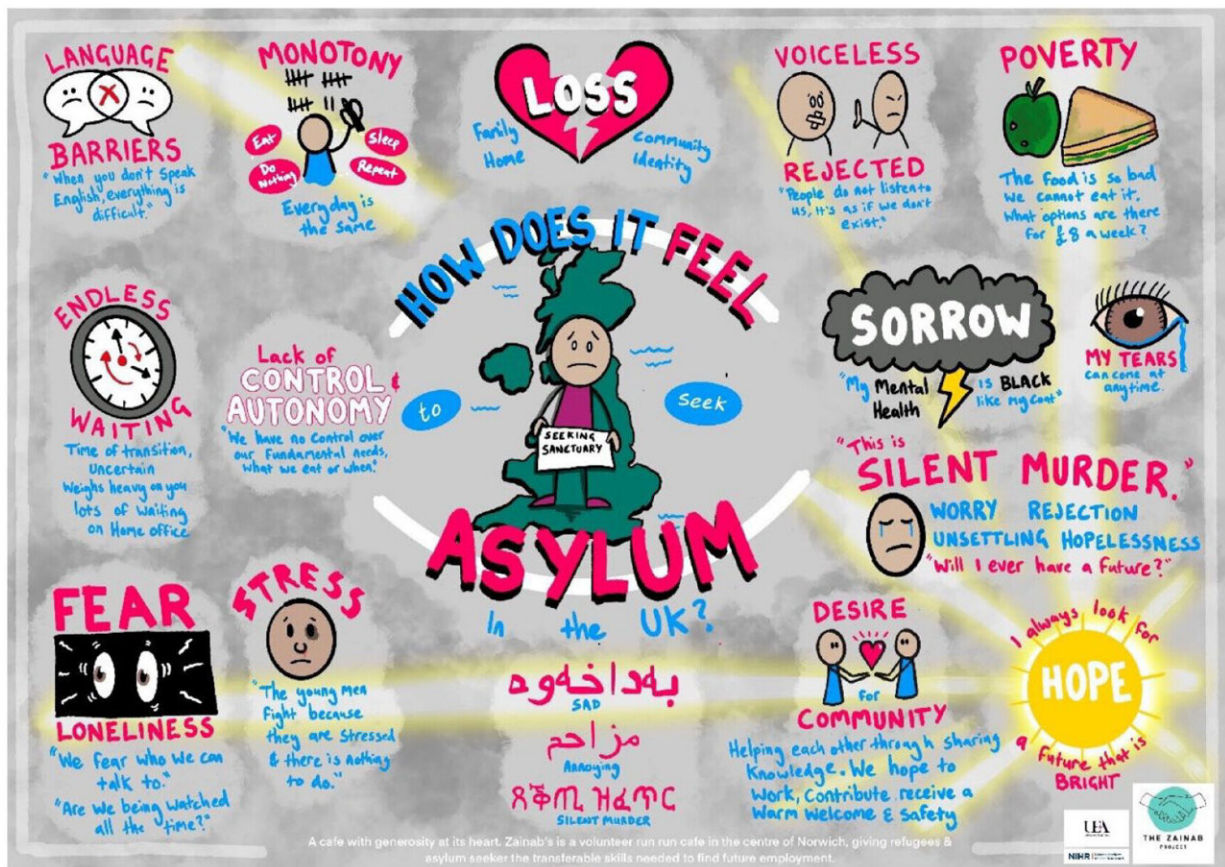


UK asylum process damaging to health, report reveals

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Participant's views on how it feels to seek asylum in the UK. Illustrator credit: Chris Spalton. Credit: *Perspectives in Public Health* (2024). DOI: 10.1177/17579139231203146

The U.K.'s asylum process is damaging to the health and well-being of

people seeking sanctuary—according to a new study from the University of East Anglia.

The number of people seeking asylum and refugees in the U.K. continues to rise—with 74,751 asylum applications made last year.

Researchers worked with more than 70 people seeking asylum and with refugee status from 14 different countries to better understand the mental health needs of displaced people.

They found that the distress felt within the asylum system is often an entirely natural response to the situation. And that the mental health of displaced people could be better improved through community activities and employment than by prescribing antidepressants.

The [article](#), "'This is silent murder'—Are we medicalizing human distress caused by the reality of life as an asylum seeker in the UK?" is published in the journal *Perspectives in Public Health*.

Lead researcher Dr. Emily Clark, an academic GP from Norwich Medical School, said, "We know that displaced people face significant trauma and adversity in their country of origin, or during their journey such as war, persecution, or imprisonment.

"Displaced people are less likely to access health and [social care](#) and have poorer health than the general population. They are also more likely to be diagnosed with [mental health](#) conditions including stress, depression, anxiety and post-traumatic stress disorder.

"We wanted to better understand the health needs of this group."

The research team ran two community engagement events in conjunction with an organization supporting people seeking asylum and refugees in

the East of England.

The events aimed to introduce the concept of health research, increase inclusion, and remove barriers between academic research and this under-researched community.

Dr. Sarah Hanson, from UEA's School of Health Sciences said, "With the help of interpreters, we heard from people at different stages of the asylum process—from newly arrived people seeking asylum in initial hotel accommodation through to refugees who have established their lives in the U.K.

"Asylum seekers are often labeled as 'hard to reach' but these events clearly showed a willingness for under-researched groups to engage with us.

"Post-migration stressors included uncertainty, frustration and hopelessness about the lengthy immigration processes.

"The lack of meaningful activities due to a ban on working and limited volunteering opportunities created abundant time for rumination about the past, worry about family back home and a feeling of being in limbo.

"They also spoke about environmental factors such as living conditions and poverty—with an asylum seeker in initial accommodation receiving just £8 per week towards clothes, non-prescription medicines, sanitary products and travel.

"We also heard that they feel isolated due to language barriers and lack of community cohesion and connection.

"There was a lack of control over their fundamental daily needs such as choice of food, where they live, where they can go and a feeling of

monotony.

"And there was deep-seated grief and feelings of loss over relationships, homes, identity and belonging, causing significant sadness and suffering."

One of the refugees the project spoke to was Rasha Ibrahim, who is originally from Sudan and arrived in the U.K. in January 2013.

She spent two and a half years seeking asylum before being granted refugee status and now lives in Norwich, where she co-founded the Zainab Project to help [asylum seekers](#) and refugees gain [work experience](#), while offering them support and help to integrate.

Rasha said, "Many of them are educated back home, but because of lots of barriers, when they moved to the U.K., they cannot work.

"The Zainab project helps them through voluntary roles in our catering service to achieve that and build up their CV here, as well as confidence. Also, we help them to integrate and learn to speak English through interacting with customers and communities."

The project fosters a spirit of cultural exchange, so that participants can learn about English customs, while customers can also learn about different cultures from the volunteers.

Rasha said, "This is all done through food, a warm welcome, understanding of what they have been through and a safe space in our café which is open for everyone despite who you are and what your background is.

"We hope by the opportunities that we are offering through the Zainab Project we can make changes in people's lives and help them to settle

and become independent. This will, in turn will help the community, society, and the economy of the country."

Commenting on the research, Dr. Hanson said, "What all of this tells us is that the asylum process in the UK is damaging to the health and well-being of people seeking sanctuary.

"But their distress was universally felt to be an entirely natural response to their situation.

"Many spoke of visiting health professionals with symptoms such as poor sleep, pain, headaches and feeling worried—and being given anti-depressants or strong pain medication, which were neither beneficial nor wanted.

"Instead, the people we spoke to wanted to contribute to society, feel secure and safe, and to have some hope of a future to enable them to recover from their past trauma.

"Interventions should therefore be taken out of the health care sphere and placed within communities. For example, instead of prescribing anti-depressants, social prescribing could help displaced people become busy with meaningful activities such as employment or volunteering."

More information: EG Clark et al, 'This is silent murder'—are we medicalising human distress caused by the reality of life as an asylum seeker in the UK?, *Perspectives in Public Health* (2024). [DOI: 10.1177/17579139231203146](https://doi.org/10.1177/17579139231203146)

Provided by University of East Anglia

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