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Exploring the mental health needs, concerns and experiences of young asylum seekers in the UK: a qualitative literature review

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Abstract

Young asylum seekers have often experienced significant traumatic events before arriving in the host country and are therefore vulnerable to developing serious mental health conditions, including post-traumatic stress disorder. However, this population also experiences numerous barriers to accessing mental health support. This literature review explored the qualitative evidence on the mental health needs, concerns and experiences of young asylum seekers **from** the UK. Thematic analysis of the ten qualitative studies that were selected for review generated four main themes: feelings of loss and insecurity; challenges integrating into the host culture; perceptions of mental health; and personalised and culturally appropriate mental health support. The authors intend the findings to provide mental health nurses with an insight into the mental health needs, concerns and experiences of young asylum seekers and describe some of the ways in which they can provide mental health support to this vulnerable group, including by adopting a trauma-informed and culturally sensitive approach to care.

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Keywords

child health, child and adolescent mental health, culture, cultural competence, diversity, mental health, mental health therapies, professional, post-traumatic stress disorder, therapeutic relationship

Background

In the UK, 108,138 people claimed asylum in 2024, an increase of 18% from 2023 figures, of whom 20,887 were aged 17 years or younger (Home Office 2025). Asylum seekers have often had traumatic experiences which can have a significant adverse effect on their emotional and psychological well-being. A survey by the Refugee Council 2022 found that 61% of asylum seekers in the UK

experience serious mental ill health and are five times more likely to have mental health needs than the general population (Laing 2022). Asylum seekers are at a high risk of developing mental health conditions such as depression and post-traumatic stress disorder (PTSD) as a consequence of experiencing traumatic events, including war, being separated from family members, making dangerous journeys, long waits for asylum applications and challenges in adapting to a new culture (Blackmore et al 2020).

Family support is integral to recovery in mental health, however young asylum seekers – defined in this article as anyone aged under 18 years who is seeking asylum – are often unaccompanied (Hornfeck et al 2022); in 2024, there were 4,104 claims from unaccompanied asylum-seeking children in the UK, most of whom were aged 16-17 years (Home Office 2025). Unaccompanied young asylum seekers are at a higher risk of developing serious mental health issues than those who arrive with at least one family member (Barghadouch et al 2018) due to the intersecting factors of young age, insecure immigration status and family separation. However, young asylum seekers often encounter barriers to accessing mental health care in the host country. For example, although asylum seekers are entitled to free NHS care in the UK, evidence suggests that they can experience difficulties in navigating the healthcare system, while documentation requirements and fear of deportation can prevent many people from seeking care (Asif and Kienzler . In addition, asylum seekers in the UK receive limited financial support – £40.85 per week (Home Office 2024) which can increase barriers to accessing mental health care due to potential travel costs and/or digital exclusion. Moreover, financial pressures are known to exacerbate existing mental health (Chakravorty, 2022)

Mental health nurses have an important role in supporting young asylum seekers with mental health issues. However, evidence suggests that mental health practitioners often feel underprepared to care for this population, in part due to the complexity of presentations and the need for concurrent interventions provided by multiple services (Suurmond 2010). In addition, system issues, such as under-resourced healthcare services that inadvertently stigmatise individuals seeking asylum and cultural misunderstandings between practitioners and asylum seekers (Peñuela-O'Brien et al 2023), may hinder mental health nurses' ability to establish a therapeutic relationship with these service users.

Aims

To explore the mental health needs, concerns and experiences of young asylum seekers in the UK, to support mental health nurses to provide effective care for this population.

Method

Search strategy

The authors used the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) framework (Page et al 2021) to structure the literature search. Database searches of MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Scopus and Psych Info were undertaken [August 2023] using the search terms shown in Box 1. In addition, the authors conducted searches of Google Scholar, the United Nations High Commissioner, the World Health Organization, the Refugee Council, the International Organisation for Migration, the United Nations, Doctors of the World and the Red Cross

Box 1. Search terms

("asylum seeker" OR "refugee")
AND
("child*" OR "adolescent*" OR "youth")
AND
"mental ill*" OR "mental health" OR "mental disorder" OR "psychiatric illness"
AND
"United Kingdom" OR "UK" OR "Britain" OR "Great Britain" OR "England" OR "Scotland" OR "Northern Ireland" OR "Wales"

Inclusion criteria were primary qualitative studies undertaken in the UK between 2010 and 2024 involving children or adolescents seeking asylum; studies that did not meet these criteria were excluded.

The initial searches generated 1,246 articles. Following removal of duplicates, title and abstract screening and review against the inclusion criteria, ten articles were selected for review. Regular meetings were held between the authors during the search and review process to discuss outcomes.

All ten articles selected for review were qualitative studies, but included diverse research methods, participants and sample sizes and interventions, therefore a comprehensive meta-analysis was not feasible. The selected studies were therefore thematically synthesised, following Thomas and Harden's (2008) framework.

Findings

Thematic analysis of the ten studies generated four main themes with corresponding subthemes (Table 2).

Table 2. Themes and subthemes

| Theme | Subtheme |
|---|---|
| Loss and Insecurity | » Trauma and symptoms of post-traumatic stress disorder » Vulnerability |
| Challenges integrating into the host culture | » Language barriers » Culture shock » Over-dependence on others |
| Perceptions of mental health | » Attribution of mental health needs to physical health issues » Stigma associated with mental health issues » Reluctance to engage with mental health services |
| Personalised and culturally appropriate support | » Unmet psychological needs » Benefits of narrative exposure therapy and culturally sensitive approaches » Importance of school-based mental health support and interventions |

Loss and insecurity

The contribution of loss and insecurity to development of mental health issues in young asylum seekers was identified in four studies (Groark et al 2011, Chase 2013, Fazel 2015, Ehntholt et al 2018). The studies noted that loss felt by young asylum seekers is multifaceted, involving separation from their home, family, friends and cultural environment. While some participants spoke about a feeling of relief on reaching the UK, this often transitioned into feelings of anxiety and depression, especially for unaccompanied minors. Insecurity was created by a precarious and prolonged legal application for asylum, during which participants experienced economic hardship. Over time, these experiences can leave young asylum seekers vulnerable to developing PTSD when they are not given the opportunity to process trauma.

Challenges integrating into the host culture

Challenges integrating into the host culture and how this can adversely affect young asylum seekers' mental health and access to services was discussed in four studies (Groark et al 2011, Fazel 2015, Fazel et al 2016, Ehntholt et al 2018). Language barriers, cultural differences and experiences of discrimination made it challenging for participants to integrate and created barriers to accessing mental health support, expressing feelings and building social connections, particularly for those who had been detained in UK detention centres because of questions about their ages (Ehntholt et al 2018). These challenges also made it difficult for participants to build trust in mental health practitioners.

Fazel (2015) found that school appeared to be a positive environment in terms of adjusting to life in a different country, particularly through the process of recognition by peers and one in which participants felt able to seek support for mental health issues.

Perceptions of mental health

Perceptions of mental health were discussed in seven of the studies reviewed (Chase 2013, Fazel 2015, Majumder et al 2015, Fazel et al 2016, King and Said 2019, Majumder et al 2019, Said et al 2021). Participants in these studies often appeared to perceive mental health issues in a negative light, which resulted in them minimising symptoms or regarding them as physical health issues. Many of the participants in the studies reviewed came from countries where stigma about mental health issues is prevalent, which can result in a reluctance to seek help.

Mistrust in mental health services, shaped by negative experiences, such as feeling dismissed or not believed by practitioners. For example one participants described how failing to acknowledge past trauma led to feeling that their experiences were minimised. These negative experiences led to a reluctance to engage with mental health services. Culturally sensitive and flexible mental health care is essential to overcoming these barriers and fostering trust. Standard mental health practices such as brief time-limited interventions do not appear to be working well for supporting young asylum seekers, as their needs are reported to remain unmet. [Majumder. 2015 & Majumder 2019]

Personalised and culturally appropriate support

Two of the studies explored mental health interventions adapted to the specific needs of young asylum seekers – narrative exposure therapy (NET) (Said et al 2021) and culturally adapted group cognitive behavioural therapy (CBT) (King and Said 2019) – that appeared to have positive effects on their well-being.

In addition, school-based mental health services, involving collaboration between mental health practitioners and teachers, appeared to be acceptable to young asylum seekers, who valued the supportive role of teachers who also facilitated contact with mental health practitioners (Fazel 2015, Fazel et al 2016).

Finally, holistic approaches to promoting well-being, such as accessing green spaces in urban environments, was identified as a potential way of personalising mental health support for young people, including asylum seekers (Birch et al 2020).

Discussion

This literature review explored the mental health needs, concerns and experiences of young asylum seekers in the UK. Although this population is at a high risk of developing serious mental health issues, such as PTSD, the review highlighted that they experience multiple barriers to seeking and accessing mental health support, including language barriers, cultural differences, experiences of discrimination, negative perceptions of mental health and mistrust in mental health services. Mental health nurses working with young asylum seekers should be aware of these barriers and adapt approaches to support to meet the unique needs of this population.

Supporting the mental health needs of young asylum seekers

Trust and compassion are fundamental to the therapeutic relationship (Gilbert 2022). Building trust in mental health professionals was challenging for participants in the studies reviewed but was also a critical element in enhancing outcomes. Majumder et al (2019) identified trust as “the most important thing” in terms of engaging with mental health services and forming therapeutic relationships.

The authors emphasised that trust is shaped by previous life experiences. For young asylum seekers, building trust in healthcare services is a fragile process. To build trust with people seeking asylum, mental health practitioners need to take a flexible approach to engagement, communication and care planning as standard practices such rigid appointment scheduling and over reliance on western diagnostic frameworks do not appear to work well with young asylum seekers (Maloney et al 2022).

Fazel (2015) noted that professionals outside of healthcare, such as teachers, as well as school peers can have a significant role in fostering trust between young asylum seekers and mental health professionals. This may be because teachers are not perceived as authority figures in the same way as healthcare professionals. Collaborative working between mental health services and education is essential to supporting young asylum seekers effectively. Interdisciplinary collaborations can also address a lack of nurses’ confidence by ensuring they are part of a broader support network (Flood and Coyne 2019).

From a nursing perspective, mental health care should be provided in the community when appropriate as this is seen as less stigmatising for young asylum seekers (Flood and Coyne 2019).

Healthcare professionals working with young asylum seekers are encouraged to have conversations about the support needed to stay in education and enter the workplace. As a contrasting point, school-based mental health interventions, such as mindfulness-based classes, CBT or acceptance and commitment therapy are not all evidence-based strategies in improving outcomes for mental (Caldwell et al 2019). Furthermore, there is an emerging argument that universal approaches aimed at improving overall school well may cause unintended harm by encouraging adolescents to ruminate on negative thoughts and emotions (Foulkes and Stringaris 2023). Additionally, Foulkes and Stringaris (2023) suggested that school-based mental health interventions may lead to a phenomenon they referred to as ‘deviance training’ whereby young people reinforce each other’s negative emotions and adopt problematic behaviours

from one another. This debate highlights the need for mental health nurses to have a critical awareness of current guidance such as those published by the Royal College of Psychiatrists in supporting young asylum seekers (RCP, 2025)

Culturally sensitive care

The provision of culturally sensitive care is an essential part of mental health nursing practice and requires an appreciation of individuals' cultures. Majumder et al (2019) found that young asylum seekers were hesitant in engaging in talking therapies and preferred the idea of treatment with medicines, however Said et al (2021) reported that some participants found talking therapies beneficial. This contrast in findings highlights the need for mental health nurses to adopt personalised, flexible approach to mental health support, by offering a range of therapeutic options to identify those which may be culturally acceptable.

The most straightforward way of approach providing culturally sensitive care is to ask the individual to share something of their culture (Kendall-Raynor 2021). By taking a curious approach, mental health nurses can evidence their willingness to get to know the young person, which can act as a bridge to further conversation about their preferences for mental health support.

Trauma-informed best practices

Given the high risk of mental health issues in young asylum seekers, including PTSD, it is vital to adopt a trauma-informed approach when working with this group. In acute inpatient settings, projects such as Star Wards (www.starwards.org.uk/) and Safewards (www.safewards.net), which present multiple interventions that aim to increase therapeutic engagement and reduce restrictive practices, can help align care to trauma-informed principles. The studies included in this literature review provided limited guidance on trauma-informed practice for community mental health nurses. However, a useful resource is the Trauma Informed Code of Conduct (Witkin and Robjant 2022), published by the Helen Bamber Foundation, which provides a comprehensive guide to professional best practice when working with asylum seekers who have endured trauma.

Legal issues

Young asylum seekers in the studies reviewed experienced insecurity for various reasons, including their precarious legal status in the UK and fear of deportation (Chase 2013). It can be helpful, therefore, for mental health nurses to be familiar with local organisations and resources, such as the City of Sanctuary charity (sheffield.cityofsanctuary.org/) or the Snowdrop Project which are both in Sheffield (<https://www.snowdropproject.co.uk>). These organisations can offer legal advice, peer mentoring and multi-agency support for this population. Collaboration between mental health services and third sector organisations has been found to enhance the mental health provision for young people (Dutton et al 2023).

Young asylum seekers are entitled to free NHS mental health support in the same way as UK citizens, however this is often misunderstood so it is important that mental health practitioners reinforce the young person's entitlement to healthcare support when needed. This is especially important given the low rate of access to support in this population (Anderson et al 2017).

Interpreters

Language barriers can adversely affect access to mental health services (Anderson et al 2017), while misunderstandings between young asylum seekers and mental health practitioners can make it challenging to develop trusting relationships and sustain treatment and support (Ní Raghallaigh 2013). Mental health nurses should therefore use trained interpreters in their consultations with young asylum seekers, as required, and, where possible, use the same interpreter for continuity. Interpreting in mental health appointments can be complex, so it is best practice to establish beforehand whether the interpreter has experience with this type of consultation. Following a session involving an interpreter, practitioners should allow time for a debrief to identify any areas that may need clarification (Office for Health Improvement and Disparities 2021).

Specialist services

The review found that tailored interventions such as culturally appropriate group CBT, NET and urban nature, were valuable to young asylum seekers in supporting their mental health needs. Harkensee and Andrew (2021) identified that refugee and asylum-seeking children in the UK experience significant unmet physical health needs and persistent barriers to accessing care, which aligns with the findings in this review regarding mental health needs. These researchers piloted a specialist clinic designed specifically to address the physical health needs of young refugees and asylum seekers and found that this model was effective in identifying and

managing a range of physical health conditions (Harkensee and Andrew 2021). Mental health nurses or teams could offer a similar approach, perhaps modelled on services that work with individuals experiencing homelessness. Establishing a dedicated mental health team, or a lead practitioner embedded within a team, who have undergone additional training for in the trauma informed process recommendations published by the University of Southampton. (University of Southampton, n.d.). These guidelines emphasise continuous professional development, organisational cultural change, cross-sector collaboration, and the meaningful involvement of young asylum seekers. This recommendation aligns with the need for personalised and culturally sensitive care in mental health nursing practice.

Limitations

While the studies reviewed provide valuable insights, the findings are limited to the experiences of young asylum seekers in the UK. The experiences of asylum seekers vary significantly across different countries, which limits generalisability of the findings. Given the number of young asylum seekers in the UK and the high degree of mental health issues in this population, it is notable the authors identified only ten studies of this topic. Moreover, these were qualitative studies with small sample sizes and do not therefore represent the diverse experiences of young asylum seekers. Finally, the review did not explore the structural determinants of mental health, such as systemic racism, which may influence the findings.

Implications for practice

The implications for practice listed below are fundamental to providing best practice in mental health care, however the findings of this review suggest that there may be a gap in practice in the context of young asylum seekers. Implications for practice include that:

- » Mental health nurses should adopt a trauma-informed care model when working with young asylum seekers and create spaces in which they can safely process their experiences to help reduce the risk of developing PTSD.
- » Mental health nurses should use culturally sensitive approaches to address any stigma around mental health and encourage help-seeking. Interventions such as NET and culturally adapted group CBT can help overcome barriers to effective mental healthcare by aligning treatment with the cultural contexts of young asylum seekers.
- » Mental health nurses can try to address feelings of mistrust by fostering transparent and supportive relationships.
- » Mental health services should provide training to staff in cultural awareness and cultural competence.

Conclusion

This qualitative literature review explored the mental health needs, concerns and experiences of young asylum seekers in the UK. The findings suggest that young asylum seekers experience multiple barriers to accessing mental health support, including cultural differences, discrimination and their own negative perceptions of mental health and mistrust in mental health services. Interdisciplinary collaboration between schools and mental health services could help address some of these barriers. Given that this population is at a high risk of developing mental health issues, mental health nurses need to adopt flexible, trauma-informed and culturally appropriate approaches to engaging these young people and addressing their mental health needs.

FURTHER RESOURCES

Royal College of Psychiatrists' guidance and resources for health and social care professionals on asylum seeker and refugee mental health

www.rcpsych.ac.uk/international/humanitarian-resources/asylum-seeker-and-refugee-mental-health

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Table 1. Summary of the articles included in the review

| Author(s) (year) | Aims | Participants and methods | Relevant findings |
|-----------------------|--|--|--|
| Groark et al (2011) | To explore the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the UK | <ul style="list-style-type: none"> » Unaccompanied asylum-seeking young people aged 16-18 years ($n=6$) » Semi-structured interviews » Interpretative phenomenological analysis | <ul style="list-style-type: none"> » Participants discussed experiencing multiple losses, feeling distress every day and negotiating a new way of life in the UK and the process of adjustment » Avoidance was regarded as a coping mechanism » It is important that mental health practitioners recognise there is a high rate of mental health issues in this population, understand individuals' responses to trauma and form supportive relationships |
| Chase (2013) | To explore the lives and well-being of unaccompanied young people seeking asylum in the UK | <ul style="list-style-type: none"> » Unaccompanied children and young people aged 11-23 years seeking asylum ($n=54$) » Qualitative interviews » Inductive thematic analysis | <ul style="list-style-type: none"> » Participants linked well-being to feelings of security » Participants' priorities were to heal their trauma, maintain their safety and security and establish a purposeful life; they regarded safety as the provision of basic physical, emotional, economic and social needs » The author concluded the centrality of feelings of security to subjective well- |
| Majumder et al (2015) | To explore the perceptions of mental health and services by unaccompanied refugee adolescents | <ul style="list-style-type: none"> » Unaccompanied adolescents [aged 15 – 18] engaged with mental health services ($n=15$) » Semi-structured interviews » Thematic analysis | <ul style="list-style-type: none"> » Thematic analysis generated four themes: descriptions of mental health; mental health associated with asylum-seeking/refugee status; experiences of using services; and opinions of treatments » Perception of mental health care varies depending on cultural background » Participants believed that only 'specialist doctors' (psychiatrists) can understand adolescents' mental health needs. They also believed that trust should be reserved only for parents, not strangers such as healthcare professionals » It is essential to engage this population in the development of mental health policy, practice and services |
| Fazel (2015) | To explore refugee and asylum-seeking children's experiences of accessing a school-based mental health | <ul style="list-style-type: none"> » Refugee and asylum-seeking young adults aged >16 years ($n=40$) » Semi-structured interviews » Thematic analysis | <ul style="list-style-type: none"> » Adjusting to life in a different country lies in the process of recognition by peers » Attending school can have positive effects on mental health and well-being » Teachers' roles include administering medicines and providing support |

| | | | |
|-----------------------|--|---|---|
| | service in Wales, Scotland and England | | <ul style="list-style-type: none"> » In some cases, a change in the participant's well-being motivated them to contact the mental health team » Schools are the best social institutions to address the psychosocial needs of this population and to assist them beyond their educational needs; peer groups have a significant role in this » Collaboration between mental health practitioners and teachers within the school environment could create a positive, therapeutic, non-stigmatising social space in which to conduct mental health work |
| Fazel et al (2016) | To examine young refugees' impressions and experience of school-based mental health services integrated within the school system across the UK | <ul style="list-style-type: none"> » Adolescent refugees discharged from the school-based mental health services ($n=40$) » Semi-structured interviews » Framework and thematic analysis | <ul style="list-style-type: none"> » Most participants preferred to be seen by mental health practitioners at school » Rumination about insecurity in the asylum process had a negative effect on participants, particularly in relation to social functioning and ability to focus at school » Participants valued the critical role of teachers in supporting and mediating contact with mental health services » Schools can offer an essential location for mental health services for adolescent refugees and provide a portal for integration of services |
| Ehnholt et al (2018) | To investigate whether the mental health of unaccompanied asylum-seeking children was negatively affected by having their ages disputed and being detained in British detention centres | <ul style="list-style-type: none"> » Adults who had been unaccompanied asylum-seeking children who had been detained at age 13 and 17 years ($n=35$) » Questionnaires – the Structured Clinical Interview for DSM-IV (SCID-IV), Reactions of Adolescents to Traumatic Stress (RATS), Stressful Life Events (SLE) and Detention Experiences Checklist-UK version (DEC-UK) » Mental health professionals analysed results | <ul style="list-style-type: none"> » The harmful practice of detention appears to have a detrimental effect on the mental health of exceptionally vulnerable children who arrive in the UK alone and seeking sanctuary, as it would have reminded them of previous trauma and may have increase post-traumatic stress disorder (PTSD) symptoms » Mental health issues were further compounded by ongoing uncertainty regarding asylum status and the associated risk of removal |
| King and Said (2019) | To explore cultural considerations and acceptability of a cognitive behavioural therapy (CBT) group approach to supporting mental health in unaccompanied asylum-seeking young people | <ul style="list-style-type: none"> » Unaccompanied asylum-seeking young people aged 14-17 years ($n=14$) » CBT group attendance scores, CBT session rating scale and post-CBT session qualitative feedback » Data analysis and thematic Feedback was used to review CBT groups | <ul style="list-style-type: none"> » A group CBT approach is acceptable to this population » Unaccompanied asylum-seeking young people require a broad package of care, but adaptations to routine practice, such as provision of group CBT, can facilitate access to evidence-based interventions |
| Majumder et al (2019) | To understand unaccompanied refugee minors' and their carers' perceptions of the barriers to using mental health services and to explore issues perceived to be related to poor engagement with services | <ul style="list-style-type: none"> » Unaccompanied refugee minors and their carers ($n=15$) » Semi-structured interviews » Thematic analysis | <ul style="list-style-type: none"> » Participants expressed positive and negative views about their mental healthcare » The experience of therapy correlated with therapeutic relationships » Barriers included young people feeling that talking therapies were ineffective and cultural and gender issues between the therapist and the young person » Humour positively influenced therapeutic relationships |
| Birch (2020) | To explore the value of urban nature (such as green spaces in cities) for the mental health and well-being of young people | <ul style="list-style-type: none"> » Young people living in an area of deprivation in the north of England aged 16-27 years ($n=24 - 3$ participants were asylum seekers) » Semi-structured interviews and art workshops | <ul style="list-style-type: none"> » Participants gained mental health support through contact with everyday urban nature, such as green spaces and water » Benefits included a stronger sense of self, feelings of escape, connection and care, but these were only sometimes felt and were undermined in certain situations [such as when participants felt unsafe in |

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| | | » Thematic analysis and diffractive analysis | public spaces or experienced exclusion while accessing outdoor nature] |
| Said et al (2021) | To understand the experience of unaccompanied asylum-seeking minors receiving narrative exposure therapy (NET) as a treatment for PTSD | » Unaccompanied minors with a diagnosis of PTSD ($n=4$) » Semi-structured interviews » Interpretative phenomenological analysis | » NET was perceived by participants as a challenging but valuable process » The motivator for engaging with NET was linking PTSD symptoms to their daily lives and seeing the positive benefits of the therapy » NET is an effective intervention for PTSD in this population |