{20 21} Asylum seekers face significant stress on arriving in host countries, primarily due to navigating asylum procedures and contribute to depression, anxiety and PTSD.^{22 23} Asylum assessments are linked to anxiety and shame,²⁴ and prolonged detainment with poorer mental health and psychosocial well-being.²⁵ The indefinite and temporary nature of the asylum process is associated with high levels of depression,²⁶ with mental health worsening as asylum seekers await an outcome and improving once leave to remain is granted.²⁷ Restrictive employment policies for asylum seekers increase feelings of isolation.²⁸ While the impact of asylum processes on mental health is clear, the underlying mechanisms require further exploration.²⁹

Asylum seekers face complex legal procedures that evoke both fear and uncertainty.³⁰ While the individual elements have been examined, the accumulating effects of the various policies and conditions are unknown. Previous reviews have focused on prevalence rates^{22 31} mental health difficulties^{16 17} and aspects of resettlement¹⁹ indicating an impact of asylum procedures on mental health. This review synthesised studies on asylum seekers' experiences during the process and the significance of each step. This is valuable as asylum seekers are rarely consulted in policy design and implementation,²¹ and qualitative studies are often overlooked.

Objective

This review aimed to identify, synthesise and appraise the evidence from published qualitative studies on the association between asylum determination process and mental health in asylum seekers.

METHODS

Search strategy and selection criteria

This review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines,³² searching the following databases: Web of Science, MEDLINE, PsycINFO, PsychArticles and Scopus, with no start date specified, up to 24 August 2023. In consultation with a librarian, search terms, search strategies and databases were agreed (see online supplemental table 1).

Eligibility criteria

Studies were eligible if they reported on refugee or asylum seekers' experiences of the asylum determination process in the UK and EU+ and reported evidence on well-being or mental health of asylum seekers during the asylum determination process. Inclusion and exclusion criteria were informed by the literature (full criteria and operationalisation in online supplemental tables 2 and 3). The review included peer-reviewed qualitative studies with primary data (direct quotations) from asylum seekers, as well as mixed-methods research. For inclusion, articles needed to collect data from those who had completed or were undergoing the asylum determination process and to report on contextual factors associated with mental health and well-being of adult asylum seekers. This review focused on the experience of ongoing asylum determination processes, excluding studies with ≥50% refused asylum seekers to avoid examining the impact of refusal outcomes. Data from asylum seekers or refugees and their experiences of the asylum procedures needed to be clearly labelled for separate extraction.

Data analysis and quality assessment

Inductive thematic synthesis, a systematic approach for analysing qualitative data to develop themes and report patterns from the data, without using pre-existing theory for initial coding³³ was employed to synthesise the findings based on RETREAT criteria (online supplemental table 4) and guided by the ENhancing Transparency in REporting the synthesis of Qualitative research statement (online supplemental table 5). Data from all included studies were extracted and coded within NVivo V.12.³⁴ Participants' accounts, along with author interpretations and comments, were coded line by line. All statements concerning asylum determination proceedings and mental health were assigned at least one code. The codes closely aligned with the text of the primary studies, avoiding any extrapolation. This coding method was consistently applied to subsequent articles, contributing to the iterative development and refinement of the code book. Preliminary codes were discussed and refined by the research team (JM, DS and LH). Patterns of codes were identified, and descriptive themes were generated both inductively and deductively. Quality assessment of each paper was completed alongside data extraction using the Critical Appraisal Skills Programme (CASP) checklist for qualitative data.^{33 35} The first author (JM) conducted

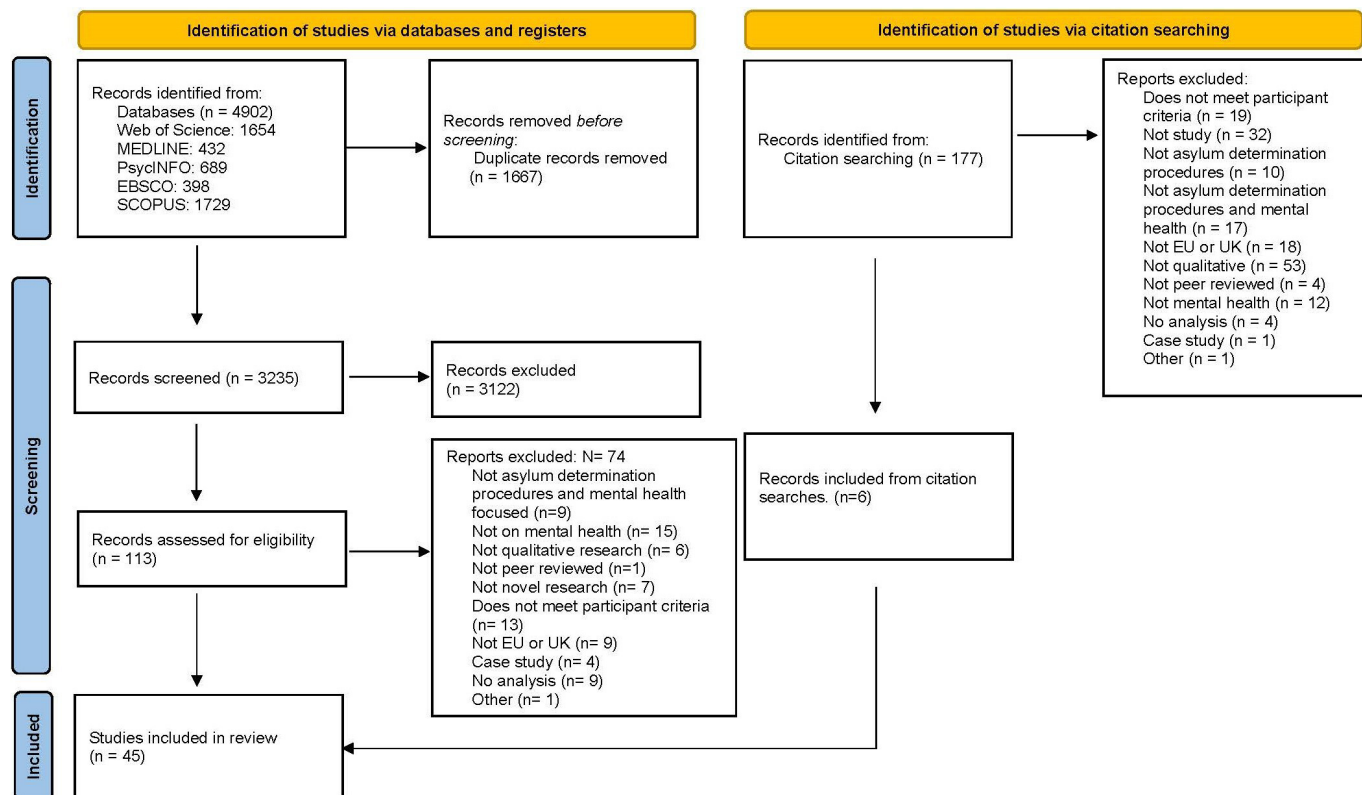


Figure 1 PRISMA flow chart. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

the appraisal process. A second researcher (DS) independently rated the quality of 25% of randomly selected papers and any discrepancies in scoring were discussed. Researchers completed a detailed log of information (eg, ethics sought and level of detail) to inform their decisions; these were referred to during the discussions.

Patient and public involvement

None.

RESULTS

After removing duplicates from 4902 papers, 3235 were abstract screened using inclusion and exclusion criteria. We identified 113 for full screen, with reasons for exclusion documented in a PRISMA diagram (figure 1). Pearl growing identified an additional 177 papers. Two independent authors reviewed all full studies, with disagreements referred to a third author.

Description of included studies

45 papers met the criteria for inclusion in the review; key characteristics of these studies are presented in online supplemental table 6 and summarised below. The 45 articles included were based on 44 primary studies, of which 42 were qualitative (93%), and 3 were mixed methods (7%). 22 of the 45 studies were conducted in the UK (49%), with 3 in each of the following countries Ireland (7%), Norway (7%), Denmark (7%) and Germany (7%). Four were conducted in Sweden (9%), two in Greece (4%) and five others in Belgium (2%), France (2%), Italy

(2%), Scotland (2%) and Switzerland (2%). All articles were published between 2004 and 2023. Overall, there were 1158 participants, of which 3.7% were not reported as an asylum seeker or refugee (eg, refused asylum seeker). Eight studies did not report gender, and two did not report gender for focus groups. Of those that did, there were 394 females and 506 males. Length of stay in host countries varied greatly and was often not reported. Most papers did not specify participant ethnicity. All participants were adults (range: 17–88); 15 studies did not report participants' age. Most studies (58%) used semistructured interviews,²⁶ 11% narrative interviews⁵ and 16% a combination of both focus groups and interviews.⁷ Two studies used only focus groups (4%), and 11% used other interview methods.⁵ 53% used thematic analysis,²⁴ 11% used interpretative phenomenological analysis,⁵ 13% employed grounded theory,⁶ 2% used thematic analysis and grounded theory,¹ 4% conducted content analysis² and 16% used other methods.⁷

Quality appraisal

All 45 studies varied in quality ratings on the CASP criteria, ranging from medium to high quality (online supplemental table 7). Studies poorly reported and reflected on researcher–participant relationships. Nine studies adequately considered the researcher–participant relationship; some mentioned the power dynamic but lacked detailed discussion. Papadopoulos *et al*⁸⁶ briefly mentioned it in limitations, while Sagbakken *et al*⁸⁷ stated researchers' backgrounds without exploring

the impact on data collection. Many studies inadequately reported on ethical approval. However, all described data analysis methods, used supporting quotes and clearly described findings, with most involving multiple researchers.

Thematic synthesis results

Inductive coding generated 4 themes and 12 subthemes (table 1). The following thematic areas are explored below, with themes interacting and influencing each other (see online supplemental table 8 for frequency of themes and subthemes across studies and online supplemental table 9 for quote references).

Superordinate theme 1: hostile environment

The first superordinate theme, present in all 45 studies, depicts participants' experiences of the asylum determination processes as hostile, perpetuating extreme distress for asylum seekers. Participants reported a system that was experienced as being designed to intimidate and disbelieve them, teeming with uncertainty, all factors that participants linked to the anxiety and distress they experienced. Lack of communication about application status, hostile interactions with authorities and rumours of harsh policies in a resource-scarce environment were key factors contributing to the hostile atmosphere for asylum seekers.

Three studies reported on participants who had fewer negative experiences. One participant noted that they had a generally positive experience of the asylum system focusing on many positive aspects of his situation; however, he compared the asylum system to imprisonment.

Subtheme 1.1: de-humanisation

Across 28 studies, the theme of dehumanisation was present. Participants described a system that was perceived as treating asylum seekers 'inhumanly' (S2); participants wondered if it was designed to 'humiliate' (S3) and 'break' (S1) them through the use of restrictive policies and 'oppressive' environments (S4). There was a sense across the 23 studies that participants perceived authorities as suspicious and disbelieving of asylum seekers, treating them without dignity and denying them the same rights as the surrounding society, leaving them feeling discriminated against.

Six studies highlighted how the system's restrictions impacted participants' ability to cultivate feelings of independence and contributed to a 'loss of dignity' (S3). These restrictions were attributed to not feeling 'legitimate' (S5), contributing to further humiliation, and this was particularly highlighted across studies with parent asylum seekers.

Across these studies, the theme of dehumanisation was observed through references from participants who described not feeling human due to the processes, and this was also emphasised through a comparison of their treatment to the treatment of animals in two studies.

Subtheme 1.2: a system eradicating autonomy and agency

34 revealed a system that reportedly controls asylum seekers and limits their sense of autonomy. The uncontrollability participants endured was linked with worry and anxiety, making them feel limited in shaping their futures. A lack of control over the outcome of the asylum claim was a key element of this theme. The impacts of restrictive policies throughout the process were also highlighted across many studies, participants spoke of how increases in controlling measures (eg, reallocations, detention and strict rules in asylum accommodation) exacerbated the emotional effect and hopelessness.

In a few studies, participants made comparisons of their treatment as asylum seekers to the treatment of prisoners, depicting images of a lack of choice daily, holding little control over when and what to eat, the inability to have friends visit and having no choice in where they could live in the host countries.

A lack of autonomy was linked to a lack of financial independence across most studies, with some participants describing themselves as being treated as children. Participants spoke of the shame associated with this.

The use of detention and reallocations further facilitated a perceived eradication of autonomy. Participants reported they could suddenly and without clear rationale be detained or moved by authorities, resulting in a sense of powerlessness and helplessness. This contributed to postmigratory distress for asylum seekers.

Subtheme 1.3: fear facilitated by ambiguity

36 studies described a system that is difficult to navigate, ambiguous and confusing. This subtheme was present in each country included in the study. Across studies, a lack of clarity on rights, uncertainty about when claims would be decided, uncertainty over legal status, a lack of communication from authorities and complex asylum processes were all identified as processes that created a sense of uncertainty and anxiety. The ambiguity present across the system negatively affected psychological well-being.

A lack of information and consistency regarding the entire process was associated with fear and frustration. Some participants described the ambiguity as all-consuming, resulting in worry and rumination.

Participants expressed frustration when they had to wait without knowing how long it would take or what progress was being made. Some believed that the uncertainty and unpredictability were intentional tactics to assert control, cause mental distress and compel them to leave the host country.

Superordinate theme 2: stalemate

Throughout all but one study included in the review, the superordinate theme of stalemate was present. It was characterised by asylum seekers feeling frozen in time and unable to progress with their lives, constraining their sense of meaning while alienating them from society. The studies in this review illustrated the stagnation and

Table 1 Structure of themes and participants' illustrative quotes

Superordinate themes	Illustrative quotes	Subthemes	Illustrative quotes
Hostile Environment	I know that some people get detained. Knowing this made me feel stressed in the interview. So the system has to change, not only the interview. You hear stories from people saying that they were arrested. I feel scared all the time. (S1)		Anything you tell them, they always say it's a lie...And you can't force them to believe you...I don't explain this to the Home Office. I will never explain, because they will never take it. They will never believe it. (S5) All these restrictions and regimented lifestyle have knock-on effects... you are like a moron. You have no direction, like a zombie, waiting for the next instruction from the management or the Justice people. How can you be a good parent, when you don't have control over your life, and cannot control your children's life, you have everything, power, control taken over from you; who is parenting who? (S6) In the centres, they are just protecting your life, not to die. That's it. But, to be honest, it kills your emotions inside(...)You don't feel your value(...)When you see a dog worth more than you. (S7)
		1.1 De-humanisation	
		1.2 A system eradicating autonomy and agency	I think that most adults would like to be able to earn one's living by themselves. I think it is a general need among most of us. I don't feel very proud of being dependent on others. (S8)
		1.3 Fear facilitated by ambiguity	You don't feel safe, you don't know how long you are able to stay for, you don't know when your interview will be, you don't know whether you will get granted or not. So the feeling of being unsafe gets worse... If you get a negative [asylum] result, what will happen? This makes you worry... you feel unsafe. (S9) To live in this uncertainty is killing, it is extremely painful... And not being of any use. Get up in the morning, drink coffee, and then you wait for a whole day, and then you go to bed...(...)And the uncertainty...(...)I get tired of not knowing(...)I am afraid they will not approve my application... combined with the waiting...(...)The waiting is killing because it reminds me a lot of the waiting in Greece. Even though it is not the same type of waiting, it is waiting for something uncertain. I get flashback from the past, the journey, from all the waiting... (S10)
Stalemate	The moment you come here you are a prisoner(...) you don't have freedom of basic needs. (S11)	2.1 Eliminating meaning	Everything I wish could happen is so many people who are sitting doing nothing in the camp ... I wish if Norwegian people or government can help them to get to allow them to get a job... Everyone has lived by working and doing something in their lives.... If you sit all the time, all the year, 2 years, 3 years, in one camp ... you will be mad. You will be sick. (S12)(...)anyone can go crazy in a hostel because you are not free to do free things and you do not choose the way you want, you are here to be under someone(...). You are not that free. (S13)
		2.2 Alienated from society	...[asylum] status affects everything. You can't plan, you can't study, and you don't feel part of society. It affects every aspect of daily living. (S14) You'll be completely isolated and that can trigger mental health problems(...)if you keep being moved you cannot join a community. (S11)
		2.3 Frozen in time	The Home Office they take away my normality, my independence, they take away my life. I am in some invisible chain and shackles right now, I am stagnant, I can't move. (S15) For me to be out of work affects me psychologically and I'm starting for the first time to experience depression and I'm afraid to stay for another 1 year, because I can't return back penniless and I might be in danger also so I've seen some people like me, they've maybe been here two more years than me so I'm just afraid the longer to stay the more I will be depressed. The more I will delay getting indefinite leave to remain, the more I will be depressed. I'm afraid of my health if I don't see my family soon. (S16)
Impact on Mental Health	It's the surroundings. It's what you're in. You are in a place with 250 other people—and of the 250, there's 10 happy ones. And the rest are just really at various stages. From really desperate, to suicidal, to depressed. It's not a place to be for any length of time. (S17)	3.1 Accumulated psychological distress	The safety is just physical safety, any other, psychological, emotional, there is nothing else, there is no safety. It is constant(...). How can I describe it(...)torture, it is constant torture. (S11)
		3.2 Exacerbating prior mental health difficulties	I am still not secure... Because they haven't accepted me staying here yet... I'm scared all the time that they will deport me back to [country of origin]. All the time, all the tortures, prisons, hanging, tying on the bed, lashings on the foot, that all comes back. (S9)
		3.3 Impact on identity	I just ask myself 'why did people getting positive in the life and you are not getting positive in life', 'what happened to you?', 'what is going on?', you ask yourself. So sometimes you hate yourself...you don't have anything, you are not helping, you are still surviving, you are nothing. (S13)
		3.4 Long-term psychological effects	even if I get the residence permit, we missed a long time, we cannot adapt back to life. (S18) I had friends who were so motivated when they first arrived in Germany. But they were isolated in camps for about 6 months until they got the residency. They were totally devastated by then. It took them a while to regain their mental health and be able to start again. But unfortunately, not all of them were capable of getting over it. (S19)

Continued

Table 1 Continued

Superordinate themes	Illustrative quotes	Subthemes	Illustrative quotes
Protective factors	If you want to be strong ... if your mind is strong, your body feels strong. That's why, every day, I imagine myself as superman. I tell myself, 'You can do it'. (S22)	4.1 Internal factors	You fear integrating because you don't know who really wants you and who doesn't want you. So I go to the church; they had a course where you could meet people. (S20) I'm cleaning the centre every day for one hour. I'd rather do voluntary work than stay at home. I don't attend classes, but in my spare time I educate myself. I study the Dutch language. ... During the nights, I can't sleep, I read books or do my studies. I've lived here for 10 months now, a long time. Keeping yourself busy is the best. ... Next week I start cycling. I don't have a bike yet. I asked COA, but they told me we don't pay for that, you have to pay for it yourself. Now I saved money over three months, so I can pay for it myself. Next week I get my bike. I'm excited! (S21)
		4.2 External factors	When you are alone, and there isn't anyone to help you, but God is with you. And he will help you. In detention I prayed every night before sleeping. It gives you a good feeling. A feeling that good things will happen. (S17)

confinement asylum seekers endure, which participants associated with psychological distress. The loss of time, through long waits and the postponement of future plans and dreams, was described by many participants as a source of anger and sorrow.

Subtheme 2.1: eliminating meaning

In 27 of the studies, the impact of policies on asylum seekers being able to engage in meaningful activities was highlighted. Studies showed how this undermined participants' sense of purpose and led to feelings of hopelessness, depression and rumination. While waiting on decisions regarding asylum claims, participants discussed how daily life was restricted and affected their well-being.

20 studies highlighted the impact of policies regarding employment for asylum seekers and the consequences of restrictions; many participants spoke of the suppression of meaningful activities and loss of skills, reducing a sense of purpose and self-confidence. The restrictions led to passivity and demotivation, causing participants to feel diminished self-worth, with some equating themselves to nothing.

In addition, studies also identified that asylum centres' policies contributed to the suppression of building a meaningful life through reallocations and rigid rules. Asylum centres were often in remote environments, making it difficult for participants to access local communities. A lack of financial funds compounded this.

Subtheme 2.2: alienated from society

In 31 studies, participants described feeling emotionally, psychologically and spatially separated from society and attributed this to feelings of shame, depression and anxiety.

Asylum policy's exclusionary nature was directly related to the participants' sense of being 'othered'. Many participants felt marginalised and excluded from society, unable to access the same rights as those in the host country. They experienced a loss of status and often felt rejected by the host society, which worsened for those separated from their families in the host country.

Participants' social isolation stemmed from restrictive policies, lack of rights and hindered community connections. Relocation and remote locations exacerbated this issue, as illustrated by a study where physical barriers, like fences around asylum centres, separated asylum seekers from local communities.

Subtheme 2.3: frozen in time

In 39 studies, the theme of being 'frozen in time' emerged, describing the feeling of being trapped and unable to progress while awaiting a decision on their applications. Multiple postponements and lengthy waiting periods were common, leading participants to feel stuck in a state of limbo and wasting valuable time. Restrictive policies and control mechanisms prevented them from making plans for the future and adjusting to their new surroundings.

In several studies, participants spoke about long waiting times for asylum decisions led to psychological fatigue, demotivation and despondency. Some studies suggested that undefined waiting times and restrictive life in asylum centres hindered future planning and sense of direction. Participants linked the sense of being in limbo and the agony of waiting to deteriorating mental health, with 'waiting' identified as the most significant negative factor.

Superordinate theme 3: impact on mental health

In all studies, the asylum determination process was associated with the superordinate theme 'impact on mental health', with studies identifying the distress elicited by each step of the asylum determination process. Anxiety, depression, psychological distress, humiliation, suicidal ideation, psychological fatigue, insomnia, traumatisation and impact on identity were attributed to the asylum process.

Subtheme 3.1: accumulated psychological distress

Across all studies, mental health deterioration of asylum seekers was attributed to asylum determination procedures, with personal suffering for participants inextricable from political and institutional conditions and processes. In several studies, the term torture was used

by participants as a metaphor to illuminate what asylum seekers experience during the process; the extreme distress perpetuated by the asylum procedures.

Participants in 10 studies described the process steps as cumulative, leading to hopelessness and suicidal ideation. The processes were also associated with nightmares, insomnia, rumination and worry, with some participants believing the processes were designed to negatively affect their mental health.

Studies which focused on interviews described them as traumatic, distressing, uncomfortable and humiliating, with participants continuing to experience nightmares after it. One study found that completing an asylum interview and receiving leave to remain reduced fear, resulting in a positive psychological impact for the participant.

Subtheme 3.2: exacerbation of prior mental health difficulties

In 22 studies, the detrimental impact of the determination process on asylum seekers' mental health was highlighted. Participants reported that the process worsened their pre-existing mental health issues. Restrictive policies were found to make participants dwell on past traumatic events, leading to increased symptoms of PTSD such as flashbacks and nightmares throughout different stages of the process. These were interviews with hostile authorities, protracted waits with restrictions on activities, a culture of disbelief, encounters with immigration officials and policies which elicited anxiety and insecurity, such as detention and deportation.

Subtheme 3.3: impact on identity

In 19 studies, participants spoke of the impact of processes on their identity, which was characterised by a reduction in self-confidence, self-esteem and negative self-image. Many experienced self-critical thoughts and a loss of status due to being labelled as asylum seekers. They also mentioned the limitations they faced in host countries. Participants expressed self-hatred and feelings of failure as a consequence of the asylum procedures.

Participants described shame associated with changes in identity and lack of control experienced by asylum seekers. Parenting studies revealed how restrictions disempower them and affect their role as parents, due to being unable to provide for or make decisions for their family.

Subtheme 3.4: long-term psychological effects

In 22 studies, the long-term psychological effects of the asylum determination process were described, even after asylum seekers' have received refugee status. Distress due to loss during the process was described in some studies, from a loss of skill in occupation to a loss of relationships.

Some participants also highlighted that they could not forget what they had experienced during the process, with some continuing to experience nightmares and others reporting that their mental health did not recover after the asylum procedures.

Superordinate theme 5: protective factors

30 papers discussed how asylum seekers attempted to cope during the asylum determination process, such as resilience and internal and external coping strategies. It is imperative to note that some studies suggested prolonged waits lessen the effectiveness of these coping strategies in reducing the negative impact on participants' mental health.

Subtheme 5.1: external

Non-governmental organisations (NGOs) were among the most commonly cited protective factors against the asylum system, being named in 13 papers, alongside having access to classes, a shared experience with others and volunteering. Participants also spoke of receiving support from family, friends and healthcare professionals and many participants spoke of attending classes, having distraction strategies, and using routines to support coping.

Religion was identified in 10 papers as an external and internal factor. Participants spoke of building communities and friendships through their faith, alongside having a physical safe space to attend.

As wait times increased, participants spoke of decreased positive coping strategies, such as accessing activities, due to demotivation and exhaustion.

Subtheme 5.2: internal

Internal protective factors were recognised as a coping strategy in 17 studies. This subtheme is characterised by cognitive strategies such as imagination, present-moment focus and comparisons of the current experience to the past.

Asylum seekers used imagination and creativity to retain some sense of control over their lives. While participants reported lacking agency due to legal structures, some used this time for reflection and imagined change for themselves and their future. However, many participants across the studies shared that the excessive thinking time resulted in rumination and worry, which were challenging to stop.

Other strategies drawn on were the use of philosophy and stories, which enabled participants to reframe their experiences and draw meaning from them to help endure and keep a sense of autonomy. Participants spoke of the use of imagery to support them in coping. These cognitive coping strategies became harder to use as the wait lengthened.

Religion also served as an internalised coping mechanism, providing hope through praying, strength through their faith in God, and for some, their faith reassured them that they would be helped.

DISCUSSION

This review synthesised qualitative first-hand accounts of asylum seekers' experiences of asylum determination procedures in the EU+ and UK with the aim of examining links between these procedures and asylum

seekers' mental health. 45 studies examined asylum determination procedures, focusing on the overall experience, and a few explored specific aspects like interviews, accommodation or wait times. The synthesis yielded 4 core themes and 12 subthemes. The majority of asylum seekers reported that asylum determination procedures were restrictive and hostile, causing a cumulative negative impact on their mental health. Asylum seekers felt trapped, unable to go back due to fear or forward due to restrictive policies, leaving them 'frozen' in limbo.

Asylum seekers found the asylum determination procedures to be hostile and dehumanising, largely due to feeling disbelieved and judged by authorities. Policies restricting autonomy and prolonging uncertainty caused psychological distress. The uncertainty about the outcome of legal proceedings, fear of detainment or deportation and lack of control further worsened the mental health of asylum seekers. Asylum seekers found the hostile environment's restrictions hindered their ability to find purpose and progress, leading to stagnation. Restrictive policies preventing access to work or meaningful activities contributed to psychological distress and social exclusion. These findings align with previous research linking unemployment and underemployment to low self-esteem and despair in asylum seekers,²³ while employment has been shown to reduce psychological distress and depression in this population.³⁸ This review also revealed the role of housing, accommodation or asylum centres in contributing to asylum seekers' perceived lack of autonomy and agency. Previous research has shown that good living conditions were associated with a lower prevalence of anxiety, depression and PTSD.³⁹ Asylum seekers reported feeling a lack of control due to complex and unclear bureaucratic systems and restricted access to official information. Issues included inaccessible asylum claim decisions, unexpected shifts from relocations to detainment and delayed asylum decisions. The chronic traumatic stress (CTS) framework attributes mental health issues to the cumulative impact of premigration and postmigration events and daily stressors, such as uncertainty, limited opportunities, financial hardship and poor living conditions.⁴⁰

This review pinpoints factors in asylum procedures that alienate seekers from host societies: remote locations, frequent relocations, limited work and interaction with authorities. Participants described being physically, psychologically and socially alienated. Asylum seekers commonly face judgement and disbelief by authorities, leading to feelings of rejection and humiliation. This synthesis aligns with prior research showing asylum determination procedures' role in mental health deterioration.^{11 19 20} Social exclusion is linked to negative mental health outcomes,⁴¹ including depression, anxiety⁴² and low self-esteem¹⁸ in immigrants. A strong sense of identity in asylum seekers and refugees is linked with better well-being.⁴³ Asylum seekers faced shame and humiliation due to restrictive, alienating procedures, which can lead to maladaptive coping and exacerbate prior

trauma.²⁵ Shame-sensitive, trauma-informed approaches can prevent collective shaming.⁴⁴ The cumulative impact of UK and EU+ asylum procedures, including asylum screening, interviews, waiting with limited information, deportation threats, detainment, prolonged decisions and restrictions, creates an environment that fosters anxiety, depression and suicidal ideation.

CTS, based on Bronfenbrenner's ecological model,⁴⁵ highlights the importance of community networks in improving individual functioning and mitigating premigration and postmigration stressors. Asylum procedures create stressful environments while depleting asylum seekers' coping resources, isolating them and exacerbating pre-existing mental health issues.⁴⁰ Factors such as age, education, economic and social capital, and country of origin can influence this positively or negatively.⁹

The findings of this study add to current systematic reviews in the area,^{19 20 23} with a specific focus on post-migratory stressors in asylum determination procedures. It specifically examines the impact of various policies and processes on asylum seekers' well-being, including interviews, waits, access to information, interactions with authorities, housing, employment rights, and detention, deportation and reallocation policies. The study confirms that lengthy asylum procedures contribute to psychological distress for asylum seekers stuck in limbo. Asylum seekers face barriers to future planning due to restrictive policies and lengthy processes, leading to skill loss, employment fears and reduced self-worth and self-efficacy.

Future research should investigate the long-term effects of asylum determination procedures on identity, self-esteem, integration and employment, as low adolescent self-esteem has been linked to increased anxiety and depression symptoms over time.⁴⁶ Longitudinal research should also focus on the effects of processing delays, living conditions, support and final decisions. There is a need for the development of multimodal interventions, where social, economic and political conditions are used in combination with psychological approaches.²¹ There is a need to assess the efficacy of interventions for enhancing mental well-being during the asylum process, such as trauma-informed training, culturally tailored mental health services and peer support programmes that target isolation and alienation by integrating social support. This is in line with previous recommendations for a specialised mental health treatment for asylum seekers and refugees that include advocacy, collaboration with lawyers and NGOs.⁴⁷ Exploring the impact of systemic changes regarding asylum determination procedures and policies may be beneficial.

Clinical and policy implications

The findings from this review can improve care for asylum seekers and refugees by addressing the deterioration of mental health resulting from loss of autonomy, alienation during the asylum process and limited engagement in meaningful activities. Mental health services

should offer support to asylum seekers experiencing psychological distress, using integrated approaches that target isolation and foster a sense of belonging. Psycho-social approaches which draw on asylum seekers' own strengths such as integrating religion, attending community activities, volunteering and peer-led groups should be considered by clinicians when delivering interventions. Collective efficacy, reflecting feelings of social cohesion, has been found to moderate the effect of daily stressors on post-traumatic stress symptoms among internally displaced persons in post-war northern Sri Lanka.⁴⁸ The importance of community organisations such as NGOs suggests that it may be beneficial for mental health services to consult with these organisations when delivering care. To counteract the dehumanisation experienced during asylum determination procedures, it would be advisable that clinicians and services adopt human rights-based approaches that are non-discriminatory and uphold the rights of all humans to ensure asylum seekers feel respected.⁴⁹ Asylum seekers face many practical difficulties, such as reallocations, poor living conditions and evidencing their asylum claims, all contributing to psychological distress. Clinicians can support through liaison with other organisations and through comprehensive assessments and letters of support.

The findings suggest a review of provisions that support navigating asylum claims,⁵⁰ for example, support with adequate housing, meaningful employment and the re-establishment of meaningful roles in the host countries.⁵¹ Only 15 studies specifically aimed to explore the impact on mental health of the asylum determination processes, yet the impact was raised in all 45 studies, reflecting the importance and significance for asylum seekers. Across 10 studies included in this review, suicidal ideation was associated with asylum determination procedures. Staff assisting asylum seekers (eg, caseworkers and reception staff) should receive training to identify signs of psychological distress and suicide prevention. This training should emphasise trauma-informed approaches to minimise retraumatisation during asylum determination procedures, including interviews.^{9 51} Staff should be educated on how psychological distress affects engagement with asylum procedures, such as information recall.

Furthermore, 25 studies recommended policy changes to the asylum procedures due to the negative impact on mental health. In light of the synthesis findings, we suggest that across EU+ and UK, policies governing the asylum procedures may need reviewing. Several studies recommended that policy changes be driven and informed by the research evidence and consider the well-being of asylum seekers. The current review indicates that shorter and more transparent processes (eg, access to information), that reduce uncertainty (limits on sudden reallocations and detainment) may be less likely to have a detrimental impact on mental health. Revising specific asylum processes (eg, reception centres and asylum interview approaches)

considering their impact, would be supported by recent EUAA recommendations.³

Limitations

Thematic synthesis is reliant on translating, interpreting, combining and condensing concepts across studies into a theme.³³ The research team of the current review consists of white European clinical psychologists who are all working in healthcare and have experience supporting asylum seekers. The clinical psychology training and past experiences of supporting asylum seekers may bias us towards interpretation of the data that fit with our values and beliefs.⁵² This was addressed through an external researcher DS completing the second-rater checks and review of 25% of paper codes.

While qualitative studies, centring and prioritising asylum seekers' voices are important and necessary, studies in the review could not control for additional factors which may have influenced the impact on mental health during asylum determination procedures (eg, discrimination, economic class, social networks, access to healthcare and racism).^{19 20} Studies included in this review lacked adequate reporting of participant demographics such as age, ethnicity, social class and education level. It was, therefore, difficult to consider the impact of these factors. For example, there may be a role of age in experiences of postmigration stressors such as acculturation.¹⁹

A limitation of the studies examined was a lack of transparent consideration regarding researcher bias and the role of individual researchers in the research process. To address this, future researchers should adopt participatory research approaches, report on researcher reflexivity and explore innovative methods to amplify the voices of asylum seekers.

Finally, this review focused on experiences during the asylum determination procedures, often after asylum has been granted many asylum seekers and refugees experience homelessness and or destitution as support stops 28 days after the decision.

CONCLUSION

This review synthesises qualitative studies related to asylum seekers' experiences of asylum procedures and highlights the effects it has on asylum seekers' mental health. Processes that contribute to creating a hostile environment were identified, such as ambiguity over procedures and policies that contributed to a loss of autonomy and resulted in asylum seekers feeling frozen in time. These circumstances both distinctly and combined, were reported as contributing to psychological distress, exacerbating previous mental health difficulties and impacting on individuals' sense of identity.

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draft of the report with input from CO'D. All authors (JM, CO'D, DS, FB, LH and SZ) read and approved the final manuscript. All authors had full access to all the data in the study and had final responsibility for the decision to submit for publication. JM is the guarantor.

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ORCID iDs

Francesca Brady <http://orcid.org/0009-0007-6931-4824>

Ciarán O'Driscoll <http://orcid.org/0000-0002-7316-3041>

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