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ORIGINAL RESEARCH

Asylum seekers and refugees in Northern Ireland: the impact of post-migration stressors on mental health

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Objectives: In recent years, Northern Ireland has seen an increase in the numbers of asylum seekers and refugees. Given its status as a post-conflict region, this is a relatively new phenomenon for the area. Northern Ireland is also the only part of the United Kingdom (UK) without a refugee integration strategy. In 2016, we conducted an extensive study for the racial equality unit of the Office of the First and Deputy First Minister in Stormont on the everyday life experience of asylum seekers and refugees in Northern Ireland with view to understanding how service delivery and notions of integration/inclusion impact.

Methods: This was a mixed methods study using quantitative survey methods and in-depth semi-structured interviews with service providers, asylum seekers, refugees and new UK citizens. We examined a range of service provision such as education, labour, legal provision, housing and health.

Results: This article examines the issue of mental health with respect to asylum seekers and refugees in Northern Ireland. The results delineate how asylum seekers and refugee's mental health is dramatically impacted by the asylum system in Northern Ireland (and hence, the UK) and the dearth thereof, of particular and necessary supports and access issues in the space of health and mental health in Northern Ireland. We describe how post-migration stressors experienced through the UK asylum system further compound mental health issues. The findings provide a focus on the asylum system, housing and employment.

Conclusions: Our research found a dearth of mental health supports in Northern Ireland and concluded that the asylum system in the UK (as a form of post-migration stressor) further exacerbates and contributes to poor mental health and well-being for many asylum seekers and refugees.

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Key words: Asylum seekers, mental Health, Northern Ireland, post-migration stressors, refugees, UK immigration system.

Introduction

In recent years, Northern Ireland has seen its numbers of asylum seekers and refugees increase. As a post-conflict region with a complex history and ongoing issues of sectarianism and division, Northern Ireland has not traditionally been a receiver of asylum seekers and refugees and as such, it needs changes to be put in place with respect to service design and delivery as well as integration/inclusion work. Since, 2015 as a participant in the Vulnerable Person's Relocation Scheme, Northern Ireland has also received the highest number of Syrian refugees in the United Kingdom (UK), by 2020, thereby changing the landscape of asylum and refuge in Northern Ireland in interesting but complex ways. As a devolved region, Northern Ireland has responsibility for integration/inclusion processes and policies but must accept immigration litigation and policy from the Home Office, located in Westminister. The centralised litigation and policy does not consider the complexities and particularities of Northern Ireland, and therefore, presents complex challenges for the region in different ways which are underestimated by Great Britain based policymakers. This article sets out to examine the issue of mental health with respect to asylum seekers and refugees in Northern Ireland. Our particular interest in this topic has emerged through an extensive research project conducted for the Racial Equality Unit, the Executive Office, Stormont (Murphy & Vieten, 2017) on the everyday life experiences of asylum seekers and refugees. This research was conducted with a view to understanding the interface between asylum seekers and refugees and service supports in Northern Ireland. The overall objective of the project was to develop research and findings which would help evolve Northern Ireland's first refugee integration strategy. At the time of writing (July 2020), Northern Ireland is the only part of the UK which does not have such a strategy. Although Stormont has been reinstated since January 2020, a clear political will to establish the 'Integration strategy' as it was set out yet back in 2016, is still awaiting decision (at the time of writing July 2020).

Herein, we will delineate how asylum seekers and refugee's mental health is dramatically impacted by

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the asylum system in Northern Ireland (and hence, the UK) and the challenge thereof, of access to supports in the space of health and mental health in Northern Ireland.[1] We are especially interested herein in how post-migration stressors experienced through the UK asylum system further compound mental health issues. Research on asylum seekers and refugee's mental health has shifted focus from examining pre-migration experiences of mental health to understanding post-migration stressors as a major determinant in mental health issues (Kirmayer *et al.* 2011; Aragona *et al.* 2013; Schock *et al.* 2015) and our work herein contributes to this broader discussion on how post-migration stressors negatively shape an asylum seekers' experience of a given host country.

A number of studies show that asylum seekers/refugees are at a higher risk of disorders such as depression, suicide, psychosis and post-traumatic stress disorder depending on their migration journey (Mann & Fazil, 2006; Hollander *et al.* 2011; Kalt *et al.* 2013; Shawyer *et al.* 2014). However, and notably, more recent studies have shown that it is post-migration stressors and the period post-arrival in which an asylum seekers or refugees' health is in most danger of decline (Kirmayer *et al.* 2011; Schock *et al.* 2015). Post-migration stressors include (but are not limited to) waiting for an unspecified period of time for the outcome of one's claim, the asylum interview/legal experience, poor housing and/or destitution, inability to access employment, dependency, isolation and loneliness, loss and grief, ambivalent relationship with home, racism and a fear of being returned to country of origin (Murphy & Vieten, 2017). Given the limited space in this piece, our focus herein will be on the asylum legal system and housing/employment as major post-migration stressors in a Northern Ireland context.

As a sociologist and an anthropologist living and working on the island of Ireland, we bring to this study our particular methodological and theoretical orientations on the question of mental health and well-being. As such, we view this issue through a body of literature which argues for a deeper emphasis on the impact of the asylum system and post-migration stressors on the mental health and general well-being of asylum seekers and refugees (Carswell *et al.* 2011; Li *et al.* 2016). Much of the scholarly analyses on post-migration stressors are quantitative, herein we present work that emphasises voice and experience in a qualitative approach. Together, beyond this project we have conducted broader work on displacement and loss (see Vieten & Murphy, 2019), and it is very much these discourses of loss (Vieten, 2018) and trauma (Carswell *et al.* 2011; Murphy, 2018) which underpin our approach in this article and indeed, our work on displacement generally.

The particular context of this study, Northern Ireland, also holds significant interpretive valence as a 'post-conflict' space still subject to sectarian divides. The 'ethno-national division' of Northern Ireland (Vieten, 2021 forthcoming) coupled with its violent conflict, hereafter referred to as 'the Troubles', plays a critical role in how asylum seekers and refugees experience life therein (Chan, 2006; Malischewski, 2012). The legacy of conflict and ongoing experience of sectarianism means that Northern Ireland is a region subject to particularly high statistics with respect to suicide (Black & McKay, 2019) and disability (Devlin & French, 2018). While, herein, we are speaking to the particularities of the experience of asylum seekers and refugees with respect to how they interface with a range of mental health supports such as psychological and counselling services, psychiatric services and NGO supported mental health interventions through the asylum system, it is critical to note that mental health supports in the region are a devolved matter (and different in structure to other parts of the UK) which allows Northern Ireland to take account of its distinct post-conflict social context. However, some scholars (Black & McKay, 2019), argue that mental health outcomes in Northern Ireland remain poor, an issue which has received widespread scholarly and indeed, media attention. Mental ill health remains the largest form of illness in Northern Ireland (Betts & Thompson, 2017) with the highest statistics in the UK. In terms of economic spend, less money is spent on mental health service supports in Northern Ireland than elsewhere in the UK but since 2009 there has been a concerted effort at mental health service reform guided by the Bamford review (Betts & Thompson, 2017). Given that mental ill health is such a large public health issue in Northern Ireland services and supports remain underfunded (and fragmented) in spite of need. For asylum seekers and refugees who come to Northern Ireland with pre-existing mental health issues or for those who have developed health issues as a result of both the migration journey and the experience of the UK asylum system thereafter (Murphy & Vieten, 2017), both the dearth of such services or challenges of access to existing services means that life is greatly complexified. Further distinct torture services which exist elsewhere in the UK are not readily available for asylum seekers and refugees in Northern Ireland (Murphy & Vieten, 2017).

Critically, as we write here for an understanding of how a dearth of broader supports in Northern Ireland impacts the mental health and well-being of asylum seekers and refugees, it should be taken that we are also implicitly pointing to how a lack of such supports further hampers any post-conflict recovery efforts for society as a whole in Northern Ireland (Lucas & Jarman, 2016). This is, however, unquestionably, complex in

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terms of how ideas of recovery, reconciliation and reparation come into play in a society that in spite of being nominally deemed a post-conflict society, still remains deeply divided at many levels (Jarman & Monaghan, 2003; Bryan & Jarman, 2017). Broadly, then, at a macro level, we are also concerned in our larger thinking with how notions of post-conflict, reconciliation and sectarianism impact the well-being of all people living on the island of Ireland (Vieten & Murphy, 2019). As such, this article has emerged through the shadows of these very salient debates. This is further entangled with notions of ethnicity/race, gender and class, our methodological position being in this broader research project (Murphy Vieten, 2017) always one of intersectionality (Vieten, 2008; Vieten, 2011).

Methods

The research for this article took place in Belfast and Derry/Londonderry in 2016 and we draw on this empirical data for this article. Our research data was collected through a commissioned research tender for the Racial Equality Unit in Stormont (Office of the First and Deputy First Minister), Northern Ireland which we conducted whilst working in the Senator George J. Mitchell Institute for Global Peace, Security and Justice, Queen's University Belfast. Ethics approval was administered in accordance with the Universities' stringent ethics process and all researchers were subject to an Access Northern Ireland police check. Research participants recorded their consent on dedicated consent forms with available translations where there were language differences or interpreters used. The exact numbers of asylum seekers in Northern Ireland is not known because the Home Office does not provide disaggregated data for the region, and instead separate reports merges information on Scotland and Northern Ireland. However, estimates are possible, and in our research (Murphy & Vieten, 2017) we established that the highest number of asylum seekers in Northern Ireland come from China, Somalia and the Sudan.

A steering group comprised of a number of charities and NGOs across Northern Ireland oversaw the research process for the duration of the project and the principal investigators Dr. Fiona Murphy and Dr. Ulrike M. Vieten met with this board at intermittent stages of the research process. This process of having regular meetings with an advisory board anchored in civil society provided revelatory insights into the challenges for this sector in Northern Ireland, but also generated conversations useful for our broader academic research. Northern Ireland has a very active and strong civil sector community, a legacy of the conflict. The project was largely qualitative with a short quantitative Northern Ireland wide survey targeting civil sector society whose scope was to feed into the development of a refugee integration strategy. As aforementioned, Northern Ireland is one of the only jurisdictions in the UK which does not have a refugee integration strategy (Murphy & Vieten, 2017) and was without a regional devolved government from January 2017 to 2020. A refugee integration strategy was drafted from our research report, but is, at the time of writing (July 2020), currently waiting to be implemented due to the political stalemate in Northern Ireland.

For this research, we interviewed 47 asylum seekers and refugees (two with citizenship) from 10 different countries. We also interviewed 38 service providers working in health, education, employment, housing as well as civil sector and NGO actors. The project was a team-based study with five researchers, two senior researchers (the authors), and three research assistants, in total working on it. We conducted both semi-structured and focus group interviews which tended to last from 40 to 60 minutes per session. Focus groups tended to comprise of 7–10 individuals and were usually overseen by two researchers. Our one-to-one interviews tended to offer up more valuable information regarding very individual and personal needs with respect to service delivery and focus groups tended to offer up communal and community based needs, as might be expected. We interviewed service providers in the NHS and public health, as well as interviewing asylum seekers and refugees for their views on health in Northern Ireland. In terms of access, this happened through a process of snowballing and contacts through our advisory board. Interview questions for both the semi-structured interviews and focus groups were standardised and consisted of 10–15 questions, with a distinct set of questions on health. As we were interviewing people with a range of different English skills and from different language groups, we used interpreters where necessary. In particular, interpreters were required when speaking to the Chinese and Arabic speaking communities. All interviews were translated (where necessary), transcribed by a professional transcriber and stored in accordance with the Universities ethical data storage process. We asked all of the asylum seekers and refugees who participated about their access to health services as well as their general views on the health system in Northern Ireland. We did not ask people about their personal health issues as this was outside of the remit of our research – as well as being a potential trigger question. In both our one-to-one interviews and focus groups, we found that while people were happy to speak at length about issues to do with housing, education and employment but they were often less likely to give an in-depth answer on the issue of health. This can be interpreted in many ways. While our questions focussed predominantly

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on questions of access or general perceptions, for cultural or indeed, purely personal reasons, many of our research participants did not like to engage beyond this. Interview and focus group transcripts were analysed by both PIs (Murphy and Vieten) using a grounded theory method approach and with NVIVO software. Further, our research approach was informed by the feminist concept of *intersectionality*: we used intersectionality as a lens through which to analyse and document the life worlds of refugees and asylum seekers in Northern Ireland. We posit that 'intersectionality' (Crenshaw, 1991; McCall, 2005; Vieten, 2008; Vieten & Murphy, 2019) provides a critical conceptual toolbox through which to analyse a plurality of individual subjectivities whilst also shedding light on the structural order of social inequality. The most relevant analytical entry points for us as researchers were the overlapping social divisions of nationality, legal status, gender/sex, sexuality, class, religion, ethnicity/race and age.

It is through these very specific engagements with different layers of methods and feminist methodology that the study approached in a more holistic fashion the situation of asylum seekers and refugees in Northern Ireland. We wanted to understand how they had experienced the asylum system in Northern Ireland, as well as learning about the challenge of providing supports in a highly restrictive and commercialised system of housing. While following the situated (Yuval-Davis *et al.* 2006) experiences of these newcomers, we learned about the degree to which post-migration stressors delegitimise and above all else, harm the mental health and well-being of asylum seekers and refugees. In particular, the experience of the asylum legal system, inadequate housing, limited chances (or none) of employment and high levels of uncertainty all combine to engender a post-migration space where asylum seekers and refugees experience high levels of stress. There are many intersections at play here, and through the lens of understanding the paucity of many of the existing services, we endeavour to point to how such a complex weave of asylum supports (or dearth thereof) plays a significant role in the decline of asylum seekers and refugees' mental health and well-being. Further, add to this the degree to which the asylum system has become commercialised (Darling, 2016) and we find the large presence of tactics of deflection and deferral within the system itself (Darling, 2016), which in spite of the admirable efforts of NGOs and civil sector groups further hampers the well-being of those seeking asylum in Northern Ireland.

Results

Mental health issues: the Northern Ireland context

In Northern Ireland, the health service is known as the HSC (Health and Social Care). It is free at the point of delivery and under the responsibility of the Department of Health. The HSC (of which there are six trusts-Belfast HSC Trust, Northern HSC Trust, South-Eastern HSC Trust, Southern HSC Trust, Western Trust and the Northern Ireland Ambulance Service) also has responsibility for social care services (home care, family and children, day care and social work). Public Health and Public Safety occupy their own domains under the Department of Health (DoH). Responsibility for general practitioners lies with the *Health and Social Care Board* which sits between the Department and Trusts. Both the Public Health and Public Safety Agencies have key roles to play in the context of helping asylum seekers and refugees navigate a new healthcare context and society more generally. As Radford *et al.* (2015) highlight the Northern Ireland healthcare system is underpinned by GP care, which also presents some access difficulties for asylum seekers and refugees who often struggle to understand the overall structure of how healthcare access functions (Rooney, 2013; Radford *et al.* 2015). General problems on registration with GPs are also widely documented (Murphy & Vieten, 2017).

One of our research participants puts it thus:

> Initially it wasn't explained to me and then, or maybe, I don't know, it's like when they change you from address to address, sometimes you find that they send a letter and then you've already moved. So, I think that's where the delay comes in. Yeah, so maybe they will send a letter to the temporary address, while you've already moved to the new address and that's where like a sort of confusion, but otherwise, after I received the letter, I managed to go back and then they explained that you have to get a GP and then the first GP that I had, it was like groups of doctors, so every time you go there, a different doctor will attend to you (Interview 2016).

Many asylum seekers and refugees have travelled long, arduous journeys before their arrival to Northern Ireland – this has particular significance for their physical and mental health (Davies *et al.* 2006; Gerard, 2014). Asylum seekers and refugees are not a homogenous group, and this is a critical point in terms of approaches to mental health. Their experiences range quite dramatically (as do their backgrounds and beliefs), this thus poses a set of issues for health service providers. Asylum seekers and refugees entering this system find getting their mental health needs addressed very challenging. Our research highlighted how it is the asylum journey, the asylum system and access to the mental health system in Northern Ireland combined that places excessive strain on our research participants. Further, Northern Ireland lacks expertise around treatment for

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torture. Spiritan Asylum Services Initiative (SPIRASI) in the Republic of Ireland, for example, provides a good model for an organisation that deals very specifically with this kind of violence (Murphy & Vieten, 2017). While our research did not set out to explicitly understand mental health needs rather the everyday life experience of asylum seekers and refugees, it soon became all too apparent that many of our research participants were struggling with navigating care for their mental health needs. One of the key issues that emerged was simply a lack of information pertaining how to access mental health supports (Murphy & Vieten, 2017). This is a dominant feature in our interviews in spite of the fact that the Public Health Agency (PHA) in Northern Ireland through NINES (Northern Ireland New Entrant's Service) has a wide range of information documentation, translated in a number of languages. Fear and stigma are also two further intersecting features of why our research participants do not access mental health services. Fear that their asylum claims may be hampered and often a generalised cultural stigma towards admitting to mental health issues (Murphy & Vieten, 2017). One research participant working in the voluntary sector on health promotion describes it as follows:

> When people are very superstitious. And superstitious belief about certain things rather than think okay, you're suffering from sickle cell. So it's things like that. And people having a taboo around things like mental health because it's bad for family. We might get kicked out of the family. So all this taboo, all the awareness that needs to be raised with people coming here has to be addressed. Get tested for diabetes because you're from another region, get tested for breast cancer because maybe they don't want to get tested because it's a male doctor or something. They think a male and therefore they don't want them examining your breasts. Or if you're from a Muslim culture. So all these other issues are important.

A number of important studies on mental health for asylum seekers and refugees have been funded in Northern Ireland. The 'Stronger Together Network' supported by the PHA has addressed the general issue of the mental health of Black and Minority Ethnic (BME) groups in Northern Ireland through a 3-year mental health pilot project which led to the initial publication of a report entitled *'Walking this thin line': Black and Minority Ethnic (BME) Experiences of Mental Health and Well-being in Northern Ireland.* The aim of this PHA funded project was to pilot a service to support and promote the mental and emotional well-being of minority ethnic communities in Northern Ireland. The authors of the report, Radford *et al*. (2015) identify a range of issues and make a broad number of recommendations which dovetail with the concerns in this article. They argue for an increase in mental health promotion, the building of social supports and the reduction of stigma, the diversification of the health service, and improvement in access pathways (amongst others) to better the experience of asylum seekers and refugees in Northern Ireland. A later report funded by the PHA in 2018 (Sneddon, 2018) further emphasises how a social determinants approach to mental health in Northern Ireland is urgently needed. Sneddon (2018) argues that:

> A social determinants of health approach connects risk and protective factors in the material and social conditions of refugees' post-migration lives to broader social, economic and political factors. It recognises the contribution of daily stressors (that are not necessarily war or trauma related) to mental health, and advocates relief by reducing these stressors along with building capacity for self-recovery (Sneddon, 2018: 10)

Implicit in our approach to the notion of post-migration stressors as social scientists is a concern with the social and cultural experience of asylum seekers and refugees in Northern Ireland as they engage everyday life through service supports and civil sector society spaces.

The Asylum system in Northern Ireland

The Asylum System in Northern Ireland is bound to the rule of the Home Office. Northern Ireland is outside of the UK system of dispersal (which means asylum seekers travel independently to Northern Ireland), but otherwise follows overall UK policy and regulations on asylum. As a devolved State, however, it does have governance over integration and inclusion policy (Murphy & Vieten, 2017) as indicated earlier. Nonetheless, given the particularities of Northern Ireland, adhering to the UK asylum system presents a number of challenges, the impact of which falls on individuals and families seeking asylum. Asylum seekers in Northern Ireland are housed in dedicated housing or hostels (Darling, 2016) and do not have the right to work. Individual asylum seekers receive (at the time of writing) £37.75 per week with pregnant women and families of more than three receiving a small additional payment. The process of establishing refugee status is a lengthy process in Northern Ireland with asylum seekers often waiting months to have a claim processed. This is coupled with what is an adversarial claims process with relatively weak legal support in Northern Ireland (Murphy & Vieten, 2017). Immigration lawyers in Northern Ireland are not obliged to adhere to the same accreditation processes

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as the rest of the UK though the Law Centre and Steps Northern Ireland have addressed this through a number of ongoing training and accreditation programmes. In effect, legal advice can be ad-hoc and might also be incorrect. This results in an attenuation of the asylum application, possible errors and therefore, lengthy problematic delays in the entire process.

All of our research participants (both asylum seekers and refugees) told us that the challenges of the asylum legal process were particularly difficult and used words such as 'despair', 'hopelessness' and 'fear' to describe how the process made them feel. The interview process attached to an application for asylum was described as 'intimidating', 'scary' and 'traumatising', by a number of our research participants. One male participant describes the process as:

> They didn't believe me; terrible things happen me in my country. Terrible things happen me on the way here and then they just end up not believing anything I say. I end up getting put into detention. (Iranian asylum seeker, Interview 2016)

The asylum claims interview has been pinpointed as a particularly traumatising space in the claims process (Bögner *et al*. 2009; Souter, 2011; Bosworth, 2014; Kerr, 2016). The idea that those seeking asylum must somehow demonstrate 'credibility' is anchored in a system that has not fully realised its role as merely inquisitorial and not adversarial. We were told by both the voluntary sector as well as asylum seekers and refugees that a 'culture of disbelief' was pervasive in encounters with immigration officials, such a sentiment compounding any issues with PTSD (Souter, 2011). Further research is required to understand to which degree the 'hostile environment' (Goodfellow, 2019) immigration policy of the central government in London, also shapes the asylum process in Northern Ireland, and other devolved regions. The issue of how to or what to give testimony on is also one anchored in risk. Asylum seekers are often asked to recall the details of particularly traumatic events (in different kinds of ways) and when memory fails as it often does upon the recall of trauma asylum seekers' credibility is often called into question. The kind of information that asylum seekers have to give might be puzzling, and also confronts individuals with a lack of intercultural literacy that is intrinsic to a rather adversarial asylum inquiry system:

> Yes and you know someone who never been to school who doesn't even know the names of the village, who can't write it down. Who doesn't been visited all their life, how do you expect me to know all this and the rivers and the names and all that. It isn't make no sense to me. That's just what I want to add (Somali asylum seeker, interview 2016).

The use of interpreters in these settings can also be particularly problematic, especially for women who may feel much discomfort recalling particular events, for example rape or sexual harassment, in front of a male interpreter (Murphy & Vieten, 2017; Vieten & Murphy, 2019) and indeed, vice versa. The asylum interview is therefore both gendered and alienating, often creating a space of doubt and ultimately, the denial of rights and dignity.

Coupled with sometimes poor housing conditions, no work rights (and no legal work opportunities), and separation from family and friends, many asylum seekers and refugees feel isolated and become more vulnerable to mental illness. There is no question that the legal process attached to this, compounds the entire asylum journey. One of our research participants described their experience as follows:

> Because I got my refusal a few weeks after my interview, that was really a knock, a proper knocker. I mean my solicitor had warned me that 99% of the times it comes back as a refusal, but when I received that letter, I felt torn you know, it kind of broke me, you know reading that letter just broke me. You know when you're on your own and you read that kind of letter, that details and kind of like tears you apart and it just says everything that you said is a lie and this and that, it makes you really view experiences and at the same time, you start thinking, is this person that monstrous? (Zimbabwean asylum seeker, Interview 2016).

Overall, an adversarial asylum system such as that in the UK, results in an overall sense from asylum seekers and refugees that they are being treated as akin to criminals. With increases in detention and deportation, the system is one that increasingly reflects a criminal system (Aliverti, 2012; Bathilly, 2014; Bosworth, 2014; Coffey *et al*. 2010) thereby further compounding asylum seekers' sense of alienation in Northern Ireland (and the UK broadly).

Housing and employment

Housing for asylum seekers and refugees in Northern Ireland is a mix of private (including houses of multiple occupancy, flats or hostels) and social housing. Refugees can be housed in social housing, but many find accommodation in the private rental market (Murdie, 2008). At the time of our research in 2016, through the Home Office's Commercial and

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Operational Managers Procuring Asylum Support Services (COMPASS) SERCO was the main contractor for Northern Ireland (and Scotland). Since January 2019, that contractor is now MEARS. SERCO was fined by the Home Office for providing substandard accommodation provision in 2019. The poor level of housing was particularly striking when we were conducting our research. SERCO subcontracted to Orchard and Shipman who in turn used the Northern Ireland Housing Executive to deliver both private and social housing to asylum seekers and refugees, creating a complex supply chain of housing providers. Under the COMPASS contract, housing had to be serviced and maintained in line with the Decent Homes Standards; however, this has been widely reported not to have been the case, and we presented similar findings in our study (Murphy & Vieten, 2017).

The Northern Ireland Housing Executive through its Supporting People program funds EXTERN (an all-Ireland homelessness support agency) to run a Refugee Floating Support fund which aids asylum seekers who have been granted leave to remain or refugee status to transition to a more permanent relationship to Northern Ireland. One key point to note is that this new commercial or managerial approach to housing asylum seekers has engendered a range of complex problems as shown by the 2014 audit of the ways in which the COMPASS contract has been operating and subsequent fining of SERCO by the Home Office. Research has shown that housing instability has a direct impact on an individual's well-being and mental health (see Colic *et al*. 2003; Spencer, 2006). It plays a large contributing role in post-migration stressors more generally and is potentially a trigger factor for PTSD (Robjant *et al*. 2009).

Accommodation for asylum seekers in Northern Ireland is funded through the National Asylum Support Service (NASS). Once an asylum application is granted, the individual or family must move out of the NASS accommodation during a 28-day notice period and transition to more permanent housing. This can be a complex process with delays in the delivery of national insurance number and subsequent benefits making the task of finding new accommodation difficult. Asylum seekers and refugees often have limited or no financial resources making the task of paying deposits for privately rented accommodation challenging. All of the research participants in this study voiced complaint and concern about the experience of housing on their well-being:

> Cold houses, old houses, abandoned houses, poor insulation, everything is just, I don't know what I would say now, it's like a just a bad condition house, with, I don't know, it's pretty bad, especially when you go, when you claim the NASS accommodation when this, before you're refugee and it's a temporary house. But everything in there, there is nothing in there; there is no life in there' (Kenyan asylum seeker, interview 2016).

Concerns expressed included experiences of poor quality of housing, multiple housing moves impacting on children's welfare (Rumbold *et al.* 2012), education and friendships (Sampson & Gifford, 2010), hostile attitude of service providers, a lack of response to their complaints or simply, the fear of complaining. Asylum seekers (in particular) as new arrivals spend substantial periods of time within their homes (for a range of reasons, such as unemployment, fear, language difficulties as discussed by our research participants). This can lead to feelings of social exclusion which can significantly impact psychological well-being, particularly in the instances of those who already suffer from PTSD. One of our research participants, an asylum seeker from Iran – told us that since his arrival in Northern Ireland he has started suffering from depression. Having been detained in Northern Ireland and in Great Britain, he has been housed in a large shared house in Belfast. Our research participant told us that he can't sleep and feels worried about his housing situation and asylum claim on a daily basis:

> I feel depressed. I went to the GP and he diagnosed me with depression and gave me some heavy medication. I can't sleep at night in that house-it is cold and old and dirty. I live with men from different countries-single men from Iraq, Iran, Algeria. We don't all get along, we have different living habits and the place is dirty- so, so, so dirty. At night I am awake worried and I can't sleep until 5 a.m. or so. I am worried about everything. I don't like living in this house, terrible things happened to me back in Iran you know and I don't feel comfortable living like that (Interview 2016).

Such poor living conditions intertwined with the social isolation and economic deprivation which arises from not being allowed to work is directly linked to a decline in mental health. Research shows that the risk of mental illness amongst asylum seekers is increased in countries where they do not have the right to work. We found very strong evidence in our study of how experiences of isolation and alienation are compounded through being denied access to the labour market. There is a gendered element to this too which carries much significance in how the mental health and well-being of asylum seekers and refugees should be approached (Murphy & Vieten, 2017, 2019).

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Discussion

We argued in this paper that post-migration stressors such as poor housing, a long process of trying to claim asylum, but also a regional – local health system, which is not well equipped to give access to traumatised asylum seekers and refugees impacts the mental health situation of vulnerable newcomers (e.g. asylum seekers and refugees). Prompt access to healthcare for asylum seekers and refugees is the key, because it mitigates the need for costly interventions later (Correa-Velez *et al*. 2005). This is particularly the case with mental health.

Understanding the mental health needs of asylum seekers and refugees, and the ways in which post-migration stressors negatively impact well-being is vital to build successful integration and community cohesion strategies (Ager & Strang, 2004; Kerr, 2013). At present, asylum seekers and refugees do not have a strong enough voice and presence in the different health domains, and this can be remedied by diversifying the health service at a number of different levels. Literacy, language skills and interpretation processes all have a place in this diversification project which will ultimately lead to improved access for asylum seekers and refugees.

While the HSC and the PHA (in particular) have made a number of resources available to improve access and knowledge regarding the healthcare process in Northern Ireland, some asylum seekers and refugees feel further steps can be taken to ensure better communication of rights and entitlements and the overall structure of the healthcare system. While training and awareness programmes regularly take place for healthcare staff, this needs to become more strongly embedded in the culture of Northern Ireland's health sector. Designing services that keep in mind the particularities of asylum seekers and refugees' needs and the impact of the asylum journey and system on well-being are requisite. In particular, in Northern Ireland, the lack of torture services is noticeable, particularly given that a high percentage of asylum seekers and refugees flee conflict or political persecution which often assumes torture as a form of punishment.

However, this is all entwined with a highly commercialised asylum system (now compounded by the impact of a global pandemic) wherein asylum seekers and refugees' rights have become secondary to profit making. States and supra-state entities play a direct role in facilitating this level of commercialisation which is entirely at odds with the kind of asylum system that properly foregrounds the dignity and rights of those seeking asylum. Finally, Northern Ireland's particular and complex situation as a post-conflict, divided region which is devolved yet does not have governance over asylum processes further compounds the experience of everyday life for asylum seekers and refugees.

Conflict of interest

Fiona Murphy has no conflicts of interest to disclose. Ulrike M. Vieten has no conflicts of interests to disclose.

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Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. The study protocol was approved by the ethics committee of Queen's University Belfast.' The authors assert that ethical approval for publication of this has been approved by QUB. We have full permission from the Executive Office to reproduce the findings of this study herein.

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Note

1 Writing in July 2020, we do not have data on the impact of the Corona Covid 19 pandemic on the situation of mental health of asylum seekers and refugees, but informal communication confirms that this is of further concern. More research is needed here, to specify the impact on the situation of visible minorities.

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