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Why you should read this article:

- To increase your understanding of the mental health needs of asylum-seeking children and young people
- To acknowledge the barriers young asylum seekers face in seeking and accessing mental health support
- To explore what you can do as a mental health nurse to promote young asylum seekers' mental well-being

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 often experience traumatic events before arriving in their host country and are therefore vulnerable to developing serious mental health issues, including post-traumatic stress disorder. They also experience 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 in the UK. Four main themes emerged from the analysis of the ten included studies: feelings of loss and insecurity; challenges integrating into the host culture; perceptions of mental health; and personalised and culturally appropriate mental health support. The article provides mental health nurses with an insight into the mental health needs, concerns and experiences of young asylum seekers. It also describes some of the ways in which nurses can provide mental health support to this vulnerable group, including by adopting trauma-informed and culturally sensitive approaches to care.

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Keywords

child health, child and adolescent mental health, culture, cultural competence, diversity, mental health, mental health therapies, post-traumatic stress disorder, professional, 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 before they arrive in their host country, which can have significant adverse effects on their emotional and psychological well-being. A survey by the Refugee Council in 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 traumatic events, including war, separation from family, dangerous journeys, long waits for the outcomes of asylum applications and challenges in adapting to a new culture (Blackmore et al 2020). Family support is integral to recovery in mental health, but 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 legal status and separation from family.

Despite their mental health needs, young asylum seekers often encounter barriers to accessing mental healthcare in their host country. In the UK, although asylum seekers are entitled to free NHS care, they can experience difficulties in navigating the healthcare system, while documentation requirements and fear of deportation can prevent them from seeking care in the first place (Asif and Kienzler 2022). In addition, they receive limited financial support – £40.85 per week (Home Office 2024) – which can increase barriers to accessing mental healthcare, such as travel costs and digital exclusion. Moreover, financial pressures can exacerbate mental health issues (Chakravorty 2022).

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

Aim

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

Method

Search strategy

The authors conducted a qualitative literature review using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) framework (Page et al 2021) to structure the literature search. Database searches of MEDLINE, the Cumulative Index to Nursing and Allied Health Literature

(CINAHL), Scopus and PsycInfo were undertaken in August 2023 using the search terms shown in Box 1. In addition, the authors searched Google Scholar and the websites of the World Health Organization, the Refugee Council, the International Organization for Migration, the United Nations, the United Nations Office of the High Commissioner for Human Rights, Doctors of the World and the Red Cross using 'asylum seeker' and 'mental illness' as search terms.

Inclusion criteria were primary qualitative studies undertaken in the UK between 2010 and 2024 involving children and/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 studies selected for review were qualitative, but used diverse research methods, populations, sample sizes and interventions, so a comprehensive meta-analysis was not feasible. The selected studies were therefore thematically synthesised following Thomas and Harden's (2008) framework.

Findings

A summary of the studies included in the review is shown in Table 1, which can be accessed at: rcni.com/young-asylum-seekers-mental-health Thematic analysis of the ten studies generated four themes with corresponding subthemes (Table 2).

Loss and insecurity

Four studies identified that feelings of loss and insecurity contribute to the development of mental health issues in young asylum seekers (Groark et al 2011, Chase 2013, Fazel 2015, Ehntholt et al 2018). In these studies, it was noted that the loss felt by young asylum seekers was multifaceted, involving separation

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Box 1. Search terms

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("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"
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from their home, family, friends and cultural environment. While some participants spoke about a feeling of relief on reaching the UK, this often changed to feelings of anxiety and depression, especially for unaccompanied minors. Insecurity was created by precarious and prolonged applications for asylum during which participants experienced economic hardship. Over time, if young asylum seekers are not given the opportunity to process traumatic experiences, this can leave them vulnerable to developing PTSD.

Challenges integrating into the host culture

Four studies discussed challenges integrating into the host culture and how these could adversely affect young asylum seekers' mental health and access to services (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 prevented them from accessing mental health support, expressing their feelings and developing social connections, particularly for those who had been held in UK detention centres because of questions about their age (Ehntholt et al 2018). These challenges also made it difficult for participants to build trust in others, such as mental health practitioners.

Fazel (2015), who explored refugee and asylum-seeking children's experiences of accessing a school-based mental health service model implemented in schools in Wales, Scotland and England, 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 an environment in

which participants felt able to seek support for mental health issues.

Perceptions of mental health

Seven studies discussed perceptions of mental health (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 often appeared to perceive mental health issues in a negative light, which resulted in them minimising their symptoms or regarding them as physical health issues. Many 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 resulted in a reluctance to engage with them. This mistrust was created by negative experiences, such as feeling dismissed or not being believed by mental health practitioners; for example, one participant in the study by Majumder et al (2015) described how the failure by a mental health practitioner to acknowledge their past trauma led to them feeling that their experiences were being minimised.

Standard mental health practices, such as time-limited interventions, did not appear to be effective in supporting young asylum seekers. Providing culturally sensitive and flexible mental healthcare was seen as essential to foster young asylum seekers' trust in healthcare practitioners and reduce barriers to engagement (Majumder et al 2015, Majumder et al 2019).

Personalised and culturally appropriate mental health support

Two 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). Both studies reported that these interventions appeared to have positive effects on participants' mental well-being.

In addition, a school-based mental health service model involving collaboration between mental health practitioners and teachers appeared to be acceptable to young asylum seekers. Participants valued the supportive role of teachers, who also facilitated their 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, were identified as a potential way of personalising mental health support for young people, including asylum seekers, living in areas of deprivation (Birch et al 2020).

Table 2. Themes and subthemes	
Theme	Subthemes
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 mental health support	» Unmet psychological needs » Benefits of narrative exposure therapy and culturally sensitive approaches to mental health support » Importance of school-based mental health support and interventions

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 findings suggest that they tend to experience multiple barriers to seeking and accessing mental health support, including cultural differences, experiences of discrimination, negative perceptions of mental health and mistrust in mental health services. Mental health nurses working with young asylum seekers need to be aware of these barriers and adapt their approaches so that they can meet the unique needs of this population.

Addressing the mental health needs of young asylum seekers

Trust and compassion are fundamental to the therapeutic relationship (Gilbert 2022). Developing trust in mental health practitioners 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, and emphasised that trust is shaped by previous life experiences. For young asylum seekers, building trust in mental 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 mental health practices, such as rigid appointment scheduling and the use of Western diagnostic frameworks, do not appear to work well with this population (Maloney et al 2022).

Fazel (2015) noted that teachers and school peers can have a significant role in fostering trust between young asylum seekers and mental health practitioners. This may be because teachers are not perceived as authority figures in the same way as healthcare professionals. Fazel et al (2016), who built on the findings of Fazel (2015), suggested that schools can be an essential location from which refugee and asylum-seeking adolescents can access mental health services and provide a portal for integration of services. Such interdisciplinary collaboration can help to increase nurses' confidence in working with this population, by being part of a broader support network (Flood and Coyne 2019). In addition, providing mental healthcare in community settings, such as schools, may be less stigmatising for young asylum seekers (Flood and Coyne 2019). However, some research suggests that

school-based interventions aimed at preventing anxiety and depression in children and young people are implemented without strong evidence of their efficacy (Caldwell et al 2019). Furthermore, there is an emerging argument that school-based universal interventions aimed at improving young people's mental health may cause unintended harm to some of them by encouraging rumination on negative thoughts and emotions (Foulkes and Stringaris 2023). Foulkes and Stringaris (2023) also 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.

Culturally sensitive care

The provision of culturally sensitive care is an essential part of mental health nursing practice and requires an appreciation of different people's culture. Majumder et al (2019) found that young asylum seekers hesitated to engage in talking therapies due to cultural preferences and that they 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 a personalised and flexible approach and offer a range of therapeutic options so that young asylum seekers can identify those that are culturally acceptable to them.

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

Trauma-informed approach

Given the high risk of mental health issues, including PTSD, in young asylum seekers, 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 use multiple interventions to increase therapeutic engagement and reduce restrictive practices, can help align care to trauma-informed principles.

The studies included in the present literature review provided limited guidance on trauma-informed practice for community mental health nurses. A useful resource is the Trauma-Informed Code of Conduct published by the

Key points

- Asylum seekers are at high risk of mental ill health due to trauma, separation from family, precarious legal status and integration challenges
- Despite their mental health needs, young asylum seekers often encounter barriers to accessing mental healthcare in their host country
- Standard mental health practices do not work well with young asylum seekers and nurses need to be flexible and offer culturally sensitive approaches
- Barriers to young asylum seekers accessing mental healthcare include cultural differences, discrimination, negative perceptions of mental health and mistrust in mental health services
- Interventions such as narrative exposure therapy and culturally adapted group cognitive behavioural therapy can be beneficial for young asylum seekers with mental health issues

FURTHER RESOURCES

Royal College of Psychiatrists – Asylum seeker and refugee mental health
www.rcpsych.ac.uk/international/humanitarian-resources/asylum-seeker-and-refugee-mental-health
NHS England elearning for healthcare – Cultural competence and cultural safety
www.e-lfh.org.uk/programmes/cultural-competence

Asylum Aid (part of the Helen Bamber Foundation Group) – provides legal advice and representation for asylum seekers in the UK, including children and young people
asylumaid.org.uk/

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Helen Bamber Foundation (Witkin and Robjant 2022), which provides a comprehensive guide to best practice when working with survivors of human trafficking and slavery.

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; for example, in Sheffield two such organisations are the City of Sanctuary (sheffield.cityofsanctuary.org/) charity, which offers legal advice, peer mentoring and multi-agency support for asylum seekers and refugees, and the Snowdrop Project (www.snowdropproject.co.uk), which supports survivors of modern slavery. Collaboration between mental health services and third-sector organisations has been found to enhance mental healthcare provision for young people (Dutton et al 2023).

Young asylum seekers are entitled to free NHS mental healthcare in the same way as UK citizens, however this fact 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 (Ní Raghallaigh 2013). Mental health nurses should use trained interpreters in their consultations with young asylum seekers as required, and where possible use the same interpreter every time for continuity. Interpreting in mental health consultations can be complex, so it is best practice to establish beforehand whether the interpreter has experience in this type of consultation. Following a session involving an interpreter, healthcare practitioners should allow time for a debrief with the interpreter 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 NET, culturally adapted group CBT and engaging with 'urban nature' were valuable to young asylum seekers who needed support

with their mental health. 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 of this review regarding mental health needs. These researchers piloted a specialist clinic specifically designed to address the physical health needs of this population and found that it was effective in identifying and managing a range of physical health conditions (Harkensee and Andrew 2021). Mental health nurses and 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 within the team, who have undergone additional training in trauma-informed care would support the delivery of personalised, culturally sensitive services that aim to address the psychological and cultural challenges experienced by young asylum seekers (Iusmen et al 2024). This recommendation aligns with the theme of personalised and culturally sensitive mental health support identified in the present review.

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 rate of mental health issues in this population, it is notable that the authors identified only ten relevant studies. These qualitative studies had small sample sizes, so they may not 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 young asylum seekers' mental health needs, concerns and experiences.

Implications for practice

The following implications for practice outline fundamental aspects of best practice in mental healthcare, however the findings of this review suggest that there may be a gap in implementing these aspects in the context of supporting young asylum seekers with mental health issues.

When working with young asylum seekers, mental health nurses need to:

- » Adopt a trauma-informed approach and create spaces in which service users can safely process their experiences to help reduce the risk of them developing PTSD.

- » Use culturally sensitive approaches to address any stigma around mental health and encourage young asylum seekers to seek support for mental health issues.
 - » Try to address feelings of mistrust among young asylum seekers towards healthcare services by fostering transparent and supportive therapeutic relationships.
- Furthermore, mental health services need to provide staff with training in cultural competence and cultural safety.

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.

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