

EXPLORING EXPERIENCES AND BARRIERS

In Seeking Mental Health Support Among Male Asylum Seekers in Hotel Accommodations.



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The Jane Hatfield Award is an annual grant for young researchers to investigate issues or topics related to community, social action and/or social justice. It was launched in 2022 by the Institute for Voluntary Action Research (IVAR), in partnership with The Ubele Initiative CIC. Our organisations are passionate about supporting the next generation of researchers and activists, with a focus on young researchers from Black and minoritised communities. Our aim has been to start with an award and then leave the rest – defining the research question, shaping the design and research team – up to the individuals involved. The Award is named in memory and celebration of Jane Hatfield, Trustee and then Chair of IVAR between 2006 and 2021.



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EXECUTIVE SUMMARY

This research explores the barriers male asylum seekers in the UK face when accessing mental health support while living in temporary hotel accommodations. Asylum seekers are often traumatised people who have already faced trauma in their country and are under additional stress in an often complex, traumatic asylum system. These experiences also make them more at risk for mental health problems, including post-traumatic stress disorder (PTSD), anxiety and depression. Despite the high prevalence of psychological distress in this population, access to timely and appropriate mental health care remains a significant challenge.

Using a mixed-methods approach, this study combined surveys and key-informant interviews with voluntary sector representatives to examine systemic, structural, and cultural barriers to mental health services. The research identified four key barriers to help-seeking: poor living conditions, stigma, language barriers, and the lack of trauma-informed care. The voluntary sector plays a critical role in bridging these gaps through advocacy, culturally responsive interventions, and community-based mental health services. However, funding constraints, policy restrictions, and fragmented collaboration with statutory services continue to limit their capacity to provide long-term, sustainable support.

These findings highlight the urgent need for stronger collaboration between statutory and voluntary sectors, increased funding for community-based mental health services, and policies that prioritise culturally competent and trauma-informed care. Addressing these challenges is essential to ensuring that asylum seekers receive the mental health support they need, in a way that respects their dignity and well-being.

INTRODUCTION

Migration has been a longstanding feature throughout human history, driven by various factors such as conflicts, persecution, and human rights violations. Globally, more than 114 million people have been forced to flee their homes due to these adversities (UN News, 2023). Refugees and asylum seekers, having survived traumatic experiences in their countries of origin, often find themselves vulnerable upon reaching host countries, where they face uncertainty about their future and a lack of social support. These conditions place them at a heightened risk of developing persistent psychological disorders. In 2020, the prevalence of depression among asylum seekers across 15 countries¹ was 41.5%, post-traumatic stress disorder (PTSD) at 31.5 %, anxiety at 11 %, and psychosis at 1.5 % (Blackmore et al., 2020).

The United Kingdom is among the top five countries where **forcibly displaced** people seek sanctuary. According to the 1951 United Nations Convention relating to the Status of Refugees and its 1967 Protocol, forcibly displaced people are those who have been compelled to leave their homes due to conflict, persecution, violence, or human rights abuses. As of 2023, the UK received 78,768 asylum applications, with over 75% of these applicants being men. A significant number of these individuals are placed in temporary hotel accommodations (UK Government, 2023). By March 2024, over 30,000 people making more than 38% of all asylum seekers under Home Office care—were living in temporary accommodations, such as hotels (UK Government, 2024).

The UK's asylum system, particularly since the early 2010s under the Conservative-led government, has been characterised by "Hostile Environment" policy. This policy, spearheaded by then-Home Secretary aims to make the UK a less welcoming place for Refugees and asylum seekers (Travis, 2018). It is characterised by reduced access to services, increased deportation rates, destitution, and often inhumane accommodation conditions (Goodfellow, 2019). However, this approach reflects broader immigration control policies that transcend political parties. For instance, Labour governments have also enforced strict deportation measures, deporting more "illegal immigrants"² in less time compared to the early years of the Conservative government in 2024 (Amnesty International, 2021). These policies, regardless of which party is in power, reflect an overarching goal of immigration control and containment. This hostile environment worsens the existing mental health challenges faced by asylum seekers, turning their journey of safety into a very overwhelming experience (Human Rights Watch, 2022).

Although the UK is bound by international laws like the 1951 Refugee Convention and its 1967 Protocol, the recent policies, such as the Illegal Migration Act and the Nationality and Borders Act, undermine these commitments by criminalising irregular arrivals and restricting legal protections (UNHCR, 1951; Human Rights Watch, 2022; Amnesty International, 2021). Such policies not only contradict international obligations but disproportionately impact vulnerable individuals, eroding their rights to safety and dignity while intensifying their mental and emotional burdens.

1. The 15 countries included in the study are Australia, China, Germany, Italy, Lebanon, Nepal, Norway, South Korea, Sweden, Switzerland, Turkey, Uganda, the United Kingdom, and the United States of America (Blackmore et al., 2020).

2. A term frequently and inappropriately used interchangeably with 'forced migration' (Mayblin, 2019).

Despite the high prevalence of psychological disorders among asylum seekers compared to other migrant groups and the general population, mental health support-seeking remains low due to significant access barriers (Kessler, Petukhova et al., 2020). This research explores the experiences and barriers male asylum seekers face in seeking mental health support, particularly those in hotel accommodations, while also examining the voluntary sector's role in addressing their needs.

METHODOLOGY

The research used a mixed-methods data collection design. It administered survey questionnaires and conducted in-depth interviews for both quantitative and qualitative data collection. The study compared three groups of asylum seekers residing in temporary hotels accommodations in Slough area. Data collection was carried out across three key hotels in Slough: **Kingfisher Court**, **Holiday Inn**, and **Novotel**, all of which by then were accommodating asylum seekers. These hotels were selected to provide a representative sample of the living conditions experienced by male asylum seekers.

The quantitative component involved administering survey questionnaires to a sample of 10 male asylum seekers. The quantitative data were collected using three tools: the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) Scale (Nazari et al., 2024), the Barriers to Access to Care Evaluation (BACE) tool (Clement et al., 2012), and the Living Conditions and Mental Health Impact Survey.

1. ATSPPH Scale: This tool assessed participants' attitudes toward seeking professional psychological help, covering areas such as stigma, openness, and how they perceive professional mental health services.
2. Barriers to Access to Care Evaluation (BACE): The BACE tool was used to identify structural, financial, cultural, and stigma-related barriers to accessing mental health care. It offered a validated framework to understand the specific obstacles experienced by asylum seekers.
3. Living Conditions and Mental Health Impact Survey: Specifically designed for this study, this tool focused on environmental factors such as privacy, overcrowding, food quality, safety, noise impact, and access to amenities in temporary hotel accommodations. Its design was informed by elements of well-established instruments like the WHOQOL-BREF (WHO, 2012) to capture how environmental conditions influence mental well-being.

For the qualitative component, in-depth interviews were conducted with 6 key informants, including asylum seekers and two representatives from Voluntary and Community Sector Organisations (VCSOs). These interviews aimed to gain deeper insights into the personal experiences of male asylum seekers mental health challenges, barriers to accessing support and the effectiveness of the support systems available to them.

The interviews were analysed thematically to identify recurring themes and patterns. Key areas explored included the impact of living conditions, cultural influences, and systemic challenges. Quotes from participants were used to enhance the depth of the findings.

INSIGHTS FROM LITERATURE

BARRIERS TO ACCESSING MENTAL HEALTH SERVICES

- **Structural barriers**

Sijbrandija et al., (2017) identified barriers to mental health services among refugees and asylum seekers throughout Europe and the Middle East with a focus on Jordan, Turkey, and Germany. The authors argued that refugees and asylum seekers face challenges in accessing mental health services due to insufficient numbers of mental health care professionals to cover the needs of refugees experiencing impaired psychological distress. Similarly, Kiselev et al., (2020) found that long appointment waiting times, transportation difficulties and bureaucratic complexities prevented asylum seekers from accessing essential services.

Priebe et al., (2016) identified another major structural issue; a lack of clarity (for asylum seekers and healthcare providers) about refugees' legal rights. Health workers, who are unsure of what services asylum seekers qualify for, are part of the barriers. This underlines the importance of policies and training to close these gaps. Moreover, restrictive policies (e.g., the prohibition of asylum seekers from working) further limit financial self-sufficiency, forcing many not to afford private care (Kiselev et al., 2020). Gatekeepers (i.e., social workers and asylum coordinators), who decide whether someone is able to access care can vary greatly in availability, which leads to inconsistency in the service provided.

In a report by Freedom from Torture (2022), evidence of how the quality of housing exacerbates mental health challenges. Overcrowding, lack of privacy and restrictive curfews mirror many of the traumatic environments from which asylum seekers fled, exacerbating anxiety and depression in a population that is vulnerable to those conditions. These findings highlight the need for an integrated approach to tackle structural barriers, which incorporates mental health services into overall healthcare systems alongside efforts to improve basic living conditions.

- **Socio-cultural barriers**

Socio-cultural barriers exist when asylum seekers and refugees want to access mental health care services, for example, the mismatch between the Western system and asylum seekers' problems and needs, stigma, lack of trust in the system, and gender aspects (Kiselev et al 2020). Many refugees do not find traditional Western models of mental health particularly responsive to culturally informed understandings of mental health (Hamid & MacIntyre 2014), which has resulted in limited use of services. On lack of trust, Priebe et al., (2016) suggested that this comes based on refugees, and asylum seekers, pre-migration experiences of persecution, and/or a fear of being reported to authorities. Hence this makes it hard for them to trust foreign health care systems or share sensitive information about mental health problems.

In Priebe's (2016) report, the author suggests some ways to overcome the challenges that asylum seekers and refugees face concerning mental health care services following interventions he suggested namely: promoting social integration, providing outreach programs of mental health care, providing information about health care entitlements, improving coordination of mental health services, using technologies to overcome language barriers, providing specific training to health professionals working with asylum seekers, and refugees.

UTILISATION OF MENTAL HEALTH SERVICES

Satinsky et al., (2019) conducted a systematic review from 2007 to 2017, he explored the Utilisation of mental health and psychosocial support (MHPSS) in Europe. The majority of the papers reviewed had secondary and primary care as their settings and few in emergency settings; in his study, he found that access and utilisation of MHPSS among asylum seekers is low. The major barriers to access MPHSS within the asylum seekers community were language, help-seeking behaviours, lack of awareness, stigma, and negative attitudes towards and by providers. Msira Tania et al., (2006) reviewed that health providers on MPHSS were facing challenges in assisting asylum seekers due to language barriers, due to increased demand, and unsure of the appropriateness of the Western model of treating mental illness provided to asylum seekers. Msira Tania et al., (2006) setting was primary health care and outreach clinics.

The opinions of the two authors on mental health among asylum seekers are the same despite they were focusing on two different groups' experience of mental health (receipt and provider) the other focused on the experience that asylum seekers faced while the latter focused on health profession experience while treating asylum seekers. This suggests that the challenges of mental health in this community are on both ends, the recipient and providers.

THE ROLE OF ACCOMMODATION IN MENTAL HEALTH

Accommodation significantly influences the mental health outcomes of asylum seekers, particularly those in temporary settings like hotels. Inadequate living conditions, such as overcrowding, lack of privacy, and poor access to amenities, have been consistently linked to elevated stress, anxiety, and depression. Studies, including those by Freedom from Torture (2022), emphasise how overcrowding and the lack of personal space exacerbate trauma symptoms, while poor sleep conditions and noise disturbances heighten the risk of mood disorders (Baglioni et al., 2011). Additionally, unstable housing arrangements add to asylum seekers' uncertainty, fostering insecurity and re-traumatisation (Priebe et al., 2016).

Beyond physical conditions, the absence of autonomy, such as the inability to prepare meals or access recreational facilities, further compounds the mental health challenges. Limited engagement opportunities and cultural insensitivity within accommodations reinforce feelings of isolation and disempowerment (Sijbrandija et al., 2017; Kiselev et al., 2020). Male asylum seekers, in particular, face stigma and cultural barriers in these environments, making it harder to seek help (Satinsky et al., 2019). These findings underscore the urgent need for systemic reforms to improve accommodation quality as part of a broader mental health strategy for asylum seekers.

GAPS IN EXISTING LITERATURE

Despite increasing research attention to asylum seekers and the specific mental health challenges they experience, knowledge gaps remain, and more research is still needed, particularly with male asylum seekers. Previous research on male refugee populations has emphasised broad findings across refugee populations while often overlooking the distinct cultural and social barriers that prevent men from seeking mental health support, e.g., traditional masculine norms (Vogel et al., 2011).

Also, not enough research has been done on the impact of **temporary hotel accommodation**; overcrowded, lacking privacy and basic amenities on the mental health of male asylum seekers, even though there is evidence linking bad housing to psychological distress (Kiselev et al., 2020).

In addition, though the voluntary sector plays a critical part in addressing gaps, its contributions and challenges still go under-explored. The study aimed to fill these gaps by exploring the lived experiences of male asylum seekers placed in hotel accommodation and the role that the voluntary sector can play in easing the access of asylum seekers to mental health services.

RESULTS

We adopted the **Attitudes Toward Seeking Professional Psychological Help (ATSPPH)**, **Living Conditions and Mental Health Impact Survey (LCMHIS)**, and the **Barriers to Access to Care Evaluation (BACE)** tools to assess whether the Attitudes of Male Asylum seekers are a barrier to Mental Health Support. The ATSPPS had ten questions, and LCMHIS had 7 sections with a range of 2-3 questions. The BACE had 5 sections ranging from 4 to 10 questions. All the questions under the BACE were scored from 1 to 5.

The study recruited ten male asylum seekers from three hotels in Slough: Kingfisher Court, Holiday Inn, and Novotel. The mean age of the participants was 25 years. The majority of participants (70%) identified as straight, while 10% identified as gay, and 20% preferred not to disclose their sexuality. Regarding marital status, 70% of participants were single, and 30% were married. The participants were from a diverse range of countries, including Ethiopia (20%), Afghanistan, China, Egypt, Eritrea, Lebanon, Nigeria, South Sudan, and Sudan (each 10%). In terms of education, 30% of participants had completed high school and primary school, 20% had attended college, and 10% each had attended university and secondary school. Religious affiliations included 60% Muslim and 40% Christian.

1. LIVING CONDITIONS AND THEIR ROLE IN SHAPING MENTAL HEALTH EXPERIENCES

The "Living Conditions and Mental Health Impact Survey" provided detailed data on various aspects of living conditions and their overall impact on the mental health of male asylum seekers residing in hotel accommodations. The survey assessed variables such as privacy satisfaction, personal space, curfew impact, sign-in/out stress, food quality, dietary needs, digestive issues, overcrowding, noise impact on sleep, safety, and satisfaction with amenities.

• SATISFACTION WITH AMENITIES, FOOD QUALITY, AND PRIVACY

The survey results showed a high level of dissatisfaction with amenities, such as internet access and recreational facilities, with 70% of respondents expressing that they were very dissatisfied. Only 20% of respondents were neutral, and 10% reported satisfaction. Food quality emerged as a significant concern, with 80% of the participants expressing extreme dissatisfaction. A small fraction, 10%, were neutral, and another 10% were simply dissatisfied rather than extremely. When it comes to privacy, the responses were more varied. While 40% of respondents were satisfied with the level of privacy in their accommodations, another 30% were very dissatisfied, and the remaining 30% were dissatisfied.

Table 1 showing satisfaction with amenities, food quality, and privacy.

Variable	Neutral	Satisfied	Very Dissatisfied	Dissatisfied
Amenities; internet, recreational facilities	2	1	7	0
Privacy	0	4	3	3
Food quality	1	0	8	1

• IMPACT ON WELL-BEING

The impact of living conditions on well-being was another critical area explored in the survey. A significant number of the respondents, 40%, indicated that lack of amenities or poor access to amenities (such as internet, recreational areas including prayer spaces within the accommodation) always affected their well-being, with 50% stating that these amenities often had an impact. Only 10% of respondents reported that amenities rarely impacted their well-being. Digestive issues were also common, with 50% of the respondents experiencing these issues sometimes, 30% often, and 20% always.

General stress was prevalent, with 50% of respondents experiencing it always, 30% often, and 20% sometimes. Overcrowding was a frequent issue as well, with 40% of respondents experiencing it always, 20% often, 20% rarely, 10% sometimes, and 10% never. Personal space was a major concern, with only 20% of respondents feeling that their personal space was always respected. Meanwhile, 40% reported that their personal space was never respected, and the remaining 40% indicated that their personal space was rarely or sometimes respected. Safety-related stress was also significant, with 30% of respondents experiencing it always, 20% often, and 10% never experiencing it.

Table 2 shows the impact of living conditions on well-being

Variables	Always	Often	Rarely	Sometimes	Never
Amenities Impact on Well-being	4	5	1	0	0
Experiencing digestive issues	2	3	0	5	0
Experiencing general Stress	5	3	0	2	0
Overcrowding	4	2	2	1	1
Personal space respected	2	0	2	2	4
Safety-related Stress	3	2	0	4	1

• IMPACT OF CURFEW, NOISE, OVERCROWDING, AND SIGN-IN/OUT STRESS ON MENTAL HEALTH

Curfews had a notable impact on mental health, with 40% of respondents reporting that curfews had a significant impact, 20% reporting an extreme impact, 20% reporting a moderate impact, 10% reporting a slight impact, and 10% reporting no impact at all. Noise impacted sleep for 40% of respondents moderately, while another 40% said it did not impact them at all.

Overcrowding had an extreme impact on the mental health of 30% of respondents, while 20% said it had a moderate impact, 20% said it did not impact them at all, and the remaining 30% said it had a slight or significant impact. The sign-in/out process was another source of stress, with 50% of respondents reporting that it extremely impacted their mental health, 40% reporting a significant impact, and 10% reporting a moderate impact.

Table 3 showing the impact of living conditions on mental health

Variables	Extremely	Moderately	Not tall	Significantly	Slightly
Curfew	2	2	1	4	1
Noise on sleep	0	4	4	1	1
Over-crowding	3	1	2	2	2
Sign in and out stress	5	1	0	0	4

- **DIETARY NEEDS AND MEAL PREPARATION**

When it comes to meal preparation, none of the respondents were allowed to prepare their own meals, which likely contributes to the high levels of dissatisfaction with food quality and the unmet dietary needs reported in the survey. Specifically, 60% of respondents indicated that their dietary needs were not met, while 40% reported that their dietary needs were met.

Table 4 showing the diet Needs and Meal preparation

Variables	No	Yes
Allowed to prepare meals	10	0
Dietary needs met	6	4

2. BARRIERS FROM ACCESSING MENTAL HEALTH SERVICES

The BACE had five sections assessing financial, Structural, Living Condition, Language, and Stigma barriers. The range of questions varied among the sections.

- **FINANCIAL BARRIERS**

Financial barriers were assessed using three questions, each scored on a scale of 1 to 5, with higher scores indicating greater financial constraints in accessing mental health services. The mean score for financial barriers was 0.73 (SD = 1.12), showing that financial limitations were a significant obstacle to accessing mental health services. The inability to access mental health care due to financial constraints scored 0.3, further emphasising the financial difficulties faced by asylum seekers in obtaining necessary psychological support.

Table 5 shows the financial barriers to accessing mental health services

Financial Barriers	Total score
Lack of financial resources to afford mental health services or medication	0.3
High costs associated with transportation to mental health appointments	0.225
Inability to access mental health services due to financial constraints	0.3

• **STRUCTURAL BARRIERS**

The majority of respondents identified financial instability, housing insecurity, and work restrictions as key structural barriers to accessing mental health support. Specifically, 83% reported financial struggles (inability to afford food, bills, or basic necessities), while housing instability such as poor conditions and frequent relocations was highlighted by another 83%. Additionally, 80% cited the prohibition on employment as a major obstacle. Other significant barriers included the limited availability of mental health services (73%), difficulty navigating the healthcare system (48%), and long wait times for appointments (40%).

Table 6 showing the structural barriers affecting asylum seekers from accessing help

Structural Barriers	Percentage (%)	Structural Barriers	Percentage (%)
Not being able to access English language training	28	Long wait times to get an appointment with a mental health provider	40
Not enough money to buy food pay bills or buy necessary clothes	83	Limited availability of mental health services in the hotel accommodation or nearby area	73
Difficulty accessing public transport or not having enough money to use public transport	48	Difficulty navigating the mental health system and understanding the procedures for accessing care	48
Difficulties obtaining financial assistance from the government or charities	18	Challenges in finding mental health providers who are willing to work with asylum seekers or provide services in multiple languages	48
Difficulties relating to housing e.g poor housing conditions uncertainty of accommodation having to frequently change places of residence hotels	83	Not being allowed to work	80

- **LIVING CONDITIONS**

Four different variables were evaluated under living conditions. 50% of the respondents indicated that inadequate or poor living conditions in temporary hotel accommodations, such as overcrowding and lack of privacy, contribute to discomfort, and 60% responded that lack of privacy in the accommodations contributed the same. The rest of the variables were less than 50%, as shown in Table 6 below.

The table 7 below shows the living conditions as a barrier to accessing mental health services

Living Conditions	Percentage (%)
Inadequate or substandard living conditions in the temporary hotel accommodations e.g overcrowding lack of privacy	60
Lack of access to basic amenities such as nutritious food internet	53
Unsafe or insecure environment within the hotel accommodations leading to feelings of stress or anxiety	48
Overcrowding or lack of personal space within the accommodations	45

- **LANGUAGE BARRIERS**

Language barriers significantly impacted help-seeking behaviour, with 43% of respondents reporting difficulty communicating with mental health providers. The lack of interpreters further exacerbated their distress, leading to misunderstandings about available mental health services

Table 8 showing language as a barrier to accessing care

Language Barriers	Percentage (%)
Difficulty communicating with mental health providers or understanding information about available services due to language barriers	43
Limited availability of interpreters or translation services to facilitate communication with mental health professionals	8
Feeling excluded or marginalised in the mental health care system due to language differences	18

- **STIGMA-RELATED BARRIERS**

Under the section on stigma-related barriers, 50% indicated that the fear of being either judged or stigmatised by others in the hotel accommodations or community when seeking mental health care, was one of the factors affecting their mental health-seeking behaviours. 55% indicated that cultural beliefs or attitudes that discourage seeking help for mental health problems or view mental illness negatively. The least of the variables were less than 50%. As shown in the table below.

The table 9 below shows the stigma-related barriers to seeking mental health support

Stigma-related barriers	Percentage (%)
Fear of being judged or stigmatised by others in the hotel accommodations or community if seeking mental health care	55
Cultural beliefs or attitudes that discourage seeking help for mental health problems or view mental illness negatively	50
Concerns about confidentiality and privacy breaches if disclosing mental health issues to others including mental health professionals	33
Fear of repercussions or discrimination based on past experiences or disclosure of mental health concerns	35

3. CULTURAL AND SOCIAL FACTORS INFLUENCING THE MENTAL HEALTHHELP-SEEKING BEHAVIOUR OF MALE ASYLUM SEEKERS

In order to quantitatively measure male asylum seekers attitudes and beliefs toward mental health help-seeking, the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) Scale was utilised. This tool together with insights from the qualitative interviews highlighted certain cultural and social factors informing whether or not they seek mental health support.

All 10 Individuals responded to the ten questions on the ATSPSH scaling tool. 50% of participants agree to be comfortable seeking mental health services.60% strongly disagree with discussing mental health issues with family members. 40% of the participants disagree that seeking mental health services is embarrassing while 50% agree that seeking help to strength. 50% disagree that it is not a waste of time to seek mental health. 70% of the participants agree to discuss openly mental health issues with a professional; 50% agree that seeking mental health is an effective therapy. However, 50% of the majority were not neutral on seeking mental health.

The table 10 below shows the ATSPPH

Attitudes Toward Seeking Professional Psychological Help	strongly agree	agree	neutral	disagree	strongly disagree
Comfortable seeking help	2	5	2	1	0
Discuss with family not professional	0	0	0	4	6
Discuss with friends not professional	0	2	3	5	0
Embarrassed to seek help	1	2	2	4	1
Seeking help is strength	3	5	2	0	0
Seeking help is a waste of time	0	2	1	5	2
Seeking help is weakness	0	3	2	3	2
Open to discuss with professional	1	7	2	0	0
Seek help if needed	1	4	5	0	0
Therapy better off	2	3	4	1	0
Therapy effective	1	5	3	1	0

4. THE VOLUNTARY SECTOR'S ROLE IN SUPPORTING ASYLUM SEEKERS' MENTAL HEALTH.

Given the structural and socio-cultural barriers identified earlier, the voluntary sector plays a crucial role in bridging gaps in mental health support for asylum seekers. Many asylum seekers experience significant challenges in accessing statutory mental health services due to language barriers, long waiting times, stigma, and restrictive asylum policies. In response, voluntary and community sector organisations (VCSOs) provide essential advocacy, emotional support, and trauma-informed services tailored to this population. However, despite their critical role, these organisations face funding constraints, limited capacity, and systemic challenges that hinder their ability to deliver long-term mental health interventions.

This study engaged representatives from organisations that work closely with asylum seekers, including those focused on migrant rights advocacy and grant-making for community-led initiatives. These professionals brought years of experience in supporting asylum seekers across various capacities, including welfare support, legal assistance, and community-based mental health interventions. Their insights highlighted both the opportunities and challenges facing the voluntary sector in delivering mental health support to this vulnerable population.

- **LIMITED FUNDING FOR MENTAL HEALTH SERVICES**

One theme which emerged from the interviews was the funding gap in mental health services for asylum seekers. While voluntary organisations provide a range of services, the priority remains immigration advice and welfare support, as these are seen as immediate survival needs. Mental health support often becomes a secondary concern, despite its critical role in asylum seekers' overall well-being. As one participant stated:

“Mental health support is not prioritised by funders, who often concentrate on immigration and welfare issues. By the time many asylum seekers seek help for their mental health, their condition has already deteriorated.”

This shows existing challenge within the voluntary sector funding models that prioritise crisis intervention over long-term mental health care. Trauma-informed counselling and psychiatric services are particularly underfunded, leaving many asylum seekers with few options beyond short-term interventions such as befriending programs, which despite being beneficial, may not be sufficient for individuals experiencing complex trauma such as PTSD or bipolar disorder.

“Sometimes they need deep clinical mental health support, and that’s not easy to get... It is quite expensive, and many funders in the voluntary sector are not willing to pay for that support”.

- **BARRIERS TO EFFECTIVE MENTAL HEALTH SUPPORT**

Participants described systemic and structural barriers that limit voluntary organisations' ability to provide consistent mental health care. Restrictive immigration policies, such as the Illegal Migration Act (2023) and the Nationality and Borders Act (2022), contribute significantly to asylum seekers' psychological distress by creating uncertainty, fear, and instability. A participant from one organisation noted:

"Some of the policies are outright against asylum seekers and navigating that is already traumatising. Even when people seek mental health support, they are dealing with layers of institutional discrimination."

These policies create uncertainty in the asylum process, forcing many asylum seekers to stay in temporary accommodations (hotels) for a long time, where access to mental health services is severely limited. Additionally, the No Recourse to Public Funds (NRPF) policy prevents many from accessing additional support, leaving voluntary organisations to fill this critical gap with limited resources.

- **LANGUAGE AND CULTURAL BARRIERS**

Language barriers significantly affect asylum seekers' ability to seek and receive mental health care. Many asylum seekers struggle to articulate their trauma in English, and while some voluntary organisations provide interpreters, there is a lack of trained, trauma-informed interpreters in statutory mental health services. As one participant explained:

"How do you expect someone to explain their trauma in a different language? Trauma is difficult to explain even in your own language. It's not just about having someone to translate; it's about having someone who understands trauma and has lived experience. A literal translation won't capture what asylum seekers are going through."

Additionally, a lack of culturally competent mental health professionals within statutory services discourages asylum seekers from seeking help. Some asylum seekers come from cultures where mental health issues are highly stigmatised, making them less likely to engage with support unless it is provided in a culturally sensitive manner.

- **CHALLENGES IN COLLABORATION**

Collaboration between statutory services like NHS, and voluntary organisations remains fragmented, making it difficult to deliver holistic and sustainable mental health support. While some voluntary organisations receive statutory support to deliver mental health services, there is often little co-design in how these services are structured. One participant challenged the top-down mentality of larger institutions, stating:

"Collaboration should come from the ground up, with the people living through these challenges. But what we see is an imposition ... almost as if in a colonial relationship where we are just recipients".

This highlights the disconnect between policymakers and frontline organisations, where top-down approaches to mental health provision fail to reflect the lived realities of asylum seekers. Instead of community-driven solutions, many voluntary organisations feel that they are forced to adapt to rigid frameworks, limiting their ability to provide flexible and person-centred mental health care.

FINDINGS AND THE WAY FORWARD: DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

This study highlighted the significant mental health challenges faced by male asylum seekers in temporary hotel accommodations, shaped by structural barriers, socio-cultural factors, and the limitations of the voluntary sector support. The findings showed that inadequate living conditions, restricted access to services, and hostile immigration policies exacerbate psychological distress, making it difficult for asylum seekers to seek and receive timely mental health support.

UNDERSTANDING THE BARRIERS: DISCUSSION

1. LIVING CONDITIONS AND MENTAL HEALTH IMPACT

The research showed that the living situations has an impact on the mental health of asylum seekers. Overcrowding and a lack of privacy and adequate facilities were major sources of stress, with 60% of respondents reporting that they affected from their wellbeing. In addition to this, not being able to prepare culturally appropriate meals and dissatisfaction with the quality of the food enhanced a sense of disempowerment. Such conditions are consistent with Sijbrandija et al., (2017), who reported how absence of culturally sensitive provisions can increase psychological distress for example within asylum seekers.

"The food is terrible and often undercooked. I can't eat what they provide, and it's making me sick ... I am not allowed to make my Sudanese meals, we are not allowed to cook here. I can't work, I don't have money for Sudanese restaurants"

Respondents described their experience as a "prison-like environment," in which restrictive rules and an absence of independence only added to their psychological distress. Such conditions are aligned with earlier work by Priebe et al., (2016) that recognised poor housing and systemic neglect as major factors in asylum seekers' mental health deterioration. The lack of privacy and personal space, reported by 40% of respondents as never respected, exacerbates feelings of stress and anxiety, creating an environment where mental health issues can flourish. The issue of sharing bathrooms and toilets is shown as a significant concern among the asylum seekers residing in hotel accommodations, particularly in Kingfisher Court, with 40% of respondents reporting that they had to share these facilities with four other people. This situation raises important issues related to privacy, hygiene, and overall well-being, as the lack of privacy in such shared environments can be distressing, exacerbating feelings of discomfort and insecurity (Priebe et al., 2016). One respondent stated;

"As a gay man, I do not feel safe and comfortable enough to be myself sharing space with people in an environment that is not queer friendly... I find myself stuck in the closet afraid of being judged"

The restrictive environment created by curfews and the sign-in/out process was another source of stress, with 60% of respondents indicating that these rules significantly impacted their mental health. This finding aligns with responses from the interviews where one respondent described their living environment as a prison. One respondent stated that, ***"The curfew makes me feel like I'm in a prison. I have to rush back, and it adds to the stress I'm already dealing with."*** Such -

conditions can lead to a feeling of helplessness, which is closely associated with mental health deterioration (Silove, Ventevogel, & Rees, 2017).

2. BARRIERS TO MENTAL HEALTH SERVICES

The study also identified several significant barriers that deter asylum seekers from accessing mental health services, as captured by the Barriers to Access to Care Evaluation (BACE) and supported by qualitative interviews. Structural barriers were significant, with respondents naming long NHS waiting lists, lack of trauma-informed care and lack of culturally appropriate services as contributing factors. **"The health service is overstressed and under-resourced,"** a key informant said, underscoring the systemic failures that mean asylum seekers are left without support. One respondent stated, **"We are stuck in the hotel without any means to support ourselves, no work and even if we wanted to seek help, it feels impossible, I don't know where to begin."** The findings align with Priebe et al., (2016) and Kiselev et al., (2020), which found similar structural barriers, such as legal restrictions on employment, severely limit asylum seekers' access to health services.

Financial considerations, although not the primary barrier, still play a role, particularly concerning the costs associated with transportation to appointments. **"I cannot afford to go to appointments because the bus fare is too expensive, and I only get £9 a week."** This aligns with the broader literature, such as the work by Satinsky et al., (2019), which highlights financial barriers as a common barrier to accessing healthcare among asylum seekers.

Language barriers were another concern, with difficulties in communicating with healthcare providers and the lack of interpreters contributing to feelings of isolation and frustration. As one respondent mentioned, **"I don't speak English well, and when I try to explain my problems, they don't understand me."** This is supported by findings from Sijbrandija et al., (2017), who noted that language barriers significantly hinder access to mental health care among refugees and asylum seekers.

The ATSPPH results, combined with qualitative data, provided insight into the cultural and social factors influencing help-seeking behaviour. Cultural beliefs about mental health were found to be a significant barrier, with many asylum seekers viewing mental health issues as a sign of weakness or insanity. This cultural stigma is compounded by social norms that discourage men, in particular, from expressing vulnerability or seeking help. Many respondents expressed fear of being judged or stigmatised by their peers if they sought mental health care. One respondent highlighted, **"In my culture, if you seek mental health help, you are seen as weak, and people will think you are crazy."** This is aligned with research by Vogel et al., (2011), which highlights how traditional masculine norms can inhibit help-seeking behaviour.

In addition to this, religious beliefs also played a role. While religion provided comfort and a coping mechanism for many, it also acted as a barrier to seeking professional help. A Muslim respondent shared, **"As a Muslim, I believe that I should pray and ask God to heal my mind. Going to a doctor for mental health feels like I am not trusting in Allah."** This reflects the findings of Abu-Ras and Abu-Bader (2009), who noted that for many Muslims, reliance on religious practices often takes precedence over seeking professional mental health care.

3. THE ROLE OF THE VOLUNTARY SECTOR

Given the systemic barriers asylum seekers face in accessing statutory mental health services, voluntary organisations play a crucial role in bridging these gaps. This study engaged representatives from migrant rights advocacy groups and grant-making organisations, whose experiences highlight both the opportunities and limitations of the voluntary sector in delivering mental health support.

While voluntary organisations provide peer support networks, befriending services, counselling, and advocacy efforts, they remain constrained by limited funding, lack of coordination with statutory services, and restrictive policies that hinder long-term interventions. The voluntary sector fills critical gaps in trauma-informed care and culturally competent mental health support, yet services remain underfunded and fragmented, limiting their impact.

One pressing concern identified in this study is the lack of comprehensive research and transparency regarding which organisations provide mental health support to asylum seekers, the effectiveness of these services, and the extent of unmet needs. Research indicates that asylum seekers face significant mental health disparities, yet understanding these inequalities remains complex due to fragmented data and inconsistent service provision (Blackmore et al., 2020). While some regional efforts exist, such as the Greater London Authority's migrant support services map (London.gov, 2023), there is no centralised, nationwide framework to systematically track available mental health support, its accessibility, or its effectiveness. This lack of coordinated data limits organisations' ability to collaborate, allocate resources effectively, and advocate for systemic change. Furthermore, reports highlight that statutory and voluntary mental health services often operate independently with little coordination, leaving asylum seekers to navigate a disjointed and under-resourced system. Addressing this gap requires improved service mapping, stronger collaboration between statutory and voluntary sectors, and targeted research to inform policies that ensure sustainable and culturally competent mental health care for asylum seekers.

To enhance the voluntary sector's role, there is a pressing need for sustained funding, structured collaboration with statutory services, and data-driven approaches that prioritise early intervention and preventative mental health strategies, rather than reactive crisis management. Without these reforms, voluntary organisations will continue not to be effective, addressing symptoms rather than the root causes of asylum seekers' mental health struggles.

RECOMMENDATIONS

1. IMPROVING LIVING CONDITIONS IN ASYLUM ACCOMMODATIONS

The Home Office has established guidelines on asylum housing, yet multiple reports indicate that these standards are inconsistently enforced (Independent Chief Inspector of Borders and Immigration, 2024). Poor housing conditions, overcrowding, and lack of privacy have been linked to deteriorating mental health among asylum seekers (British Red Cross, 2023).

- The Home Office should ensure that minimum housing standards are enforced to guarantee adequate space, privacy, and access to mental health-friendly environments.
- Policies restricting autonomy, such as curfews and food restrictions, should be reconsidered to grant asylum seekers greater control over their daily lives.

2. ENHANCING MENTAL HEALTH ACCESS AND SERVICE DELIVERY

Asylum seekers face disproportionately long waiting times for NHS mental health services. According to Mental Health Foundation (2024) waiting times often exceed 12-18 months. These delays, coupled with cultural stigma and language barriers, discourage help-seeking behaviours.

- The NHS and local authorities must prioritise reducing wait times for mental health services by increasing specialist provision for asylum seekers and funding culturally competent, trauma-informed care.
- Greater investment in interpreters and multilingual therapists is required to ensure language does not remain a barrier to seeking help.

3. STRENGTHENING THE ROLE OF THE VOLUNTARY SECTOR

The voluntary sector plays a crucial role in filling the gaps left by statutory services, yet many organisations report chronic underfunding for mental health-specific programmes (Migrants' Rights Network, 2024).

- Sustainable funding should be allocated to mental health services within voluntary organisations, rather than focusing solely on immigration and basic welfare needs.
- The voluntary sector must be included in co-designing mental health interventions, ensuring asylum seekers receive holistic care rather than being treated as a secondary service provider.

4. ADDRESSING STRUCTURAL AND POLICY BARRIERS

Restrictive asylum policies contribute to mental health deterioration by fostering instability, financial dependence, and social isolation (Amnesty International, 2024). For instance, policies such as No Recourse to Public Funds (NRPF) and the ban on asylum seekers working leave many without the means to support themselves.

- The government should review restrictive policies, including the work ban for asylum seekers, which limits financial independence and access to private healthcare. Studies indicate that employment significantly improves mental health and well-being among displaced populations (Coutts et al., 2023).
- Mental health should be recognised as a core part of the asylum support system, with targeted funding and policy changes to integrate mental health services within asylum accommodations. Currently, mental health provision for asylum seekers remains fragmented, with little coordination between statutory and voluntary providers (Freedom from Torture, 2023).

FINAL REFLECTIONS

This research highlights the urgent need for systemic changes to ensure that male asylum seekers in the UK receive the mental health support they need. While the voluntary sector provides essential stop-gap measures, sustainable solutions require policy reform, investment in statutory and voluntary services, and a shift towards a more humane and trauma-informed approach to asylum accommodation and mental health care. Without these reforms, asylum seekers will continue to suffer in silence, facing barriers that undermine their right to safety, dignity, and well-being. We have identified through this study the lack of comprehensive research and transparency regarding which organisations provide mental health support to asylum seekers. We believe further research and work in understanding the voluntary sector's response in supporting the unmet mental health needs of migrant communities would go a long way to provide well needed support that currently appear to be scant and ad hoc.

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