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Exploring refugee peoples' experiences of support in the community.

A thesis submitted in partial fulfilment of the requirements for the Doctorate in Clinical Psychology

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Declaration

This thesis has been submitted for the award of Doctorate in Clinical Psychology at the University of Sheffield. It has not been submitted to any other institution, or for the purpose of obtaining any other qualifications.

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Lay Summary

Literature Review: Refugee people encounter different challenging experiences whilst leaving their country of origin and arriving in the host country. Previous research has identified the negative impact this has on refugee peoples' psychological wellbeing. A qualitative evidence synthesis was conducted to identify different sources of support used by refugee people in the community, to cope with distress. And to understand refugee peoples' experiences of using these community resources. Three electronic databases were searched, and twelve studies were included. Data was analysed and four themes were developed. Participants expressed feeling alone and sought out practical support themselves. Participants described gaining support from people who shared similar experiences and cultural backgrounds. Participants stated family members provided emotional and practical support. Participants also reported that religion was a way of coping with distress and helped them to hold on to values from the country of origin. Future research is needed to explore experiences of support for refugee people arriving in the U.K.

Empirical Report: Previous research, conducted internationally, has found refugee people seek support from the community such as family, religion and community members, to reduce the impact of distress. The study explored how refugee people experience support, specifically in the U.K. Thirteen refugee people were interviewed using semi-structured interviews. The interviews were analysed, and five themes were generated. Participants experienced barriers within social and health systems and initially relied on themselves to cope with adversities. Participants found practical support from non-statutory services essential for survival. Participants also established support networks with other refugee people where they felt human, connected and had a sense of belonging. Participants described wanting to build a future for themselves, families and community members. A joined up, co-produced approach with different statutory and non-statutory services should be in place to create a network of support for refugee people.

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Table of contents

Section One: Literature Review

A qualitative evidence synthesis of refugee peoples' experiences of community support.

Abstract

Objectives

The qualitative evidence synthesis had two aims. Firstly, to understand what community resources are used by refugee people to support with psychological distress. Secondly, to understand the experiences of refugee people using these community resources.

Design and Method

The search involved three major electronic databases including PsycINFO (via Ovid), Medline (via Ovid) and Scopus to identify papers published in peer-reviewed journals. The search terms consisted of: refugee, asylum seeker, support group, community-based group, religion, psychosocial, peer support, group engagement, mental health, wellbeing, qualitative, interview and focus group.

Results

Twelve studies met the inclusion criteria and were analysed using thematic synthesis. Overall, the quality of studies was deemed moderate to high. Synthesis of data generated four themes: safety in the community, cultivating resources, holding on to values and importance of family.

Conclusions

The findings highlight the contextual challenges refugee people experience when adjusting to the host country. Consequently, participants expressed feeling alone and thus cultivated their own support. Participants felt safer seeking support from their immediate family or cultural communities. Participants also described ways to hold on to values from their country of origin through religion. Gaining access to practical support was vital for participants. The review highlights how refugee people gain support outside of statutory services. A more systemic approach in supporting distress amongst refugee people incorporating their family, communities and religion is required.

Practitioner points

- Healthcare-professionals should build awareness about socio-political and contextual factors that inform refugee people's distress.
- The need for solidarity when working with oppressed groups is recommended, where those with less power within society are supported in building their own resources.
- Human rights-based approaches should be at the core of social and health polices which directly impact refugee communities.

Keywords

Refugee people, community support, distress, thematic synthesis, qualitative evidence synthesis

Introduction

Asylum seekers are defined as "individuals who have sought international protection and whose claims for refugee status have not yet been determined" (United Nations High Commissioner for Refugees, [UNHCR] 2017, p. 17). Refugee is defined as "someone who is unable to return to their country of origin, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, 2017, p. 17). The term 'refugee and asylum seeker' can be considered problematic as it is based on a legal definition, which labels, dehumanises and 'others' people who have been forced to leave their home country. The term refugee people will be used to restore humanity to those who are burdened by legal restrictions (Patel, 2003a).

At the end of 2019 the UNHCR (2020) reported 79.5 million people were forcibly displaced worldwide. Almost 1% of the world population are refugee people resulting from approximately 40 current violent conflicts (Summerfield, 2000; UNHCR, 2020). With this process of displacement, refugee people can be fleeing persecution from, war, political unrest and criminalised for their ethnic origin, political, religious or social activities and are looking for protection and safety (Tribe, 2002; UNHCR, 2020). Due to the nature of their life experiences refugee people can be subjected to challenging conditions with meeting basic living needs, poor health, loss of family and social support, increased uncertainty and fear about their legal status, risk of deportation, racism and discrimination by societies within the host countries (Giacco et al., 2018; Khawaja et al., 2008). Approximately 6.6 million or 22% of the world population of refugee people live in refugee camps (UNHCR, 2021). The camps carry their own adversities, where people experience extreme hostility, with an ever-changing population, often having no personal privacy (Tribe, 2002).

Psychological distress

Extensive literature denotes high prevalence of psychological distress[1] within refugee people populations (Blackmore et al., 2020; Carswell et al., 2011; Laban et al., 2005). Recently Turrini and colleagues' (2017) systematic review reported on a sample of refugee people, where prevalence of various psychiatric diagnostic labels were up to 44% for depression, 36% for post-traumatic stress disorder and 40% for anxiety. Yet, mental health services are not easily accessible for refugee people (Laban et al., 2007; Priebe et al., 2016; Toar et al., 2009). Satinsky et al. (2019) reviewed qualitative and quantitative studies based in Europe. They highlighted refugee people tended not to use mental health services due to language barriers, stigma and negative attitudes towards attending services. Mistrusting healthcare professionals was also identified to act as a barrier for statutory[2] services (O'Donnell, et al., 2007).

Patel (2003b) criticised the methods and assumptions of these foregoing studies with refugee populations. She states these studies report comparisons between refugee people and populations from western countries. Therefore, literature is more focused on questions around differentiating how refugee people show distress when compared to the non-refugee population. Patel (2003b) suggests this perpetuates the discourse that refugee people are homogenous and 'different' from the wider population of the host country and portrays refugee people as "weak," "vulnerable" and "traumatised" (Patel, 2013b, p.24). Arguably, these narratives lack acknowledgement to understanding a person's social and political context and miss how these factors might impact on a person's experience of psychological distress (Afuape, 2011).

[1] Psychological distress will be used to describe all different types of difficult or unusual experiences linked with psychiatric diagnoses. It will be seen as "an experience that happens within the life and the subjective awareness of the person rather than a form of illness" (Cromby, et al., 2013, p.4).
[2] Statutory refer to services that are paid for and provided by the government, such as National Health Service (NHS) or social care (Department of Health and Social Care [DHSC], 2021).

The literature described thus far also highlights much of the research involving refugee people is focused on Eurocentric principles of health. This is underpinned by cartesian dualism with a divide between either health or psychological problems, usually locating difficulties within the person and paying little credit to the contextual factors (Crane & Patterson, 2000; Palmer, 2006; Patel, 2003; Vara & Patel, 2012; Watters, 2001). Consequently, refugee people are labelled with terms like "hard to reach" which further reinforce the experience of othering felt by refugee people (Bucci et al., 2019; Crenshaw, 1989; Flanagan & Hancock, 2010). Alongside this, studies tend to focus on prevalence and understanding the underusage of mental health services by refugee people (Patel, 2011).

Community support

The term community in the context of research looking at refugee people was summarised by Markova and Sandal (2016) as a collection of people from the same ethnic group, or from the same country of origin who share similar religion and/or traditions. There is a growing evidence-base exploring the experiences of support that is sought outside of statutory services. Meyer and Morand (2015) noted psychosocial support for psychological distress to be a useful framework. Interestingly, Tribe and Morrissey (2003) reported social support is a protective factor for refugee people experiencing distress. More specifically studies have found separation from families and communities to have a damaging impact on distress. The benefits of social support related to cultural community and mutual support was more favourable for refugee people than psychological interventions (Allodi, 1989; Bisson & Deahl, 1994; Chatterjee, et al., 2020; Light, 1992; Murray, et al., 2010; Tribe & Shackman, 1989). Additionally, Tempany (2009) stated refugee people draw on religious ideology and social support to deal with psychological distress. Furthermore, literature notes the benefits of specific mutual support groups amongst refugee people (Goodkind, 2003; Goodkind et al., 2014). A systematic review by Shaw and Funk (2019) investigated social support programmes and their impact on refuge people's

wellbeing. They reported social support programs organised within community settings by statutory and non-statutory[3] services for refugee people increased integration, financial stability and social well-being.

Given the research portrays refugee people in various narratives and the complexity of their experiences, using qualitative methodological could be a more helpful method to gain richer and coherent understanding when considering this population (Willig & Stainton-Rogers, 2008). Furthermore, qualitative research could provide a platform and a voice for the oppressed group and provide an alternative narrative to their experiences (Halin et al., 2008). A qualitative evidence synthesis (QES), previously known as qualitative systematic review, systematically examines studies on an area of interest and develops findings from different studies (Booth et al., 2016). Literature recognised the value of using QES within health and social settings (Carroll, 2017; Langlois et al., 2018). Furthermore, QES have been recommended as a useful method to explore the attitudes, experiences, concerns and the meaningfulness of a phenomenon, which can inform clinical practices (Carroll & Booth, 2015; Dixon-Woods et al., 2006).

Justification for review

Quantitative literature is vast when looking at the experiences of psychological distress for refugee people. Research often takes a Eurocentric approach towards refugee peoples' distress, frequently dismissing or ignoring contextual factors such as the social and political aspects that impact psychological distress for refugee people. Studies highlight narratives of refugee people being 'different' and 'hard to reach' which may impact on access to mental health services. Alternatively, a growing body of qualitative literature explored refugee people's experiences of using resources such as family, religion, mutual support, cultural and ethnic groups and social support networks, which are

[3] Non-statutory services include non-profit organisations and charities (DHSC, 2021).

based in the community rather than statutory and non-statutory services. To the author's knowledge and to date, a QES of how resources in the community are used by refugee people to support their psychological distress had not been undertaken.

Therefore, the aims of the review were:

1) What community resources are used by refugee people to support psychological distress?
2) What are refugee peoples' experiences of using these community resources?

Method

The protocol for the review was registered on the Open Science Framework (see https://osf.io/ysrhb/?view_only=bc9306d14c4945c492d293c687713f76)

Search strategy

A SPIDER search tool was used to help structure the search strategy (Appendix A; Methy et al., 2014). The searches were completed between January-February 2021 in the following three databases: PsycINFO (via Ovid), Medline (via Ovid) and Scopus. The search terms consisted of variations of terms: refugee* OR asylum seeker* AND support group* OR community-based group* OR religio* OR psychosocial OR peer support* OR group engagement OR mental health OR wellbeing AND qualitative OR interview* OR focus group*. Searches included all published papers with no time limits, focusing on titles, abstracts and keywords. Subject headings or medical subject headings (MeSH) terms were applied to Ovid database searches (Appendix B). Additional hand searching of reference lists were conducted to gain a compressive search result.

Study selection

Inclusion and exclusion criteria were generated to screen the papers. The inclusion criteria consisted of papers that:

- Were related to adults who fit the UNHCR (2017) definition of refugees and/or asylum seekers.
- Discussed support in the community including family, religion, peer support, social support groups.
- Used qualitative methodological approaches from peer-reviewed scientific journals.
- Used demographic information that was clearly identifiable to extract for the review.

The exclusion criteria consisted of papers that were:

- Written in languages other than English or based on case studies, surveys, theses and dissertations.
- Predominantly examining participants who were children or adolescents.
- Examining professionals or carers' experiences of supporting refugee people.
- Focussed on interventions that have been created by statutory and non-statutory organisations.

The researcher met with two research supervisors for a consensus meeting prior to the screening process to consider the screening criteria. Further to ambiguous papers being present within searched papers, additional criteria was developed to ensure appropriate papers were included. Papers that discussed the phenomenon of community resources in either the aims or findings sections of the paper were included in the review. Research supervisors also screened a proportion (n=7) of eligible papers to ensure consistency and rigour for the final selected papers for the review.

Data extraction

Data extracted and collated included: author and date, location of the study, aims, participants characteristics, data collection and methodology and main themes of each study.

Researcher reflectivity and data synthesis

Literature highlights the importance of the researcher acknowledging their position within social structures, being aware of their thoughts and beliefs, in the context of the researcher holding more power within society compared to refugee people (Suwanakhong & Liamputting, 2015; Starks & Trinidad, 2007).

The researcher identifies as a second-generation British South-Asian female and holds U.K citizenship. She identifies as belonging to a collectivist culture, where extended family and community members are regarded as close family. Engaging with cultural communities felt essential to maintain the heritage and a sense of belonging for the researcher.

A thematic synthesis approach (Thomas & Harden, 2008) was completed to integrate findings from the selected studies. Direct quotations reported by refugee people in each study were considered data for the thematic synthesis. Participant quotes were extracted and NVivo software version 12 (QSR International, 2018) was used to code each quote, line-by-line systematically. Initial descriptive themes were developed by clustering together codes that were generated from the data (Appendix C). The researcher kept a reflective log (Appendix D) which helped the researcher consider their own beliefs and thoughts and how they would have influenced the way analytical themes were developed. Finally, comparisons were made across the data and analytical themes were generated and reported to go beyond the original content of the studies (Appendix E; Thomas & Harden, 2008). This was a fluid process where the codes were clustered and considered to address the review aims. This procedure was completed by the researcher. Provisional themes and subthemes were discussed and finalised with the researcher's supervisors.

Quality appraisal

The Critical Appraisal Skills Programme (CASP) tool for qualitative research (Appendix F; CASP, 2018) was used to evaluate the quality of each study. The tool is recommended within health and social research and is a recognised tool by Cochrane and World Health Organisation [WHO] (Hannes & Macaitis, 2012; Noyes et al., 2018). The CASP tool consists of ten questions and additional prompts to evaluate aspects such as rigour of analysis, validity of findings and methodology of each study. Answer options included 'yes' (criterion is considered adequately) 'no' (criterion is not considered adequately) and 'can't tell' (not clear criterion is considered fully). Carroll, Booth and Lloyd-Jones (2012) noted lower quality of the study have less value to thematic synthesis. Post-hoc sensitivity analysis was carried out to check the value and contribution to themes and sub-themes by lower quality studies (Carrol & Booth, 2015). Given that the lower quality studies contributed to the themes sufficiently they were included in the review.

Results

Summary of included papers

The PRISMA diagram (Figure 1) outlines the search and screening process described (Moher et al., 2009; Page et al., 2021). The titles and abstracts of the total 3381 identified papers were screened to determine relevance. The papers were reduced to 2328 papers following the removal of duplicates. After reading titles and abstracts, 2292 papers were excluded as they did not meet the criteria. The remaining 36 full text papers were read in accordance with inclusion and exclusion criteria. An extra paper was identified by manually searching references. The hand searched paper was screened and included as it explicitly met the inclusion criteria. Therefore, 12 papers which explicitly met the criteria were selected and taken forward to review.

Studies were carried out between 2003 and 2020, with 11 studies using a qualitative approach. One study used a mixed-method approach and qualitative data was extracted in this case (Sundvall et al., 2020). Studies were carried out in seven countries. Participants originated from 41 different countries and/or regions. The studies included a total of 420 participants. A mixture of qualitative methods were used to collect the data including, interviews, focus groups and fieldwork observations. A summary detailing each study's participant characteristics, aims, methods and findings can be found in Table 1.

Quality appraisal results

A summary of the quality appraisal is noted in Appendix G. Studies were scored with a maximum of 20 indicating the highest methodological quality. Scores were converted into percentages (Appendix G). Six studies (50%) were found as high quality, four studies (33%) were moderate quality and two studies (17%) were considered low quality. All studies commented on aims and methodology sufficiently. Notably ten studies scored the relationship between researcher and participant as not being adequately considered by the authors, which refers to the extent that researchers examined their role and influence on the research process. It was difficult to fully obtain a clear statement of findings for three studies and they were scored a 'can't tell' response by the reviewer. However, five studies were considered to lack additional information about the limitations of the study and eight did not adequately explore further research recommendations.

Figure 1.

PRISMA Diagram.

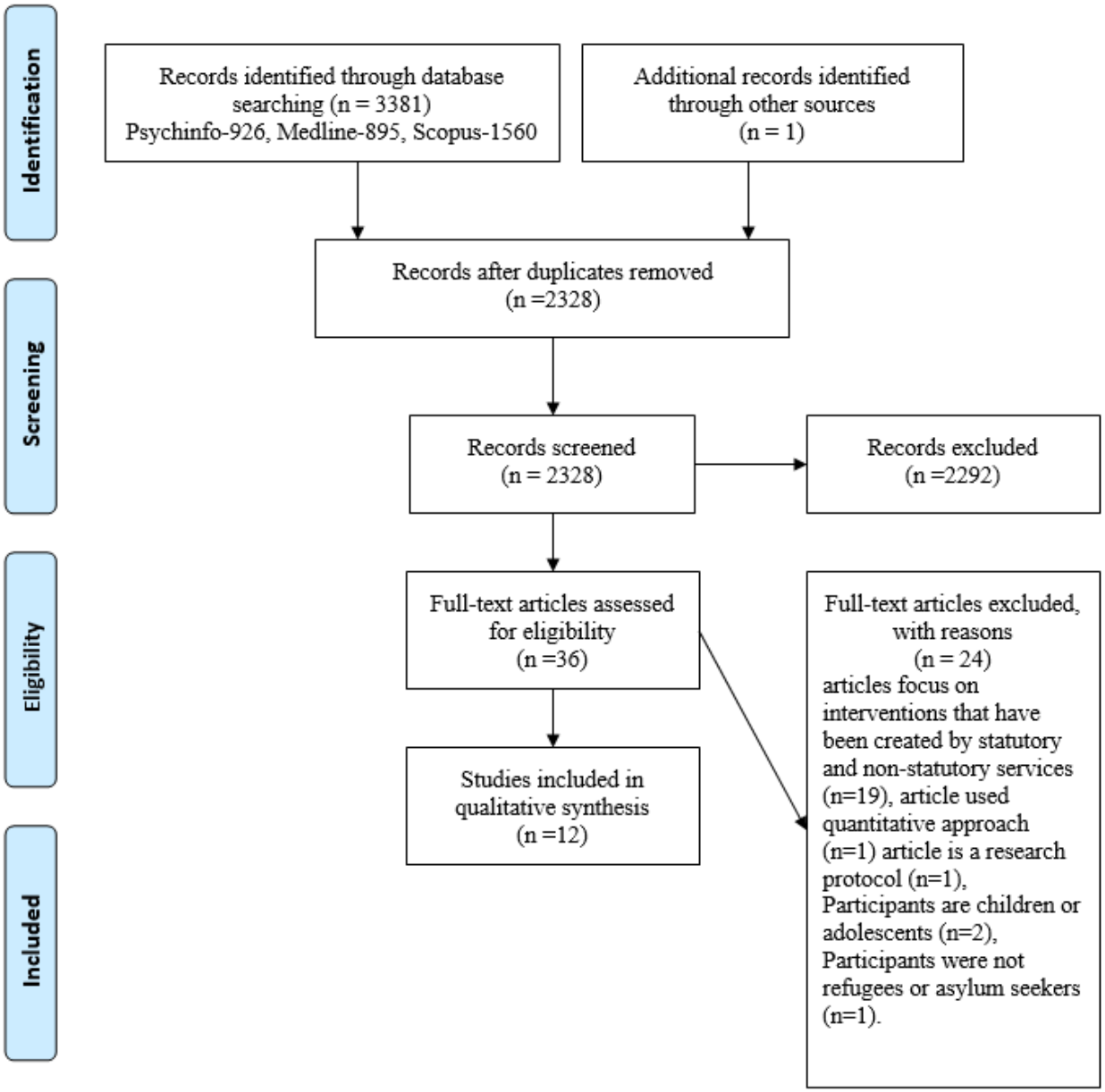

Table 1.

Summaries of studies.

Author and date	Location	Aims	Participants characteristics	Data collection and methodology	Main themes
Alfadhli and Drury (2017)	Jordan	Explore experiences of psychosocial support among Syrian refugees.	N=13 (female 3, male 10) Syrian	Interviews, Thematic Analysis	Social relationships are resources, support was provided from both personal (neighbours etc) and collective (organisations) levels, psychological group membership provided support, support was value based or based on pre-existing interpersonal networks.
Barnes and Aguilar (2007)	United States (U.S)	Explore Cuban refugees' perception and experiences of the availability, use and effectiveness of support received from local, regional and national sources including Cuban communities.	N=20 (female 11, male 9) Cuban	Interviews, Narrative inquiry method	Practical support were gained from resettlement agencies and other people from Cuba, emotional support were gained from Cubans and English speaking friends. Time period for support was up to 5 years, highlighted unsupportive interactions of discrimination and burden of supporting Cubans in U.S and Cuba.
Chase and Sapkota (2017)	Nepal and U.S	Explore the role of informal care practiced by relatives, friends and neighbours in preventing mental distress in Bhutanese refugee communities.	40 (46% male, 54% female) Bhutanese	Interviews (n=40), focus groups (n= 4) and observations, thematic content analysis	Family, friends and neighbours were involved in recognising and managing individual distress, usually being proactive to perceived vulnerability rather than reactive in providing support. People engaged in pragmatic, social and spiritual interventions. Opportunities in building social networks provided direct support aid for distress.

Clarke (2018)	Canada	Describe Karen refugee women's experience of resettlement and factors which structured community capacity to support their mental health and wellbeing.	N=12 female, Burmese-Karen, mean age 36.7.	Interviews, critical ethnographic approach	Karen women understand mental health as "stress and worry." Gender, language and health understanding influence women's access to health and social resources. Partnerships between agencies, and organisations promote community capacity.
Hasan, et al., (2018)	US	To understand the lived experiences of settled Syrian refugees with emphasis on the role of Islamic faith with coping with resettlement related stress.	N=10 (female 8, male 2) Syrian, 18- 50 years mean 34.8.	Interviews, phenomenological approach	Religious identities including role of religion and religion as resilience were important source of comfort, pride and strength. Difficulties with adjusting to life in US. Benefits of resettling.
Hynie, et al., (2011)	Canada	Describe the support seeking strategies of women across a range of cultural groups and to identify commonalities in the challenges of rebuilding social networks for newcomers, and the structural and social forces that determine the success of the strategies.	N=87 Colombia (9), Afghanistan (5), various Caribbean islands (8), Pakistan (7), Angolia (21), Brazil (12), Mexico (8), Portugal (13), Costa Rica (1), Cuba (1), El Salvador (2), Ecuador (1). 19-50 years.	Interviews and focus groups, Thematic analysis	Informal support and social networks included immediate family, transnational family, friendship networks, close friends and community. Those who lacked informal support particularly seek support from organisations. Types of support included giving and receiving support, extent to which support was reciprocal, gendered expectation about support and perceived adequacy of support.
McMicheal and Manderson (2004)	Australia	Exploring the impact war displacement and resettlement on social networks among newly arrived migrants. Exploring the utility of social capital as a construct to understand 'successful' resettlement.	N=42 females, Somalia, 19- 65 years	Interviews, Thematic framework	War and displacement caused social breakdowns Participants thought of Somalia, where trust and social support were part of everyday life. Loss of social capital, where participants felt disconnected from communities. The conditions of resettlement made it hard to connect with others and build social support. Accessing social capital was challenging.
Ross-Sheriff (2006)	Afghanistan	Examine women's roles during and after war. Were women helpless victims or actors during war, in exile and during repatriation to their homeland? What roles did women play? What coping strategies did the women use?	N=60 female, Afghanistan	Interviews, grounded theory	Significance of cultural and religious norms and expectations. Social entitlement to receive support and to provide for other family and members of the same ethnic community. Participants spoke of resilience based within faith to overcome stress.

Simich et al., (2003)	Canada	Examine the role of social support as determinant of refugee wellbeing and migration patterns during early resettlement.	N=69 (female 40%, male 60%) Bosnia, Croatia, Afghanistan, Kurdistan, Iraq, Iran, Sudan, Kosovo, Algeria, Serbia, Sierra Leone, and Somalia,	Interviews, focus groups, interpretative analysis	Types of support included: information support, instrumental support and emotional support as well as affirmational and shared experience. Lack of supportive relationships left participants feeling isolated, stressed and increased health problems.
Smigelsky et al., (2017)	US	To explore the lived religion/spirituality experiences of refugee women survivors of sexual violence.	N=9 female, Congolese	Interviews, consensual qualitative research methods	Experiences of violence and refugee experience, belief that God is in control and God provides protection. Prayer was important for emotional struggles. Practicing gratitude in relation to situation, their health and keeping family safe. Participants found spirituality had not changed over time and was strengthened.
Sundvall et al., (2020)	Sweden	Explore how Iraqi refugees perceived their social networks and social support and to relate the observed network characteristics and changes to the refugees mental health and wellbeing.	N=31 (14 female) Iraqi	Interviews, content thematic analysis	Weakened social networks meant less contact with relatives and high conflicts in close networks. Barriers to integration in Sweden, where participants faced language barriers, difficulties with finding employment and meaningful activities and negative contact with authorities. Challenges to cultural or religious belonging.
Wachter and Gulbas (2018)	US	Develop a theory to explain how women who migrated from the Democratic Republic of Congo recreate social support post resettlement in U.S.	N=27 female, Tanzania, Kenya, Nigeria, Malawi, Burundi Uganda and Rwanda	Interviews, grounded theory	Social support as integral to ways of life. Ruptures to social connections were created via war, displacement and resettlement processes. Participants moved from having social support based within home spaces to these being portioned and separated in host country. Participants were alone without family or social support. Therefore, participants had found their own way of life alone.

Note. N= number of participants.

Thematic synthesis

Four themes and ten sub-themes were developed and are shown in Table 2. Table 3 highlights where themes and sub-themes were present in each reviewed study. Notably, the themes and sub-themes could be thought of as intersecting and this is symbolic of the complex experiences of refugee people.

Table 2.

Themes and sub-themes

Themes	Sub-themes
Safety in the community	Struggling to trust others
	Connecting with a familiar community
	Developing friendships
Cultivating resources	Isolation
	Practical support
	Employment
Holding on to values	Spirituality and religion
	Wanting to give back
Importance of family	Trust family
	Duty of care

Table 3.

Themes present in each study

	Safety in the community				**Cultivating resources**		**Holding on to values**		**Importance of family**	
Reviewed study	Struggling to trust others	Connecting with a familiar community	Developing friendships	Isolation	Practical support	Employment	Spirituality and religion	Wanting to give back	Trust family	Duty of care
Alfadhli and Drury (2017)	✓	✓	✓	✓	✓			✓	✓	✓
Barnes and Aguilar (2007)	✓	✓	✓		✓	✓	✓	✓	✓	✓
Chase and Sapkota (2017)	✓	✓	✓	✓	✓	✓	✓	✓		✓
Clarke (2018)	✓	✓		✓	✓			✓		✓
Hasan et al. (2018).	✓	✓	✓		✓	✓	✓	✓		✓
Hynie et al. (2011)	✓	✓	✓	✓		✓	✓	✓	✓	✓
McMicheal and Manderson (2004)	✓	✓	✓	✓	✓		✓		✓	✓
Ross-Sheriff (2006)	✓	✓	✓		✓	✓	✓			✓
Simich et al. (2003)	✓	✓	✓	✓				✓	✓	✓
Smigelsky et al. (2017)		✓		✓		✓	✓		✓	✓
Sundvall et al. (2020)	✓				✓	✓	✓		✓	✓
Wachter and Gulbas (2018)	✓	✓	✓		✓	✓	✓		✓	✓

Note- ✓denote the theme was present in the study.

Safety in the community

This theme incorporated experiences of participants being valued as part of a community. Participants reflected on the discrimination and poor treatments they received by people within the host country. This left them feeling cautious about fully trusting unfamiliar people and wider resources. Participants drew on a sense of solidarity and shared experiences from other refugee people and people from similar cultural and ethnic backgrounds. Consequently, participants felt they could form meaningful friendships with others within the community, who could fully understand their needs and experiences.

Struggling to trust others. This sub-theme incorporated participants' experiences of feeling unsafe and threatened when arriving in the host country (Barnes & Aguilar, 2007; Hynie et al., 2011; McMichael & Manderson, 2004; Ross-Sheriff, 2006). Participants spoke of encounters of discrimination, which further impacted their sense of not feeling welcome or belonging to a community.

"When I walk in the street and they start call me "You, Syrian. You are Syrian, this is a Jordanian, this is an Egyptian." This discrimination is suffocating us, and distressing." (Alfadhli & Drury, 2017, p. 150).

At times the mistrust extended to family and community members where participants spoke of not wanting to share details about themselves because of concerns of being portrayed negatively (Barnes & Aguilar, 2007; McMichael & Manderson, 2004; Wachter & Gulbas, 2018). Other participants reflected they felt pressure to not share information about themselves because of the culture that "everyone mind his own business" (Alfadhli & Drury, 2017, p. 147).

Participants also shared how challenging circumstances were for them prior to moving to the host country. Participants reflected on being placed in dangerous and

frightening situations, which was likely to reinforce feeling wary of support offered in the host country.

> *"I hope there will not be armed men here in Kabul and we live in peace and security without war, bomb blasts, and rocket explosions."* (Ross-Sheriff, 2006, p. 217).

Connecting with a familiar community. This sub-theme was focused on participants experiences of social connection where sharing experiences with other people within their community created a place of social bonding (Alfadhli & Drury, 2017; Clark, 2018; Barnes & Aguilar, 2007; Hasan et al., 2018; Hynie et al., 2011; McMichael & Manderson, 2004; Ross-Sheriff, 2006; Simich et al., 2003; Wachter & Gulbas, 2018). Participants felt understood by others with similar experiences. Participants expressed how these interactions went on to build a sense of solidarity.

> *"I have very good support in my community as we, all refugees, are eating rice given from the same pot."* (Chase & Sapkota, 2017, p.404).

Furthermore participants commented on how searching out members of the same ethnic community in the host country allowed them to feel less alone.

> *"When I came here and found a lot of Syrian people I knew I was not alone. When you know and when you feel that you need someone to help or be with you."* (Hasan et al., 2018, p.231).

Other participants discussed feeling connected with other people had a positive impact on their self-esteem and overall wellbeing (Alfadhli & Drury, 2017; Chase & Sapkota, 2017; Clark, 2018; Hynie et al., 2011; Simich, et al., 2003; Wachter & Gulbas, 2018). As one participant stated being able to support other refugee people allowed them to have a sense of purpose.

> *"We learn a lot from each other. Sometimes what is right for me is wrong for them. We learn to respect the way other people live. This is very good for ones wellbeing, when you interact with someone else you are partaking in something."* (Hynie et al., 2011, p. 41).

Furthermore participants highlighted those from similar communities and backgrounds understood their cultural needs. This included speaking in the same language, understanding values and sharing religious beliefs. Participants shared finding it easier to seek support and advice off these groups.

> *"There are a lot of things someone from your country can help with that nobody else, like a neighbour can"*. (Simich, et al., 2003, p. 883).

Developing friendships. This sub-theme pulls together participants' experiences of friendships and meaningful attachments. Participants commented on friends being a significant source of support and help.

> *"I can't stop talking to her [friend]. She's a person who has helped me a great deal. She's helped me with the baby; when my baby was born she was there with me. She could be an angel from heaven- you say to yourself, wow!"* (Hynie et al., 2011, p. 38).

Others spoke of learning skills and ways to adjust to the host country when making friendships. Friends were also present throughout the process of entering the host country and aided participants with settling into a life within the host country. This included collecting people from the airport when they arrived, staying at friend's home whilst making housing arrangements, advising them on how migration systems function, learning skills and providing emotional support (Barnes & Aguilar, 2007; Chase & Sapkota, 2017; Hasan et al., 2018; Hynie et al., 2011; McMicheal & Manderson, 2004; Ross-Sheriff, 2006; Simich et al., 2003; Wachter & Gulbas, 2018).

"When we arrived here and saw our friends, we became happy. We stayed with them for a week at their house. This place is good for us." (Simich, et al., 2003, p. 885).

Whereas other participants spoke about taking their time to build friendships with local people because of the mistrust they experienced in the previous sub-theme.

"You can go to somebody and tell them your story or your problems. You can lie to yourself and think that this person is trustworthy and that you can say something about your private life, but this person can go and talk to somebody else, and then to somebody else and then you find your story gets around." (Wachter & Gulbas, 2018, p. 110).

Cultivating resources

This theme encompasses participants' experiences of being detached from their usual support networks and feeling isolated. As a result, participants went on to cultivate their own support and found ways to establish a life for themselves. It reflected how participants not only used community members for emotional support but for practical resources too. Employment, for those who were able to obtain it, served as another platform of integrating and building a life in the host country.

Isolation. Participants described their experiences of feeling isolated given the environmental stressors and situations they had to endure in the host country (Alfadhli & Drury, 2017; Chase & Sapkota, 2017; Clark, 2018; McMichael & Manderson, 2004; Simich et al., 2003; Sundvall et al., 2020; Wachter & Gulbas, 2018). In particular, participants spoke of missing their lives in their country of origin, where family members were nearby and they were a part of a close knit community.

*"Its difficult to be alone because you are suddenly cut from your family, from your sister, from your friends and from people who speak you language." (*Simich et al., 2003, p. 885)

The sense of isolation meant participants were noticing the differences between cultures of the host country and the country of origin, where communities helped one another more readily.

> *"Life here is ok. But there is a big loneliness. In Somalia, if you stood out of the front people would walk past, neighbours would shout out to you. Here it is so quiet and lonely…over there people would turn up on your door step, but her there is no one to talk to."* (McMichael & Manderson, 2004, p. 94)

Participants experienced significant change in their life and felt less supported and considered which had a negative impact on their psychological distress.

Practical support. This sub-theme draws on the experiences of participants seeking out support to obtain practical help to survive. They relied on community members to provide financial aid, access to adequate food and clothing. Practical resources were needed to begin building a new life for the participants and their families (Alfadhli & Drury, 2017; Barnes & Aguilar, 2007; Chase & Sapkota, 2017; Clark, 2018; Ross-Sheriff, 2006; Wachter & Gulbas, 2017).

> *"Whatever material things you need, they [Cubans] give it to you. At least that way we have helped each other a lot…they have helped us with clothes, for example which information, teaching us where to apply [for jobs]. They have helped us thank God."* (Barnes & Aguilar, 2007, p. 230).

Gaining this type of support was helpful for participants where they discussed benefits to their psychological distress.

> *'It is very valuable thing to help, such as with money. If not [possible], ideas can help, strength and words... Ideas can help people to solve their problems.''* (Chase & Sapkota, 2017, p.406).

Employment. Employment played a significant role in enabling participants to develop confidence both financially and socially. Participants stated employment gave them the opportunity to meet local people and helped them to understand where to gain further support.

> *"In the hotel where I worked, the Americans were very attentive to me. I learned a lot from them too."* (Barnes & Aguilar, 2007, p.231).

Furthermore, participants acknowledged having a job provided "security" and "safety" for them and their families (Sundvall et al., 2020, p. 5). Additionally, going to work provided another form of social connection with a network of people (Wachter & Gulbas, 2018).

Consequently, participants reflected on the importance of being employed and the benefits it had on their own confidence. But also allowed a sense of safety and reassurance for the whole family (Chase & Sapkota, 2017; Hynie et al., 2011).

Holding on to values

This theme explores participants' experiences of taking part in activities that felt meaningful and resonated with their values in relations to their country of origin. Participants spoke in detail about the importance of religion to their way of life. Furthermore, continuing to help and support other community members in the host country was pertinent for participants.

Spirituality and religion. Praying was a source of support for many participants in improving their psychological distress. One participant went on to describe it as the "most help" they gained from support resources.

"Prayer means everything to me. I have to pray before I do something. I have to pray before I go to bed. When I wake up, I have to thank God and pray…prayer is the answer, the most help." (Smigelsky et al., 2017, p. 268).

Others spoke about how religion provided them with a sense of protection (Barnes & Aguilar, 2007; Chase & Sapkota, 2017; Hasan et al., 2018; Hynie et al., 2011; Ross-Sheriff, 2006; Smigelsky et al., 2017; Sundvall et al., 2020; Wachter & Gulbas, 2018).

"I knew that God was standing with me when I came here [host country]". (Hasan et al., 2018, p. 231).

Furthermore religion helped participants during moments when they felt other resources and people had let them down (Hynie et al., 2011; McMichael & Manderson, 2004). Therefore providing comfort and strength which deepened their relationship with God and religion.

Wanting to give back. This sub-theme reflects accounts of participants wanting to help others which was influenced by a sense of duty.

I felt a duty [pause] people in need [pause] maybe a moral duty. National identity and such is all rubbish [pause] I help a human being, let aside the national nonsense. Maybe (I do it) as a good deeds [pause] it might not be even related to religion. I just feel it coming out of my soul, to help someone. (Alfadhli & Drury, 2017, p. 151).

Others explained supporting others was part of their culture.

"We have a culture of helping one another." (Chase & Sapkota, 2017, p. 404).

This highlights it was important for participants to be able to reciprocate support they had experienced from community and family members, to improve other people's experience of psychological distress (Alfadhli & Drury, 2017; Barnes & Aguilar, 2007; Chase &

Sapkota, 2017; Clark, 2018; Hynie et al., 2011; Simich et al., 2003). The process provided them with a sense of purpose and role within communities, which may have drawn some similarities to the culture from their country of origin.

Some participants spoke of feeling empathy for others which also encouraged them to support and to give back to refugee people who were struggling. As one participant explains.

> "*I give sympathy and try to convince when my friend is in stress. I tell him/her that some good thing will happen, not worry."* (Chase & Sapkota, 2017, p. 406).

Importance of family

Family support was a strong narrative throughout the data. This theme highlights the benefits and resources participants gained from their immediate and wider family members. Participants shared extra pressure they felt to provide for family who did not live in the host country. This further impacted on their experience of psychological distress.

Trust family. The sub-theme brings together the experiences of gaining support from close and wider family members. Participants discussed relying on family members that were present in the host country was essential (Alfadhli & Drury, 2017; Hynie et al., 2011; Simich et al., 2003; Wachter & Gulbas, 2018).

Others spoke in detail about missing their close family members and the support family provided, was an extra layer to the challenges of seeking refuge (Alfadhli & Drury, 2017; Simich et al., 2003; Sundvall et al., 2020; Wachter & Gulbas, 2018). One participant reflected on their experience of leaving a large community and family causing them to feel lonely in the host country.

> *"Everyone is just struggling on their own. Sometimes it is lonely. Many Somali people are sad: they miss their families."* (McMichael & Manderson, 2004, p. 91).

These experiences reflected the value of having family nearby as a resource for support and how the absence of them was detrimental to many participants' psychological distress. Furthermore, participants shared how they placed more trust in their family members to support them regarding problems they faced, compared to other sources of support (Barnes & Aguilar, 2007; Hasan et al., 2018; Hynie et al, 2011).

> *"To find someone among those people [family] that you can trust is easy, also because they are best friends as a family."* (Wachter & Gulbas, 2018, p. 114).

Duty of care. This sub-theme explores participants' cultural expectations of continuing to support family members (Clark, 2018; Hynie et al., 2011; Simich et al., 2003). Participants shared their experiences of the pressure they felt to send financial aid to the wider family that were still living in the country of origin.

> *"I give to my family in Cuba. The biggest help is monetary. Also, medicines for my mom. It is an obligation of my conscience. The situation in Cuba was so difficult that day by day. I remember them and I have them with me."* (Barnes & Aguilar., 2007, p. 233).

Participants also reflected worrying about family members who remain in the country of origin which caused feelings of guilt and further impacted their psychological distress (Barnes & Aguilar, 2007; Simich, et al., 2003; Smigelsky et al., 2017; Wachter & Gulbas, 2018).

Additionally participants wanted to build a good life for their children which motivated them to create roots in the host country. Some participants shared feeling reassured that the family were now in a country that felt safer and held more opportunities for their children (Alfadhli & Drury, 2017; Hasan et al., 2018; Ross-Sheriff, 2006; Wachter & Gulbas, 2018).

> *"First of all, the education of my kids and the freedom of this country...my son goes to school and is so happy with it, my daughter is working the future is [bright]."* (Hasan et al., 2018, p. 230).

These experiences provided hope that the challenges from the country of origin and the process of seeking refuge in a new county, would be worthwhile for the quality of life of their children and immediate family.

Participants also spoke of the challenges of raising their children in a country with different cultural expectations to their country of origin. They verbalised concerns of how their children would grow up losing touch of the culture from their country of origin. This included not learning the language, traditions and religion associated with their country of origin (Chase & Sapkota, 2017; Clarke, 2018; Hasan et al., 2018; Sundvall et al., 2020; Wachter & Gulbas, 2018).

> *"like my children don't listen to me because I don't speak English. I don't know how to raise my kids in this country"* (Clarke, 2018, p. 250).

This highlights how although there were many benefits to finding ways to hold on to values for participants, they were left feeling conflicted. Whereby some participants felt like they had to compromise aspects of their cultural identity in order to gain the benefits of living in the host country.

Discussion

The study aimed to review what community resources are used by refugee people to support their psychological distress. As well as to explore refugee people's experience of using these community resources. Thematic synthesis of the research papers developed four themes including: safety in the community, cultivating resources, holding on to values and importance of family.

Safety in the community

Refugee people tended to feel safer and trusted others who held similar ethnicity and shared cultural and religious values. This allowed participants to feel understood by those who had relatable experiences. Similarly building friendships was a valuable resource for participants where friends provided emotional and practical support.

Bjorneseth et al. (2019) noted how the experience of feeling unsafe could differ depending on gender. Amongst refugee people, women and mothers are more likely to experience feelings of unsafety in the host country. Authors suggested this may be influenced by past experiences of gender-based violence and discrimination. They concluded establishing safety is a complex task which is related to different intersecting factors. Participants in the present review were cautious about who they trusted and found it easier to connect with those who were culturally and ethically similar (Riggs et al., 2016; Shaw, et al., 2020).

Soller et al. (2018) stated ecological networks and community attachments are important for reducing psychological distress. They found relationships with community members are developed and strengthened when refugee people share the same activities together. Furthermore Correa-Velez et al. (2010) longitudinal study indicated the sense of belonging to communities was linked to improved psychological distress. Therefore, the present QES findings add to the wider literature that identified belonging to social networks are important factors for improving refugee people's experiences of distress.

A systematic review by Alfadhli and Drury (2016) highlighted social identity as an important aspect for refugee people. Specifically having a shared social identity of being part

of a marginalised community is the foundation of mutual support. They stated it can generate expectations and wishes of supporting other members of the community (Tajfel & Turner, 1979). Thus creating a sense of collective resilience (Goodman, 2004; Sleijpen, et al., 2016). A shared social identity could also have played a role for participants in the present QES.

Cultivating resources

Following participants' arrival in the host country they recognised feeling isolated; this meant participants were responsible for cultivating their own support. Participants described asking for practical support such as financial aid from community members.

A systematic narrative review found several social determinants such as low income, living alone, lack of social support, female gender, low socioeconomic status, unemployment, financial strain, and perceived discrimination were all associated with increase of psychological distress (Silva, Loureiro & Cardoso, 2016). Therefore, this emphasises the relevance of contextual factors and the need to increase practical support such as financial aid to improve a person's psychological distress. 'Distal powers' promote the consideration of a person's relationship to social and economic power in relation to their experience of distress (Smail, 2005). Given refugee people are oppressed by legal and political systems it may be considerably challenging for refugee people to cultivate their own resources within limited socio-economic conditions (Tribe, 2002).

Holland (1992) developed the social action approach. This highlights the importance of collective principles to address distress, as opposed to individualistic principles. Holland encouraged relationships to be formed with members of marginalised communities, which provided a sense of togetherness and avoided challenging feelings of isolation. Holland stated distress is a community responsibility, where those who are traditional oppressed are left being empowered. The social action principles were seen within participants experiences

in the current QES, where they developed a sense of solidarity with other community members to address loneliness and to gain access to practical support within challenging socio-economic conditions.

In the current QES, participants who were able to gain employment spoke of the benefits this generated, where they felt empowered financially, socially, and increased purpose within society. Tomlinson (2010) reported employment amongst refugee women increased their confidence. Refugee women hoped to use employment as a way to belong and feel included within society rather than being seen as part of a marginalised group. This research and the current QES also highlighted the discrimination, and inequality many refugee people face when seeking employment.

Holding on to values

Spirituality and religion were found to be sources of support for participants where it was used to protect participants from challenges within their environment. Religion was also used as coping resource to overcome adversity. Similarly, Rangkla (2013) stated Karen refugee people benefited from religious practices, where it helped people develop a community and brought familiarity. Iraqi refugees found places of worship and the social connections that they bring, helped build a livelihood in exile (Zaaman, 2012). Literature based within the U.K. emphasised integrating psychological therapies with spirituality and religion to support psychological distress (May, 2012; Heffernan, et al., 2016).

Participants placed importance on religion as a way to deal with distress. Kleinman et al.'s Explanatory Models (EM) of health (1978) suggested people from different cultures will recognise and place meaning on various health experiences. EM are "cultural interpretations of mental illness held by members of a social group strongly influence their response to persons who are ill, and both directly and indirectly influence the course of the illness"

(Good, 1997, p. 233). Perhaps for participants within the current QES religious beliefs provided meaning to distress (Bhugra et al., 2011; Bhui, 2010; Bhui, et al., 2009).

Importance of family

Participants expressed the importance of family members when gaining emotional and social support. Participants felt family members were more trustworthy and likely to understand and support their needs. Previous studies noted the importance of gaining support from family members for refugee people (Sveaass & Reichelt, 2002; Seguin & Roberts, 2017; Yohani, 2010). Similarly, research highlighted the value of gaining support for psychological distress from peers within religious and wider communities (de Anstiss & Ziaian, 2010; Markova & Sandal, 2016). Bronfenbrenner's ecological systems theory (1992) stated mesosystem (family), exosystems (communities) and macrosystems (cultural values and customs) will all influence a person's sense of themselves and the world around them. Therefore, considering the systemic factors and community resources is vital for refugee people.

Secure attachment can also elicit feelings of being cared for and understood, which was meaningful for participants (Bowlby, 1969). Additionally, literature examined how positive relationships are protective factors for distress (Chen & Harris, 2019). Therefore, the importance that refugee people place on gaining support from trusted familial relationships is consistent with wider research and theories.

Critique of included studies

Ten out of twelve studies which were included in the review did not comment or acknowledge the relationship between researcher and participant adequately. Afuape (2011) recommends, given refugee people are an oppressed group within society, acknowledgement of the power imbalances between researchers and healthcare-professionals is vital. This

would allow researchers to consider the power they hold within these relationships and build an awareness on how research could continue to oppress refugee people. Furthermore, studies did not state the epistemological stance in which they were carrying out the qualitative study. Therefore, it was unclear what theories are influencing the study. All studies commented adequately on the aims and purpose of the study and justified appropriate use of qualitative methodology. Majority of the studies highlighted ways to consider the credibility and rigour of the findings. Additionally, some studies did not include detailed information on ethical considerations. Given the population could potentially experience challenges with learning new language, and navigating systems, extra care and attention is required to ensure ethical practice is considered, obtained and documented (Tribe, 2002). Specifically, McMichael and Manderson (2004) and Ross-Sheriff (2006) did not mention whether ethical approval was sought, how informed consent was taken and how this was explained to participants.

Limitations of the review and future directions

The review used broad search terms to capture as many relevant studies within the search. The reviewer used a detailed inclusion and exclusion criteria to select studies directly related to community support for refugee people. However, this may have meant papers which indirectly reported on community support may have been excluded. Therefore, the review may have missed nuanced experiences of refugee people and how they make use of community support. Future research could unpack some of the findings from the current review and include these indirect experiences, for example the specific role of religion or the role of family for support.

In the current QES those with refugee and asylum seeker status were combined. However, each group of people will have different experiences in their host country. For example, specifically in the U.K., those with refugee status are able to gain employment

whereas those with asylum seeker status are not. Additionally, there will be differences in the way refugee people are able to navigate care systems within different host countries. Therefore, it is important not to generalise the findings to all populations given that studies included different groups of people who will have various experiences and expectations to gain support. Future studies could explore specific groups of refugee people to gain further insight.

Thematic synthesis relies on quotations from studies, however the number of quotations and data used in each paper varied considerably. Therefore certain papers provided more data for the review, which is likely to skew the findings. Thus the validity of the findings of the review should be thought about cautiously.

The review did not include grey literature. Therefore many relevant studies would have been excluded within the QES. Future QES carried out in this area could include grey literature to ensure a more extensive review allowing for broader experiences to be explored.

A further limitation to the current literature review was the quality appraisal was carried out by the researcher only. Utilising a second reviewer for the quality appraisal would have added to the inter-reliability of the quality appraisal and would have improved the rigour of the research. Therefore the findings of the quality appraisal should be considered cautiously.

Context specific studies which capture social and cultural influences on coping and distress need to be carried out (Seguin & Roberts, 2017). As there were no papers based in the U.K., future studies could explore the experience of refugee people arriving in the U.K. and how they experience support systems.

Clinical Implications

Service implications

Refugee people are a varied group with different needs and experiences. Therefore, care should be taken to not assume they all require cultural or language adaptions and the same approach. Rather a more tailored and person-centred care plan should be considered (Pribe, 2002). As healthcare-professionals working with refugee people, exploring and building a good understanding of a person's distress is essential. Healthcare-professionals should strive for an open-minded approach, creating space to consider the socio-political and contextual factors, such as financial, housing, and employment and how they will contribute to distress (Lane & Tribe, 2017; Patel, 2003; Rathod et al., 2020).

The present QES indicates refugee people have various methods, outside of mental health services, to gain support for psychological distress. A systemic approach that brings in experiences of family members and wider community could be more meaningful and relevant when considering support for refugee people.

Johnstone and colleagues' (2018) power threat meaning framework suggests distress is related to social, environmental, socio economic and cultural context. Meaning making to distress emerges from social and cultural discourses, belief systems and bodily experiences. Therefore, this framework could be applied more fluidity with refugee people, and their wider systems, to collaboratively understand experiences of distress. Aspects such as religion, family and communities can be considered and the role they play in supporting psychological wellbeing.

Afuape (2016) highlights the problematic use of 'difference' when referring to those from minoritised groups, as human beings are all different. Instead she highlights difference is related and influenced more by power. Afuape recommends clinician to acknowledge

power imbalances, and the need for solidarity[4] when working with oppressed groups. Those who hold more social power can position themselves alongside those with less power within society and support them in building their own resources for improved quality of life (Freire, 1998).

National implications

The Refugee Council (2018) recommend using a holistic approach looking at all areas of person's life including health and wellbeing, employment, education, cohesion, civic participation, community safety and stronger connections with families. Social support activities should be a priority when addressing psychological distress. They suggest refugee-led community organisations are well situated to coordinate these types of support. Literature states refugee people tend to engage and benefit from a social network of support. Therefore, partnerships between refugee-led community organisations, statutory and non-statutory services would create a system of support for refugee people (Jeraj & Butt, 2018).

International implications

The current QES highlighted participants felt alone and cultivated their own resources, such as gaining access to accommodation, food and employment. These resources are vital for people when building a life in the host country and highlights changes at a political level is required. The UNHCR (2001) listed a number of recommendations within political, economic, social and cultural spheres. In particular, they suggested international governments should consider human right issues that refugee people endure. They recommend providing opportunities for refugee people to access education, training, employment, increase financial support and recognise that refugee people can contribute to

[4] Solidarity is defined as "communion of interests and responsibilities: mutual responsibility" (Oxford University Press, 2008).

the local economy. The WHO (2018) urged authorities in host countries to integrate mental, physical and social care for refugee people. Therefore, human rights-based approaches should be at the core of social and health polices which directly impact refugee communities (Porsdam-Mann, et al., 2016; United Nations Office of the High Commissioner for Human Rights, 2006).

Conclusion

The results of the synthesis highlight different forms of support refugee people use based in the community. When first arriving in the host country, participants gain support from communities who shared similar cultural and ethnic identity. Refugee people, within the current QES, described cultivating their own resources alongside seeking support from others. Practical support such as housing, food, clothing where vital for refugee people. Benefits were gained by those who were able to obtain employment in the host country. Holding on to cultural and religious values helped refugee people in the study, to feel connected with their life before moving to the host country. Finally, the importance of family was highlighted in the review, where participants felt family members were able to provide emotional and practical support. Furthermore, participants wanted to build a better life for family members. Recommendations were made to consider how these sources of support can be prioritised within services at a national and international level.

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Appendix A: *Spider Tool*

SPIDER	
Sample	Adults, Refugees, asylum seekers
Phenomenon of Interest	support groups, community-based groups, religion, psychosocial, peer support, group engagement, mental health, wellbeing
Design	Interviews, focus groups,
Evaluation	Perceptions, views, experiences, attitudes, thoughts, feelings, opinion
Research type	Qualitative studies, thematic analysis, Interpretative phenomenological analysis, grounded theory,

Appendix B: *MeSH Terms*

Medline

1. refugee.mp. or exp Refugees/
2. asylum seeker.mp. or Refugees/
3. support group.mp. or exp Self-Help Groups/
4. exp Community Health Services/ or community-based group.mp.
5. exp Psychosocial Support Systems/ or psychosocial.mp.
6. Religion/ or "Religion and Psychology"/ or religion.mp.
7. exp Mental Disorders/ or exp Peer Group/ or exp Self-Help Groups/ or peer support.mp. or exp Social Support/
8. Psychotherapy, Group/ or Group Processes/ or group engagement.mp.
9. mental health.mp. or exp Mental Health/
10. exp "Quality of Life"/ or exp Mental Health/ or wellbeing.mp.
11. Qualitative Research/ or qualitative.mp.
12. focus group.mp. or exp Focus Groups/
13. exp Interview, Psychological/ or exp Interview/ or interviews.mp.
14. 1 or 2
15. 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
16. 11 or 12 or 13
17. 14 and 15 and 16

PsycInfo

1. refugee.mp. or exp Refugees/
2. exp Asylum Seeking/ or exp Refugees/ or asylum seekers.mp.
3. support group.mp. or exp Support Groups/
4. exp Communities/ or exp Social Support/ or exp Support Groups/ or exp Community Services/ or exp Community Mental Health Services/ or community based support.mp.
5. psychosocial.mp. or exp Psychosocial Outcomes/ or exp Psychosocial Factors/ or exp Psychosocial Rehabilitation/
6. exp Religion/ or religion.mp.
7. exp Intervention/ or exp Support Groups/ or exp Peer Counseling/ or exp Peer Relations/ or exp Community Services/ or peer support.mp. or exp Social Support/ or exp Peers/
8. exp Group Dynamics/ or exp Group Psychotherapy/ or exp Social Identity/ or group engagement.mp.
9. mental health.mp. or exp Mental Health/
10. exp Mental Health/ or exp Well Being/ or exp Health/ or exp "Resilience (Psychological)"/ or wellbeing.mp.
11. exp Qualitative Methods/ or exp Qualitative Measures/ or qualitative.mp.
12. exp Focus Group/ or focus group.mp.
13. exp Interviews/ or interviews.mp.
14. 1 or 2
15. 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10

Appendix C: *Descriptive codes and themes development*

Descriptive Themes

Name	Files	References
challenges of being RAS	12	75
community members helped	9	103
family support	12	95
formal support	5	10
friend support	9	50
gain support from religon	9	43
work	8	13

Descriptive codes

Name	Files	References
work	8	13
work leads to financial stability	3	3
work helps feel more connected	4	6
demanding work life	2	2
gain support from religon	9	43
stronger reliance with religion	2	2
protection from religion	2	9
praying as source of support	3	9
friend support	9	50
trust or mistrust	6	20
preference to friends rather than family	2	2
meet new people since refugee	3	4
hard to make friendships	3	4
friends dont help with everthing	1	1
friends are like family	3	5
easier to ask information from friends ratehr than f	2	2
formal support	5	10
usually go to doctor for support	1	1
good experience of health care	1	1
barriers for formal support	3	4

Name	Files	References
family support	12	95
wanting better life for children	4	6
trust or mistrust	6	20
separation from family	1	1
needing to support family	2	3
need support for whole family	3	3
missing family memebers	3	3
less problems with support of family	1	1
family support	3	6
emotional support from mother	2	3
difficult to look after family	1	2
culture differences	8	30
being seperated from family	4	5

Name	Files	References
community members helped	9	103
wanting to be close to people from same communi	2	2
trust or mistrust	6	20
socialise with neighbours	2	6
practical support from community	4	9
poor experience of support from coo	4	5
organisation support	2	7
feel indebted to members of the community	1	1
feel connected	8	28
emotional support	1	1
community memebers understand culture needs	4	7
choosing country as know it has simialr community	1	4
challenges of being RAS	12	75
thinking about past trauma	3	10
racism	5	8
need for support changes over time	1	1
lots to prepare when leaving country	1	1
living in fear	2	5
lack independance	1	1
identity has changed	1	1
financial concerns	4	8
challenges of seeking asylum	3	4
alone	6	35

Appendix D: *Excerpt from reflective log*

Reading the paper today made me think about how religion is used to bring people together and feeling a sense of security. This resonated for me having attended many events where cultural traditions, family and religion joined together. It made me think about how important these different aspects are for identity and how this must be affected i.e. not present or missing for people who arrive in their host country alone.

However I do not hold refugee or asylum seeker status and so I don't have personal experience of being displaced without having direct contact with my family. I'm aware of the importance I hold for family to help me during moments of distress and how many people who were sharing their experiences in this paper did not have their families around them.

Appendix E: *Analytic theme development*

Codes

Name	Files	References
alone	4	27
barriers for formal support	6	10
built confidence	1	3
challenges of seeking asylum	3	4
choosing country as know it has simialr community	1	4
community members helped	8	31
culture differences	5	13
culture expectation to help	1	5
demanding work life	2	2
emotional support	1	1
family are important	10	41
feel connected	6	8
feel needed	2	2
financial concerns	4	8
formal support	2	4
friend support	7	29
gain support from religon	7	13
good experience of health care	1	1
housing left them feel safe	1	1
identity has changed	1	1
important to help other refugees	3	10
lack independance	1	1
language barriers	2	3
living in fear	1	4

lots to prepare when leaving country	1	1
more time to socialise in coo	2	2
need for support changes over time	1	1
not close to ethinic community group	2	6
organisation support	1	5
poor experience of support from coo	4	5
racism	5	8
shared experience	4	9
socialise with neighbours	4	13
status impacts support gained	1	1
support self	4	7
thinking about past trauma	3	10
trust or mistrust	4	14
volunteer supports me	1	2
work helps feel more connected	4	6
work leads to financial stability	3	3

Final analytic codes and themes

Name	Files	References
Safety in the community	10	131
trust or mistrust	8	25
friend support	9	50
community members helped	10	56
Importance of family	12	95
family support	8	41
culture differences	12	42
Holding on to values	11	63
shared experience	5	19
identity has changed	1	1
gain support from religon	9	43
Cultivating resources	12	77
work	8	13
practical support from community	6	19
need for support changes over time	1	1
lots to prepare when leaving country	1	1
challenges of seeking asylum	3	4
barriers for formal support	3	4
alone	6	35

Appendix F: *CASP Tool*

Paper for appraisal and reference: .....

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

CASP
Critical Appraisal Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP
Critical Appraisal Skills Programme

Section C: Will the results help locally?	
10. How valuable is the research?	HINT: Consider • If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature • If they identify new areas where research is necessary • If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used
Comments:	

Appendix G: *Summary of the quality appraisal*

Authors (year)	1. Clear statement of aims	2. Qualitative methodology	3. Research design	4.Recruitment strategy	5. Data collection	6. Relationship between researcher and participant	7. Ethical issues	8. Rigorous data analysis	Clear statement of findings	10. How valuable is the research‡	Quality Rating§
Alfadhli & Drury (2017)	2†	2	2	2	2	0	2	2	1	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are not discussed. Clinical implications are discussed.	80% (16/20)
Barnes & Aguilar (2007)	2	2	2	2	2	2	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are discussed. Clinical implications are discussed.	100% (20/20)
Chase & Sapkota (2017)	2	2	2	2	2	0	2	2	1	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed though rather limited. Further research areas are discussed. Clinical implications are discussed.	80% (16/20)
Clarke, (2018)	2	2	2	2	2	0	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are not discussed. Clinical implications are discussed.	90% (18/20)
Hasan et al. (2018)	2	2	2	2	2	0	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are discussed but are limited. Clinical implications are discussed	85% (17/20)

Hynie et al. (2011)	2	2	2	2	2	0	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed but are not thorough. Further research areas are not discussed. Clinical implications are discussed but limited.	80% (16/20)
McMicheal & Manderson (2004)	2	2	2	2	0	0	0	0	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are not discussed. Further research areas are not discussed. Clinical implications are not discussed.	55% (11/20)
Ross-Sheriff (2006)	2	2	0	0	0	0	0	0	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are not discussed. Further research areas are not discussed. Clinical implications are discussed.	35% (7/20)
Simich et al. (2003)	2	2	2	2	2	0	2	2	1	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are not discussed. Further research areas are not discussed. Clinical implications are discussed.	80% (16/20)
Smigelsky, et al. (2017)	2	2	0	2	2	2	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are discussed. Clinical implications are discussed.	90% (18/20)
Sundvall et al. (2020)	2	2	2	2	2	0	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are discussed but limited. Clinical implications are discussed but limited	85% (17/20)

Wachter & Gulbas (2018)	2	2	2	2	2	0	2	2	2	Findings were discussed in relation to previous research, policy, theory and practice. Limitations are discussed. Further research areas are discussed. Clinical implications are discussed	90% (18/20)

Note. †2=yes; 1 =can't tell; 0 =no; ‡contribution of the study to existing knowledge, consideration of findings in relation to current practice, policy, or literature base, areas identified for further research, transferability of findings discussed; §Percentage between 100-85% = high quality, 84-60% = moderate quality, 59% and below= low quality.

Section Two: Research report

“You’re not just nobody, you are somebody”: Refugee peoples’ experiences of support in the U.K.

Abstract

Objectives

Refugee people arriving in the United Kingdom (U.K.) face socio-political challenges which impact on their experience of distress. Studies from a range of countries show refugee people seek support from the community, using resources such as family, religion and community members. The study aimed to explore how refugee people experience support in the U.K.

Design and Methods

The study used a qualitative design using reflective thematic analysis. Thirteen refugee people were interviewed using semi-structured interviews. Participants were all adults and lived in the U.K. for at least three years.

Results

Five themes were reported: barriers in the system and social structures, finding own way; helped to survive, making own community, building a future. Participants discussed experiencing barriers to health and social systems in the U.K, which left them feeling isolated. Non-statutory services enabled participants to gain practical aid to survive. Participants experienced social connection, purpose, a sense of belonging and built their own network of support, where they could thrive.

Conclusion

Participants experienced socio-political challenges which made accessing support within social systems in the U.K difficult. Initiatives where services are co-produced would empower refugee people. The study highlighted the importance of community support outside of statutory services. Therefore statutory and non-statutory services should work collaboratively to create a support network for refugee people.

Practitioner points

- Choice, intersectionality and individuality of refugee people's needs should be considered.
- Systemic frameworks could be used to come alongside refugee people, to help co-construct preferred narratives that reinforce identities and activities based on values.
- Practices based on liberation psychology principles should be used to take an active stance on social justice and opposing discrimination and oppression.

Keywords

Refugee people, community support, distress, thematic analysis, qualitative

Introduction

The terms 'refugee[5]' and 'asylum seeker[6]' are criticised for being based on a legal definition, which labels and dehumanises people who have been forced to leave their home country. The term refugee people will be used to restore that they are people, who are burdened by legal restrictions (Patel, 2014). Refugee people typically have travelled from countries with war and conflict (Fazel et al., 2005; Li et al., 2016). Many refugee people are victims of human rights violations and usually have embarked on a treacherous journey to reach the host country. Once arrived, they face ongoing uncertainty regarding the resettlement process, which is likely to have a damaging impact on psychological wellbeing (Carswell et al., 2011; Laban et al., 2005; Murray et al., 2010). UNHCR (2020) reported by the end of 2020 there were 134,917 refugees and 56,445 pending asylum cases in the United Kingdom (U.K). People seeking asylum in the U.K. are provided with approximately £5 per day and required to follow strict regulations which limit access to employment, financial and housing support and can be detained by the Home Office (UNHCR, 2017). This results with many refugee people living below the poverty line (Refugee Council, 2016). Recently 64,041 refugee people were placed in hotels for months whilst awaiting a decision on their asylum claim, due to the COVID-19 pandemic. People lacked access to clothing, health services, food and money (Refugee Council, 2021a). Refugee people in the U.K. are five times more likely to experience psychological distress[7] when compared to the U.K. general population Refugee Council, 2020). Research labelled these experiences as distressing, traumatising and

[5] Refugee is defined as "someone who is unable return to their country of origin owing to a well-founded fear of being persecuted" (United Nations High Commissioner for Refugees, [UNHCR], 2017, p. 17).
[6] Asylum seekers are defined as "individual who have sought international protection and whose claims for refugee status have not yet been determined" (UNHCR, 2017, p. 17).
[7] Distress will be seen as "an experience that happens within the life and the subjective awareness of the person rather than a form of illness" (Cromby, et al., 2013, p.4).

unjust (O'Donnell et al, 2020; von Werthern et al., 2018). Therefore, the current socio-political and economic challenges that refugee people endure in the U.K are pervasive.

Psychological distress

Literature shows there is a high prevalence of psychological distress amongst refugee people. Turrini et al.'s (2017) systematic review reported rates of depression and anxiety between 4-44%, and post-traumatic stress disorder between 9-36%, amongst a sample of refugee people. However, there is consistent evidence refugee people are not accessing statutory[8] services (Laban et al., 2007; Priebe et al., 2016; Refugee Council, 2020; Toar et al., 2009).

Studies based in Europe highlighted refugee people tended to not use statutory services due to language barriers, stigma, negative attitudes towards attending services and mistrusting health-professionals (O'Donnell et al., 2007; Satinsky, et al., 2019).

Limitations to Eurocentric health systems

Hofstede (2001) suggested western societies usually follow an individualised schema, where a person is thought to be autonomous. Whereas, collectivistic societies, follow an interdependent schema, where a person is understood in relation to others in their community. Webster and Robertson (2007) suggested U.K. health services are centred on an individualised model of distress. They argued those from different cultures, for example refugee people, may struggle to make use of Eurocentric approaches to psychological distress (Palmer, 2006; Watters, 2001). Literature highlights how health services reinforce inequalities, by excluding refugee people from psychological therapy due to language barriers or because their needs are perceived as 'too complex' (Patel, 2003; Vara & Patel, 2012). Additionally, research exploring psychological distress lack adequate consideration of the

[8] Statutory refer to services that are paid and provided by the government, such as National Health Service (NHS) or social care (Department of Health and Social Care, [DHSC] 2021).

contextual factors that influence refugee peoples (Afuape, 2011; Patel, 2011; 2020). This further perpetuates labels such as 'hard to reach' and others refugee people (Bucci et al., 2019; Crenshaw, 1989; Flanagan & Hancock, 2010).

Community support

Community psychology is based on communities coming together to promote empowerment, wellness amongst groups of marginalised people and is often underpinned by social action and justice movements (Holland, 1992; Kagan et al., 2019; Orford, 2008). Policies emphasise the shift from an individualistic to a collaborative approach to distress when working directly with refugee people and their communities to generate transformational change (British Psychological Society [BPS], 2018a; BPS, 2018b).

Support from the community[9] seems particularly relevant for people who originate from collectivist societies (Kahn et al., 2018; Palmer, 2006). Support systems and social connections within the community have been identified as the preferred way to cope with psychological distress amongst refugee people who arrived in Canada (Ahmed et al., 2017; Donnelly et al., 2011).

Several studies reported family members are a source of support for refugee people based in Jordan, United States (U.S), Canada and Australia (Alfadhli & Drury, 2017; Barnes & Aguilar, 2007; Hynie et al., 2011; McMichael & Manderson, 2004; O'Mahony, et al., 2012). Research noted refugee people who arrived in North America, were separated from their family and support systems, which increased isolation and caused psychological distress (Chase & Sapkota, 2017; Hynie et al, 2011; Simich et al., 2003; Wachter & Gulbas, 2018).

Religion and spirituality are identified as important resources for refugee people to normalise and reduce the impact of psychological distress. (Johnson & Thompson, 2008;

[9] Community is a collection of people from the same ethnic group, or from the same country of origin and share similar religion and/or traditions (Markova & Sandal, 2016).

Omar et al., 2017; Teunissen et al., 2014). Hasan et al. (2018) reported refugee people from Syria, found religious identities provided comfort, pride and strength when resettling in the U.S. Chase and Sapkota (2017) noted refugee people in Nepal who engaged in social and spiritual activities experienced a reduction in psychological distress.

Furthermore, literature found social relationships with friends, community-members, and neighbours plays important roles with coping with the contextual challenges for refugee people (Alfadhli & Drury, 2017; Chase & Sapkota, 2017; Hynie et al., 2011). Additionally support in the community is integral to the way of life for refugee people coming from African and Asian countries (Ross-Sheriff, 2006; Watcher & Gulbas, 2018). Qualitative research explored refugee people from African countries, Burma and Afghanistan and their experience of using group programmes with other refugee people (Goodkind, 2003; Goodkind et al., 2014; Laimputtong, et al., 2015; Steward et al., 2015). Findings suggested mutual understanding, decreased psychological distress and loneliness, and increased social connections within wider communities. Furthermore, the social connections empowered refugee people to access further support from systems within the host country.

Justification for study

Refugee people arriving in the U.K. face challenging socio-political and economic factors which increase the experience of psychological distress. Research suggested statutory services are not meeting the needs of refugee people. Arguably support within these services are offered through a westernised lens and based on Eurocentric principles.

Further research exploring refugee people's experiences of using support in settings beyond statutory and non-statutory[10] services is required (Seguin and Roberts, 2017; Shaw & Funk, 2019). Research outside the U.K. highlighted the value of support in the community for refugee people. However, no study to date has explored more broadly how refugee people

[10] Non-statutory services include non-profit organisations and charities (DHSC, 2021).

experience different systems of support in the U.K. Therefore, this qualitative study focussed on addressing these gaps.

Research aim

To explore how refugee people experience support systems in the U.K.

Research questions

- What are the experiences of refugee people using support from their community, such as religious groups, ethnic-specific groups, family?
- What are the experiences of refugee people using support within statutory and non-statutory services?

Method

Research position

Burr (2003) claims a person's truth is developed by their experiences and coloured by the meaning they assign to those experiences, based on their particular situation. Consequently, the researcher's perspective and approach to the study also contributes to the meaning-making of subjective experiences (Harper, 2011). The epistemology (the nature of reality and how that influences what is being explored) was based on a critical-realist stance (Bhaskar, 1975). The study also held a contextualist approach, where it acknowledged subjective experiences are established within power, historical and socio-political contexts (Harper & Thompson, 2012; Willig & Stainton-Rogers, 2008). This was relevant given the socio-political challenges refugee people experience as a marginalised group within society (Patel & Pilgrim, 2018).

Design

The study used a qualitative design, with semi-structured telephone interviews which provided rich and informative data of refugee peoples' experiences of support (Denzin &

Lincoln, 2000; Greenhalgh & Taylor, 1997). Also, qualitative methodology is noted as an empowering and collaborative approach for marginalised populations within society (Beresford & Croft, 2016; Willig, 2012).

Thematic Analysis (TA) systematically analyses data to identify patterns and understand meaning across participants' accounts (Alhojailan, 2012; Cruzes & Dyba, 2011). TA is based on a structured framework that brings together and clearly interprets large amounts of qualitative data (Polit & Beck, 2008). Reflexive thematic analysis as outlined in Braun and Clarke (2019a) is a flexible framework that can be used to suit questions related to people's experiences, understanding and construction of meaning.

Interpretive Phenomenological Analysis was also considered as an analysis method (Smith, Flowers & Larkin, 2009). However, given the research aim and the non-homogeneous sample in the current study, reflective TA was used for analysis (Braun & Clarke, 2006; Braun & Clarke, 2019a; 2019b; Braun & Clarke, 2020).

Patient and Public Involvement (PPI)

An advisory panel of people with lived experience of navigating the immigration system and accessing support in the U.K. was formed at the start of the research process. Two individuals who held refugee status joined the panel. The advisory panel met with the researcher throughout the research process, made meaningful contributions and were actively involved in the research development and undertaking of the study (Arnstein, 1969; Willig & Stainton-Rogers, 2008). Table 1 shows further details of the advisory panels' involvement and frequency of contribution to the research.

Table 1.

Summary of advisory panel involvement

Research stage	Role, involvement and frequency
Design	2x 1 hour meeting with advisory panel and researcher to discuss and consider the research aim and questions and whether they would be a helpful and relevant area to explore. The participant criteria was also considered and decided during the meeting. 2x 1 hour meetings with the advisory panel and researcher to co-design and decide on the correct wording in participant facing documents including information sheet, demographic questionnaire, consent form, debriefing statement. The advisory panel also highlighted additional support organisations and resources which were added to the list of contact details for further support services. 1 hour meeting with the advisory panel and researcher to develop a topic guide for interviews. The advisory panel shared thoughts and ideas on areas that should be explored in the interviews e.g. gender differences when accessing and using different types of support.
Recruitment	The advisory panel signposted the researcher to organisations and charities that work with refugee people who could help with recruitment. Advisory panel members shared the online advert within their networks.
Analysis	2x 1 hour meeting with advisory panel and researcher to discuss the initial themes, findings and the clinical recommendations of the project.

Ethical considerations

Ethical approval for the study was obtained from the University of Sheffield Research Ethics Committee (Appendix A). Further information on ethical considerations is detailed in Appendix B.

Participants

Purposive sampling was used to recruit 13 participants for the study (Braun & Clarke, 2013; Patton, 2002). All participants were adults and lived across three major cities in the U.K. Table 2 provides further participant demographic information. Participants were included if they:

- Were aged over 18
- Identified as holding refugee status (leave to remain or indefinite leave to remain) or asylum seeker status
- Had lived in the U.K. for at least three years
- Were able to speak and read English
- Were able to provide informed consent to participate

Young people aged under 18 years were not included in the participant criteria, given that the research questions were focussed on adult experiences. Previous research has documented young peoples' experiences of support (Joyce & Liamputtong, 2017; Robards et al., 2018; Soltan et al., 2020). Furthermore those under the age of 18 are provided with different and additional packages of support when arriving in the U.K when compared to adults (Refugee Council, 2019). Therefore, to explore specific adult experiences of support, the current study excluded participants who were aged under 18. All participants arrived in the UK aged 18 or over and shared experiences of support in the U.K as adults within the interviews.

The recruitment criteria was jointly developed with the advisory panel. After completing 13 interviews the data was deemed sufficiently rich in addressing the research questions (Braun & Clarke 2021).

Table 2.

Participant demographics.

Participant †	Gender	Age ‡	Ethnicity	Education level	Marital status	Legal status	Religion	Region of origin §	Number of years in the U.K.
Yasir	Male	30-40	South Asian	Diploma	Divorced	Asylum seeker	Islam	South Asia	5
Vivian	Female	40-50	Black African	Postgraduate	Single	Refugee	Christianity	East Africa	9
Theresa	Female	30-40	Black African	Undergraduate	Married	Refugee	Christianity	Southern Africa	17
Suhaiymah	Female	30-40	South Asian	Undergraduate	Separated	Asylum seeker	Islam	South Asia	8
Ore	Female	40-50	Black African	Undergraduate	Married	Asylum seeker	Christianity	West Africa	12
Noela	Female	30-40	Black African	Secondary school	Single	Asylum seeker	Christianity	Southern Africa	3
Lilian	Female	40-50	Black African	Primary school	Married	Asylum seeker	Christianity	West Africa	10
Halimah	Female	40-50	Arab	Postgraduate	Single	Refugee	Islam	Middle East	13
Grace	Female	40-50	South Asian	Secondary school	Single	Asylum seeker	Christianity	South Asia	11
Fazia	Female	30-40	South Asian	Postgraduate	Married	Asylum seeker	Islam	South Asia	9
Desmond	Male	40-50	Prefer to not state	Diploma	Single	Asylum seeker	None	Southeast Asia	18
Declan	Male	30-40	Black African	Postgraduate	Single	Asylum seeker	Christianity	East Africa	3
Claudia	Female	30-40	Black African	No schooling	Single	Asylum seeker	Christianity	Central Africa	8

Note. † =pseudonym; ‡ =age was reported using category groups as requested by the advisory panel §= the region of origin was used instead of country to provide anonymity for the participant.

Procedure

An electronic flyer (Appendix C) with recruitment information for the study, was shared on social media platforms. Four non-statutory services (Appendix D) that work with refugee people assisted with recruitment by sharing the flyer across the services. The researcher contacted all individuals who expressed an interest in the study, by telephone. Information sheets (Appendix E) and consent form (Appendix F) were sent to individuals by email or post. If individuals opted to participate, a telephone interview was scheduled.

Prior to the interview written or electronic consent was obtained from participants. They were given additional explanation of confidentiality and any exceptions to this regarding safety concerns. The researcher completed the demographic questionnaire (Appendix G) with participants and allowed time for additional questions before commencing the interview.

Topic guides are a flexible and collaborative approach which allow participants to take a lead with what is discussed in interviews (Arthur & Nazroo, 2003; Wenden, 1982). Table 3 shows the topic guide used in the study. The topic guide was co-produced with the advisory panel and researcher. Questions and topics where generated from personal experiences of using different types of support by the advisory panel. The researcher drew upon questions from previous qualitative study (Watcher et al., 2018) as well as considering the findings from specific studies which highlighted further exploration of the topics such as community support and support from statutory and non-statutory organisations (Lamb et al., 2012; Seguin and Roberts, 2017; Shaw & Funk, 2019). All interviews were completed by the researcher and recorded using an encrypted Dictaphone. Interviews lasted between 30 to 85 minutes and were conducted in English. All participants were debriefed at the end of the interview (Appendix H) and were signposted to national and local support services (Appendix I). All written materials including the topic guide were co-produced with the

advisory panel. Finally, participants were given a £10 Tesco voucher for their time to participate in the study.

Table 3.

Interview topic guide.

Topic	Prompts and follow ups
Community	What support have you used in the U.K.? Friends, groups, family? How have you found receiving this support? Tell me more about this? What were your expectations? What was the reality of this kind of support? How was it giving support for others? How did this impact you? How did this leave you feeling? How did you experience this? What community support did you use in your country of origin? - community groups, religious groups? How did you find this support? What are your thoughts on gender and attending community groups? Has there been anything that stopped you from gaining this support?
Support from statutory and non-statutory organisations	What support have you used in the U.K.? Medical, hospital, legal? How have you found receiving this support? What were your expectations? What was the reality of this kind of support? How did this impact you? How did this leave you feeling? What are your thoughts on gender and accessing support from services? How can things be different so you can get better support? What support did you use in your country of origin? -Medical, hospital, legal? How did you find this support? How did this impact you? How did this leave you feeling?

Note- The researcher used prompts and follow up questions to explore aspects of the topic guide.

Quality and rigour

Several credibility checks were taken to ensure quality control, as outlined by Elliott et al.'s (1999) guidelines for qualitative research. The researcher adhered to these guidelines and details can be found in table 4.

Table 4.

Elliot et al. (1999) guidelines for qualitative research.

Guideline	Application to current study
Owning one's perspective	The researcher considered their own biases and approach to the research. This was explored and stated in the reflexivity statement and considered in the reflective diary that was kept throughout the research process by the researcher.
Situation the sample	The researcher collected demographic information for each participant and for the reader to gain context to the findings.
Grounding in examples	The researcher included examples of raw data that supplement the themes and are reported in the results section of the study.
Providing credibility checks	In line with the critical-realist epistemological stance, credibility checks were completed to include analytic auditing, by discussing themes and codes with supervisors, by counter checking the themes with PPI representatives and participants through the process of member reflections (Tracy, 2010). Furthermore Braun and Clarke's (2006) 15-point checklist of criteria for good thematic analysis were administered to measure the quality of the research. (Appendix J).
Coherence	The summary of the analysis process was reported in a clear and concise manner, depicting how codes were formed and related to themes (Appendix K).
Accomplishing general vs specific research tasks	The findings of the current study provide a snapshot perspective of those who participated in the research. The researcher did not generalise the findings to all refugee people within the U.K. The researcher highlights this as a limitation of the study and to consider this when interpreting the conclusions for this research.

Resonating with readers	The researcher reported the findings in a coherent, clear way that sticks closely to the views and perspectives of the participants. The findings will inform the way healthcare-professionals may work clinically with refugee people.

Analysis

The six stages of TA were used to analyse the data (Braun & Clarke, 2013). Each interview was listened to and transcribed verbatim by the researcher to allow for familiarisation with the data. Nvivo software version 12 (QSR International, 2018) was used to assist with systematically creating line-by-line codes. Initial codes were checked by the researcher's supervisor to ensure reliability. Both an inductive and a deductive approach was used on the data when generating codes to allow for descriptive and interpretive codes. Codes were clustered together until themes and sub-themes were developed through an active reflexive process (Appendix L). The researcher reviewed the themes and sub-themes with research supervisors and agreed final themes. Additionally, members-reflection sessions were completed with two participants, which provided deeper data and was incorporated into the themes to enhance the credibility of the findings (Tracy, 2010).

Reflexivity

Reflexivity within qualitative research is regarded as essential when working with unfamiliar and marginalised groups (Berger, 2015). Braun and Clarke (2006) highlight the importance of researchers reflecting and acknowledging their role and position when completing research. It was recognised the researcher's interests and tendencies may influence the way research is carried out (Bhaskar & Lawson 1998). A full reflexive statement can be found in Appendix M. A reflective log (Appendix N) was also kept considering how the researcher's cultural, religious beliefs, background and experiences impacted the study design, administration and findings (Lincoln & Guba, 1985).

Results

Five themes and 12 sub-themes are presented in table 5. Sub-themes are labelled using direct quotes from participants. The themes are presented to reflect participants' journey of arriving in the U.K. and the experience of seeking support within different systems. Table 6 shows the participants contribution to each theme.

Table 5.

Themes and sub-themes

Themes	Sub-themes
Barriers in the systems and social structures	"We come here and the system breaks us down" "I don't like being the topic of gossip" "Health service or GP they don't understand anything about us"
Finding own way	"I was on my own" "I got a lot of help from helping myself"
Helped to survive	"Help is there" "It's so hard to live on £30 for two weeks"
Making own community	"We feel like family" "I feel joy, I feel uplifted, I feel happy that I am helping" "Prayer in any religion makes you feel better"
Building a future	"It feels good to be valued by people who appreciate you, treat you like a human being" **"**We just need to be empowered"

Table 6.

Participants' contributions to themes and sub-themes.

Theme and sub-theme	Participants												
	Halimah	Vivian	Suhaiymah	Claudia	Theresa	Yasir	Noela	Fazia	Ore	Desmond	Grace	Lilian	Declan
Barriers in systems and social structures													
"We come here and the system breaks us down"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
"I don't like being the topic of gossip"	✓		✓		✓	✓		✓		✓	✓		✓
"Health service or GP they don't understand anything about us"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finding own way													
"I was on my own"	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
"I got a lot of help from helping myself"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helped to survive													
"Help is there"		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
"It's so hard to live on £30 for two weeks"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Making own community													
"We feel like family"	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
"I feel joy, I feel uplifted, I feel happy that I am helping"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
"Prayer in any religion makes you feel better"				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Building a future													
"It feels good to be valued by people who appreciate you, treat you like a human being"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
"We just need to be empowered"	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓

Theme 1: Barriers in systems and social structures

The theme brings together participants' experiences of systemic barriers related to ongoing struggles with establishing a life in the U.K.

"We come here and the system breaks us down"

Participants shared experiences of discrimination and the "hostile environment" within systems of support and the wider society.

> *"What are asylum seekers, who are we?…we are not understood, we are not acknowledged, there is no awareness about our issues." (Yasir).*

Vivian expressed a strong injustice to how her family members were treated during the British empire. Consequently, transgenerational trauma compounded her experiences of being treated badly by the British government.

> *"They say all horrible things about "all migrants they are not doing this." But they decivilized us. Our forefathers are the ones who fought for this country, all these buildings were built on our parents' and grandparents' blood. My grandfather fought in Burma for the U.K." (Vivian).*

Participants spoke of racism and degrading experiences as a result of the hostile environment created by media and the government. To the extent where Desmond wished he never claimed asylum in the U.K.

> *"I regret coming here being an asylum seeker in the U.K. I think it's quite a hostile environment. People are treated with contempt…people come here are seeking asylum and need help, instead they've put us in cages."* (*Desmond).*

Noela discussed how she felt neglected by the government and described how she was told she had to move accommodation during her pregnancy.

"The Home Office moved me from [city] when I was 28 weeks [pregnant]. And I had to come to [city] and start all over again to register. But I had no option…it was quite awful…it was traumatising." (Noela).

Participants highlighted how injustices within systems left them feeling rejected, angry and scared.

"I don't like being the topic of gossip"

This sub-theme acknowledges the experiences of judgement and stigma participants faced from members of their close family and community. Participants described holding back information about their identity, as refugee people, due to the fear of being "gossiped" about. This made it harder to show their full selves and further reinforced feelings of isolation.

"I was afraid that she would ask me different questions it was that thing if she's from Asian culture. But those questions literally hurt me personally… and I don't want to talk to her." (Grace).

Similarly, Suhaiymah avoided sharing her story to members of her community due to the fear of judgement.

"In my community, maybe they went through something like I went through but still I don't feel confident to tell. Or I don't feel like they are going to keep my secrets with themselves. Even if they are not like that. I don't like it. Like if I shared something with you and you start spreading, so that's why I don't tell them." (Suhaiymah).

This was also experienced within the family. Theresa stated concealing her identity from her daughter.

"I've not really spoken to my children…They know me from Zimbabwe. I tried to say to my daughter, she's nine now, I said "do you know any refugees?" she said "no I don't". I said "do you know I'm a refugee?" She said "mummy don't say those things that's not nice". And I thought "oh ok, she's not ready for this". (Theresa).

"Health service or GP they don't understand anything about us"

This sub-theme explores how participants experienced support and care from healthcare-professionals. Several participants explored how they felt misunderstood by services.

"[Health services] are designed by someone who is not really a member of that. There have not got lived experience people, they are designed by someone different and they are claiming that they are rescuing others. How is this service going to create healthy environments for everybody?" (Halimah).

Yasir discussed how healthcare-professionals did not understand and recognise his cultural background.

"Say if it was like an English woman and your talking to her she wouldn't understand what I'm saying to her. I'm saying that like race and ethnicity plays a role, do you know the communities that people come from, and how they have been brought up. These people are always less in tune to you". (Yasir).

Theresa felt the lack of understanding of her needs from healthcare-professionals meant she was not referred to health services on numerous occasions. She described experiencing extreme distress, which was not recognised, and she did not gain adequate care.

"I was never signposted to any mental health you know where places that I could go for help. I was just left to just deal with it. And three times I tried to commit suicide. That's how bad things were…even after that I went into hospital and everything and I was just discharged., I was never asked "what's going on?" I never really had that mental health help." (Theresa).

This was another experience of rejection by the systems participants encountered. Alternatively, building a trusting relationship between healthcare-professionals and participants was an important aspect of having a better experience of healthcare.

"Every time I've been to my appointment at the doctors, she was asking about my family, asking about my mental health every time, she was taking the time to ask me so many different things. She was going all the way from being a doctor to a friend". (Fazia).

Theme 2: Finding own way

This theme conceptualises experiences of how participants felt alone with their difficulties and needing to find their own support.

"I was on my own"

This sub-theme highlights the extent of how participants initially felt very isolated having no friends or family members nearby. They reflected on how challenging this was and came with a significant personal cost to themselves.

"I came feeling very scared you know, very anxious. I had no really a strong support network. I didn't have many friends that actually lived here." (Yasir).

Claudia and Halimah described being forced to support themselves had a damaging impact on their psychological distress.

"For the first few years I did not get any help because I was sorting things and supporting myself…your keeping things to yourself it does not do any good it makes things even worse." (Claudia).

"I lost everything and I ended up here it was really painful to be honest to start again. And start again when you don't know the directions well, you don't have any support. How are you going to cope, even with the weather? So it was a lot of things you know, different struggles, different reality." (Halimah).

Fazia provides an example of how alone she felt when she was in labour in a new city.

"I was on my own…I didn't know my hospital I didn't know my midwife. It was just uncertainty everywhere...When I went there [hospital] I was literally crying all the way up in the taxi I was going there and I was crying in the lift. There is nobody else with me I don't know where I'm going how I'm going to cope with everything." (Fazia).

"I got a lot of help from helping myself"

This sub-theme explore participants finding their own way to cope from isolation, which increased their ability to care for themselves. Desmond spoke about how he learned to develop confidence and resilience to support himself.

"I could cry Mummy or Daddy but they weren't going to be there I had to think on my feet. I think it's given me that independence and perseverance in whatever is happening, installing responsibility making quick judgements. Being a good character and stuff like that." (Desmond).

Similarly, Theresa reflected on the strength she held when she was alone.

"I can't say that it is any help that I got from anyone else. To me like I actual have to pick myself up…I think naturally I got this resilience in me. I am a strong person I'm a very, very strong person." (Theresa).

Different self-directed activities kept participants busy and were methods for participants to take control of their psychological wellbeing.

"Walking and doing exercise and breathing…and meditation that helps me a lot. And going to the classes for swimming going to these exercise classes and things. I developed my own way of medication if you would like. To relax the anger." (Halimah).

Theme 3: Helped to survive

This theme draws on participants' accounts of receiving initial support from non-statutory services and community groups was essential.

"Help is there"

This sub-theme discusses how asking for help was a challenge for many participants. Gaining support from non-statutory organisations and community groups was an important part of establishing a life in the U.K. for participants. Grace reflected on how she reached "rock bottom" before she asked for help.

"You cannot tell yourself "don't worry, don't worry everything's going to be okay." The problem is that you just don't think positive, you're just angry, you're annoyed, or stressed and heart panicking. It's only the other people that help you in those moments… you can't help yourself." (Grace).

Having consistent support resonated for many participants who found having one place or person to coordinate their support helpful. The consistency also added to a sense of being held in mind and contained.

> *"I think just having someone who would listen to you and help me from day one. Like one individual who connects with the Home Office, who connects with my accommodation provider, and connects with the [organisation], other support organisations…Otherwise if you've got problem and you come to the U.K. and you're alone it's even harder." (Claudia).*

However, Theresa expressed feeling shame for asking for help which prevented her from using support.

> *"I just felt like ashamed. Like I was the one who put myself in this situation I'm the one that caused this whole situation and now I'm going to ask for help. No-one actually from my community, church or in the refugee community no-one actually said anything negative. But it was just my feelings." (Theresa).*

This highlights how asking for support can be challenging and the need for consistent and trusting relationship, within systems, was important to enable people to reach out and seek support.

"It's so hard to live on £30 for two weeks"

All participants expressed the value of gaining basic practical support, which were needed to survive and feel safe. This included financial support, food donations, clothes, help with immigration applications, accommodation, and access to the internet. Participants also expressed how grateful they were of receiving this type of support.

"Yeah, the people at [organisation] gave me things like clothing, they gave me trainers, jogging bottoms, a t-shirt, a coat. And towards the beginning they gave me a food bag with coffee, toothpaste, bread, they gave it to me every two weeks." (Yasir).

Additionally Noela voiced how gaining free help from non-statutory services with accommodation was vital.

"I was a destitute. They [organisation] really helped me by pushing at the Home Office to provide the accommodation and to make a case to leave remain. They really help me with having a legal representative and to do that for free." (Noela).

Declan shared initiatives that helped him access affordable shopping.

"They do a social supermarket, for low-income families and asylum seekers. Because we have different people, from different walks of life, who really can't afford to buy food in a supermarket. They do a shopping at a reduced price...so it's a good thing." (Declan).

This sub-theme reflects the difficulties related to finances and resources the participants were faced with, alongside the context of barriers that was explored in theme one.

Theme 4: Making own community

This theme relates to how participants began to establish a community with other refugee people in similar circumstances and the mutual benefit of being supported and providing support.

"We feel like family"

This sub-theme encompasses feeling connected to others with similar experiences. Participants reflected on their journey of creating their own community among other refugee

people, regardless of their differences. Consequently, being a part of a wider support system had a valuable impact on participants' psychological distress.

> *"Everybody come from different parts, different religion, different ethnic groups for one simple purpose and it's because we are all in this situation. That's why we are going down this avenue so it's like a big family." (Ore).*

Suhaiymah shared how she felt comfortable talking to people and making friends based within non-statutory services. Whereas she had concerns of being judged within her ethnic community.

> *"I was feeling welcomed. Like I said the feelings from my neighbour wasn't good but people from [organisation] are talking to me. They are coming and talking and that's it, they are not gossiping about me. I was happy there. I was making friends like we were doing the course ... people are coming and sharing their stories ...it was great for me." (Suhaiymah).*

Desmond shared being in similar situations and knowing others experienced the same challenges was helpful.

> *"Everybody is in the same boat. At least it's some kind of support and you know that people are out there who are thinking of you. In that sense, it's kind of good really." (Desmond).*

Participants also found it beneficial to hear how other people navigated the immigration system and provided them with hope that refugee status would be granted for them.

"There has been people who are coming they said "our asylum application" one was like "we have been granted status" but there have been some positive moments… like now it's going to be my turn soon… [I feel] hopeful I guess." (Yasir).

"I feel joy, I feel uplifted, I feel happy that I am helping"

This sub-theme collates participants' experience of supporting others which allowed them to build confidence and to start to have a sense of purpose.

"I am helping people I am showing them ways, it was like "ok I am something I am important. I am a strong person". I was boasting my confidence I was learning new stuff, new skills and it was like a new chapter for me." (Suhaiymah).

Declan described experiences of empathy and the benefits of being a befriender.

"When I started volunteering ... I met different people from different backgrounds. Sometimes I relate to their experiences sometimes I learn new things. It's really help me to reduce my thoughts and especially negative thoughts of "you're on your own"...it's been really helpful for my mental health to be honest." (Declan).

Additionally, Noela explained what community support means to her.

"Not only are you helping them, but by giving back you also receive. Because you are talking to somebody you're chatting, you're socialising, you get to know somebody, [they] get to know you as well… you're even telling them whatever makes you happy, whatever makes you sad which is quite a good thing to talk about yourself to somebody." (Noela).

Lilian shared how learning from other refugee people made her forget about her distress.

"When you open up and tell them how you feel…we just learn from each other. I like going to the meeting because they have a lot of different ideas I don't even know…I don't like missing it [support group]. When I'm there I'm relaxed. My worries are not there." (Lilian).

*"**Prayer in any religion makes you feel better"***

This sub-theme collates how participants gained support from their faith. Theresa explains faith felt familiar, safe and consistent with life in the country of origin.

"I was raised as a Christian… my mother was a pastor... But when I came here and I think after everything that I had gone through…I had seen the worst of the worst. I just needed to hold on to some high power…my faith kinda gave me hope to say "there is a reason why you are here now, and you will come out of it." So I think hope is what I really needed." (Theresa).

This support was not necessarily from the people they met, but instead the connection to religion itself.

"Being in the church feeling safe and feeling like nothing can happen to you. That's all that really surrounds my mind then. I don't really think about the people I think about what that place symbolises…It makes me feel at peace." (Declan)

Yasir and Fazia spoke how faith provided them with guidance and encouragement to overcome the challenges.

"I'm religious and I come from a Muslim religion…I think that's what keeps me guided on a path...My God Allah gives me encourage, guidance, empowerment, motivation to get through, day by day." (Yasir).

"When I get really frustrated or depressed and I just you know pray. It plays a good role on you, you feel a bit light…all the worries are gone or will be resolved you just have a belief in yourself…it's good for mental health." (Fazia).

Theme 5: Building a future

This theme draws on the value of thriving. Once participants were embedded into a community, were given space to feel understood, human and have a voice. Empowerment and building a future for others was vital. Despite connections with other refugee people, participants still experienced barriers from wider social structures as described in theme one.

"It feels good to be valued by people who appreciate you, treat you like a human being"

This sub-theme spoke to the experience of feeling like a human in a system that strips you of your human rights. Desmond discussed how participating in a gardening group made him feel valued and seen by people.

"They've been very supportive…the encouragement, looking for fun, seeing us as not who you are but who you can be. You're not just nobody you are somebody. You're not a number." (Desmond).

Lilian shared how attending a peer support group made her feel thought about and encouraged her to continue seeking support.

"I love going to that kind of place because when I go, I feel like someone, someone is looking after me someone cares about me…I feel loved, I belong to somewhere." (Lilian).

Halimah said how supporting others provided her a chance to feel like she was not a burden and provided her with an opportunity to develop self-esteem.

"It was really like I was important that's the main thing. I am not a person who is not a burden to anyone, not to the government or anyone. Now people are relying on me "ok she is the one, she can help us, she's really kind, she's really friendly". So when they gave you compliments you felt really important." (Halimah).

Additionally, Ore stated how being involved in communities elevated her sense of belonging.

"It makes me feel wellness and it makes me feel a sense of belonging. At least I belong to a group of people who we all have the same common interests and we are going through the same thing you know…there are others too that are there." (Ore).

Participants also reflected in depth about their experiences of how friendships left them feeling more established within a support network. Claudia discussed valuing her friends who would check on her during times when she felt low.

"The friends for the support and financially and mentally, emotions especially check on us, to make sure that we are ok, I have someone to talk to when I was low and when I was down yeah so those are the kind of support I received and when I get that I feel loved." (Claudia).

Lilian shared how friendships leave her feeling cared for and connected with others.

I've made friends…who have been there for me when I am down. I call them and get encouragement we talked together you know things like that…they are good they are positive friends…We cook together we do dancing and things together, singing different things." (Lilian).

These experiences left participants feeling embraced and respected.

"We just need to be empowered"

This sub-theme describes how once participants felt like they belonged and were established, they expressed a wish to empower others in the community and to secure a better life for children**.** Vivian described how she had changed since arriving in the U.K following involvement as a mentor.

> *"I came to this country as a timid young girl not knowing what to do, refugee and everything else. [Organisation] made me get confident you know and to go out there and speak about things and empower my women and children." (Vivian).*

Halimah shared feeling empowered to establish her own support project.

> *"A project that helps asylum seeker and refugee women…because we believe that even when we come from our home and settle here and are hosted in this country, what we have our experience is worth a lot. We've got our own experience, background, knowledge we've got a lot of things that should be valued." (Halimah).*

Several participants expressed their motivation to establish a good life for their families and children. This was significant for participants where they wanted be a "role model" (Theresa).

> *"They [children] are the reason why I am still standing strong you know. Each time I look at them then I fight I know yes this is the reason why I am fighting. So that's it." (Ore).*

Discussion

Summary of results

The qualitative study aimed to explore how refugee people experience support in the U.K. using thematic analysis. Five themes were developed: barriers in the system and social

structures, finding own way, helped to survive, making own community and building a future.

Barriers in the systems and social structures

Notably, participants described feeling dehumanised and treated with contempt by British society. This can be understood through the policy and actions of the government and media in several respects. Gentleman (2020) reported the 'hostile environment' was created in the U.K. by a conservative government, with the sole purpose of creating an impossible environment for refugee people to reside. By creating a hostile environment people would leave the country off their own volition, rather than proceed through forced deportation, which is cheaper for the Home Office (Liberty, 2019; Yeo, 2018). Dempster and Hargrave (2017) noted the role of British media on public attitudes towards refugee people, which depicted them as threats to culture, welfare, security and health systems. Media refer to refugee people as 'swarms, cockroaches, plague of feral humans' (Berry et al., 2015; Esses et al., 2017). This resonated for all participants who discussed the social barriers preventing them from building a life in the U.K.

Refugee status has been documented as also being associated with stigma and discrimination (Link & Phelan, 2001). This is evident in the current study where participants described holding back their own identity due to the fear of being stigmatized by wider communities (McKenzie-Mavinga, 2009; Vyas, et al., 2021).

Finding own way

Participants discussed feeling isolated with the challenges of arriving in the U.K. and gained confidence and resilience by finding ways to help themselves. Research reported a sense of loss from home communities, and lacking connection with new communities

perpetuated refugee peoples' experience of loneliness (Johnson et al., 2019; Stewart et al., 2015).

Babatunde-Sowole et al.'s (2016) research found refugee people use their own strength, without the support of healthcare-professionals, to deal with adversity. However, literature criticised the concept of resilience, as it is viewed within an individualistic framework, where resilience is seen as either a personality trait, emotion regulation or ego defence (Agaibi & Wilson, 2005; Tugade & Fredrickson, 2004). Participants in the current study commented on learning new ways to overcome challenges themselves. This was at odds with how they usually dealt with adversity, which was likely to increase the experience isolation.

Helped to survive

Participants needed essential support from non-statutory services to physically survive and feel safe. A report highlighted concerns regarding the treatment of refugee people in relation to their human rights (Equality and Human Right 2010; Human Right Act, 1998). In particular, refugee people were provided with inadequate housing and financial support which increased the likelihood of destitution. Maslow's Hierarchy of Needs Model (1943) states biological requirements such as food, shelter, clothing and money are required to enable survival and to meet needs like belongingness and self-esteem. Lonn and Dantzler (2017) recommended each level within the hierarchy should be considered to support refugee people. Therefore, highlighting the relevance of improving socioeconomic circumstances and how that can reduce the experience of psychological distress.

Making own community

For participants, being in contact with other people with similar experiences and social challenges provided a shared understanding and hope. Widespread literature has noted

the positive impact of mutual support within vulnerable groups such as those experiencing ongoing distress. People felt increased empowerment and improved quality of life (Chinman et al., 2014; Miyamoto & Sono, 2012; National Voices & Nesta, 2015; Repper & Carter 2011; Walker & Bryant, 2013).

A social ecological framework could be used to understand and support refugee people (Miller & Rasmussen, 2017), where building strength in people's ability to make social connections felt more meaningful and helpful (Goodkind et al., 2006; 2014).

Building a future

Participants articulated feeling human, belonging, and wanting to empower other refugee people. Studies found bringing together refugee people with shared experiences of losing their home and leaving their country of origin, was vital to increase wellbeing and safety (Muir & Gannon, 2015; Papadopoulos, 2005) Indeed, empowerment and belonging to a community was noted to protect psychological wellbeing (Christens, 2012; Christens & Peterson, 2012; Speer, 2000; Zimmerman et al.,1999).

This resonated for the participants in the study where people wanted to establish an environment where people could build a life that fits with their values, for themselves, their families, and communities.

Strengths, limitations and future directions

The current study added to existing knowledge on refugee peoples' experience of support systems, given there are no qualitative studies looking at this phenomenon in the U.K. Qualitative methodology gained rich and detailed data from participants amplifying marginalised voices.

Given the nature of the study, collaboration from the advisory panel, with lived experience of navigating different systems of support within the U.K. was integral to the

research. Although a true co-production approach was not fully achieved, involvement and directions from the advisory panel shaped the research design, analysis, and recommendations (Arnstein, 1969).

As the current study was aimed at looking at support in the community the recruitment strategy was broad. People from many different cultures, religion, gender, legal status and country of origin were included. Therefore, the cultural nuances may have been lost within the data. Caution should be taken when considering the findings of the study where it cannot be generalised to all refugee people in the U.K. Future research could consider intersectionality and how different characteristics interact with the level of power that individuals may hold, as refugee people are not a homogenous group (Crenshaw, 1989). Carrying out research using focus groups and embracing participatory-action research design could also provide opportunities for capturing rich data, which can comment on the complexities of using support within the community (Baum et al., 2006).

The research did not use interpreters in the interviews and the experiences of non-English speakers were not included. For many people English was their second language. Potential aspects of what participants wanted to communicate may have been missed. Utilising an interpreter would have avoided mistranslation and misinterpretations (Raval & Tribe, 2014; Patel, 2014). Future studies could use interpreters to ensure research is inclusive and accessible for people who are not confident to speak in English.

Implication for clinical practice

Service level

Notably this study highlighted the commonality of refugee peoples' experiences, however participant responses to their situation and their psychological distress manifested

differently. Therefore when thinking about support, choice, intersectionality and individuality of refugee people needs to be considered.

Many participants expressed a wish for a joined up and consistent approach to support from statutory and non-statutory services. Therefore, allocating a care-coordinator to support and signpost across different services would be recommended. Participants also discussed not feeling understood by health services. Frameworks like the Coordinated Management of Meaning Model (Pearce, 2007) could be used with refugee people. This framework opens up dialogue related to a person's experiences, interpersonal life, family, community, culture and political context, and how this shapes them and their interactions with others. This framework could be used to help co-construct preferred narratives that reinforce identities and activities based on values (Afuape, 2016; Morgan, 2000).

Community level

Participants appreciated the social connections with other refugee people and wider communities. Collective action initiatives co-produced with refugee people should be at the heart of the work (BPS, 2018a). Creating a support network of collaborative working, sharing, and learning with all statutory, non-statutory services and businesses that work directly with refugee people is important. Those with lived experience should take an active role in shaping the way these services function and to increase a person's control and power over their own lives. Meaningful and respected contribution by those with lived experience would allow for perspectives and voices to be heard in these arenas. Developing positive working relationships with statutory and non-statutory services and communities would help this to be achieved.

Socio-political level

The challenging socio-political barriers participants experienced was striking throughout the findings. Practices based on liberation psychology principles should be used, which focus on going to the root of distress (Martin-Baro, 1994; Freire, 1973). This involves re-constructing practices from the perspectives of clients. By stepping outside of professional boundaries and thinking more about the ethical responsibilities of healthcare-professionals, who are in more powerful positions within systems. In other words, a more active stance on social justice and opposing discrimination and oppression is required (Afuape, 2016).

The critical human rights-based approach views psychologists as practitioner-activists where they consider biases of psychological theories, research and practices around human rights (Patel, 2019). It recommends changing how structural power and distress are addressed, moving from an individualistic approach to a more collectivist and preventative stance. This may include working with the government to inform social policies which maintain challenging political structures for refugee people and lobbing for political change.

Conclusion

Refugee people experience several barriers to accessing support in the U.K. The study highlighted the importance of community support outside of statutory services. When given the opportunity and resources, participants built confidence to help themselves, created social connections and belongingness, which improved their psychological wellbeing. A co-produced approach with different statutory and non-statutory services should be in place to support refugee people. Furthermore, an active stance on social justice, opposing discrimination and oppression is required, enabling refugee people to build a meaningful life for themselves which fits with their own values. In the words of one participant, Vivian,

"We do not need to be sympathised about, we just need to be empowered."

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Appendix A: *Ethical Approval*

The University Of Sheffield.

Downloaded: 12/11/2020
Approved: 08/07/2020

Sareeta Vyas
Registration number: 180157022
Psychology
Programme: Doctoral Clinical Psychology

Dear Sareeta

PROJECT TITLE: A study of refugees and asylum seekers views and perspectives of using peer support: A qualitative study.
APPLICATION: Reference Number 032560

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 08/07/2020 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 032560 (form submission date: 19/06/2020); (expected project end date: 31/05/2021).
- Participant information sheet 1080834 version 1 (19/06/2020).
- Participant consent form 1080835 version 1 (19/06/2020).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Thomas Webb
Ethics Administrator
Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix B: *Ethical considerations and risk assessment*

Confidentiality was maintained throughout the project. Participants were provided information sheets which outlined how confidentiality and anonymity were going to be maintained and the right to withdraw option was clearly indicated. Written or electronic consent was obtained from all participants who opted into the study. It was not anticipated that the interview would cause significant distress, however it was acknowledged that participants will have experienced challenging experiences in regards to claiming asylum in the U.K. which may mean that the participant may have thought about and discussed potential distressing and difficult experiences during the interview. Therefore at the end of each interview, time was allocated to debrief the participant. During this time the interviewer provided space to consider how the interview may have impacted participant's mental wellbeing. It was during this time that participants were signposted to further support options such as national and local organisations. All participants were provided with a written copy of contact details for these facilities prior to completing the interview. Literature has noted that individuals were open to exploring difficult experiences within interviews if they felt confident information would remain confidential and the research was meaningful (Graham, Grewel, & Lewis, 2007).

Interviews were recorded on an encrypted Dictaphone. Recoded data and transcriptions were stored in a password protected folder on a University of Sheffield computer that can only be accessed by the researcher and supervisors. Personal details were anonymised so that individuals were not identifiable. Unique identification codes were used instead and matched up with consent forms. Consent forms and data transcripts were stored separately. All participants were made aware that participation or withdrawal of the study will have no impact on their refugee or resettlement status process.

Risk Assessment and Personal Safety

The researcher encouraged the participant to find a quiet and private location to complete the telephone interview. If this was not available, the researcher endeavoured to find another time to complete the interview, where the participant felt comfortable to carry out the interview. If it was not possible for the participant to have a confidential space but was happy to continue with the interview, the researcher made a note to consider during the analysis stage. The researcher made a note of the location address of the participant at the time of the interview. This was only to be used if emergency services were required during or after the interview. The location details were then destroyed once the interview was completed.

The researcher used their clinical skills as a trainee clinical psychologist to check the psychological wellbeing of the participant throughout the process of the interview. The researcher tried to be culturally sensitive and used their clinical judgement and skills when carrying out the interviews to maintain the participant emotional wellbeing. The researcher was careful to check that the participant was happy to continue with the interview throughout the interview process. This involved checking and asking regularly with the participants during the interview how they are finding the interview. The researcher was sensitive to how talking about certain experiences of gaining support could raise a number of emotional reactions in the participant. The researcher offered to take a break if it appeared that the participant was finding the topic or interview difficult. The researcher also ended a topic of discussion if it became too distressing for the participant. The entire interview would have been stopped if the researcher thought the participant had become increasingly distressed for example experiencing high emotions and showing signs of upset and becoming tearful.

The researcher attempted to make the interview a safe place to talk, by using a gentle and non-judgemental approach to the interview, allowing space and pauses between questions and

providing validation throughout the interview. This included displaying active listening skills, being engaged with acknowledgments to comments and providing pauses between questions. The researcher also consulted an advisory panel to consider additional ways the researcher can support participants with any potential distress that might occur as a consequence of completing the interview.

At the start of the interview the researcher explained to participants that while the information they provide is confidential, this may change if the researcher felt that the participant was at risk of harm to themselves or others. The researcher would strive to not breach confidentiality without first discussing this with the participant.

The researcher adhered to Sheffield Health and Social Care NHS Trust lone working policy to manage any potential safety issues.

The researcher discussed any problems faced in interviews during research supervision. These supervision meetings were organised at regular intervals (once monthly) whilst interviews were being carried out. This ensured that the researcher had adequate support and space to reflect on the process of the interviews and to consider the potential distressing content from the interviews. The confidentiality of these situations was explained to the participant at the start of each interview.

Appendix C: *Recruitment flyer and social media recruitment call*

Interested in taking part in research?

A research group based at University of Sheffield are currently looking for **Refugees and Asylum Seekers** who would like to talk about their experiences of gaining support from the community since arriving in the UK to help with mental health and well being.

What does it involve?

1 hour of your time

A telephone based interview with the researcher

You must:

Be aged 18 or over

Have lived in the UK for at least 3 years

Hold either refugee or asylum seeker status

Able to speak English

For more details please contact :

Sareeta Vyas – svyas1@sheffield.ac.uk

£10 Tesco voucher will be provided to all that take part in the interview.

University of Sheffield
Clinical Psychology Unit
University of Sheffield
Cathedral Court, Floor F,
1 Vicar Lane,
Sheffield, S1 2LT

The University Of Sheffield.

Twitter advert

I am trainee clinical psychologist based at the University of Sheffield interested in refugees and asylum seekers experiences of gaining support from the community since arriving in the U.K. to help with mental health and wellbeing.

I'm currently looking for people with lived experience to take part in a 1-hour telephone interview as part of my research project. Anyone who is interested please DM me. Thanks!

Appendix D: *Recruitment settings*

Four non-statutory services assisted with recruitment for the study. These include City of Sanctuary (CoS) Sheffield, Development and Empowerment for Women's Advancement (DEWA) project, Refugee Council- Health Access for Refugees (HARP), and Praxis.

CoS Sheffield

CoS is a charity organisation and social movement focused on supporting and building a culture of welcome and hospitality for refugee people. CoS in Sheffield aims to build relationships and connections with local people and refugee people. CoS Sheffield is focused on creating a culture of inclusion and a network of support with involvement of specific services, organisations and charities and groups. The service is centred on community support, where people are encouraged to support one another and creating a safe space for refugee people to access. COS Sheffield run a centre and a "drop in" that provides support, information, signposting and services, in collaboration with partner organisations. During the pandemic this work has continued through the 'virtual sanctuary' (City of Sanctuary, 2021).

DEWA

The DEWA project works closely with CoS in Sheffield. The DEWA project was established in 2010 by a group of women with the aim to promote equal access to rights and opportunities for refugee women in South Yorkshire. They strive to support and advocate for refugee women who have been forced to flee their country and to rebuild their lives in the U.K. The ethos of the project is empowering women and to help women through learning skills and capacity building and facilitating training and workshops. DEWA project has strong links nationally with other organisations that work with similar values of achieving advancement for women (DEWA, 2021).

Refugee Council-HARP

HARP is a project which is part of the Refugee Council. It aims to empower refugee people to access the U.K. health system. The project works closely with other non-statutory services in local areas of West and South Yorkshire. It provides support and advocacy for health services such as GP, midwives, hospitals, dentists. Additionally it supports refugee people to access suitable mental health, social and emotional support. The project additionally facilitates health workshops, groups and volunteering opportunities for refugee people (Refugee Council, 2021b).

Praxis

Praxis is a registered charity based in London. It aims to take a holistic approach to supporting migrants and refugees in the U.K. with housing needs, immigration rights and application, advocacy, interpreting, training and building communities. Praxis work alongside a network of organisations and local authorities to improve services for refugee people. Praxis use peer-led groups to help build confidence and empower refugee people to become agents for change (Praxis, 2021).

Appendix E: *Participant information sheets*

Participant Information Sheet

A study of refugees and asylum seekers' views and perspectives of using peer support.

You are invited to take part in a research project. Before you decide whether you want to take part, it is important to know what the research is about and what it will involve. Please read the following information carefully. Feel free to talk to other people to help you decide if you would like to take part.

1. What is the peer support?

Peer Support is a term we use to describe the social resources that a person has available to them outside of professional services. It includes both formal support groups, e.g. support groups run at the City of Sanctuary, and informal helping relationships e.g. relationships with friends, members of the community.

2. What is the project about?

Refugees and asylum seekers tend to look for support from families, friends, religious groups and wider community members when they are having a difficult time. Peer support has been found to be helpful for physical and psychological difficulties. Only a small amount of research has looked at refugee and asylum seekers' experience of peer support. This project hopes to explore and better understand your experiences of using support since arriving in the UK to help with mental health and wellbeing.

3. Why have I been chosen?

You were asked to take part in the study as you identify as either a refugee or asylum seeker, are over 18 year old and you have been living in the UK for at least 3 years.

4. What do I have to do if I take part?

- Signing a consent form and you will be given this information sheet to keep.
- Taking part in a one-off interview with the researcher. This will happen over the telephone and should last about an hour. The interview will be in English and will be recorded by the interviewer.
- The interview will ask about your experiences of different types of support that have helped your mental health and wellbeing since arriving in the UK. This will include questions about the support you have experienced from people at City of Sanctuary, and the wider community such as charity organisations and religious groups. You will be asked about the support you may have used from professional services such as NHS services.
- Once the interview is over the researcher will check how you found the interview and will give you more information on extra support if you need it.
- You will receive a £10 amazon voucher for your time and travel for taking part in the research.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you no longer want to be involved in the research, you can ask to be removed at any time. This is called withdrawing from the research and it **will not** affect your use of City of Sanctuary. Withdrawing yourself from the study **will not** influence any refugee or asylum seeker status applications. **You do not have to give a reason to withdraw**. All of your information will be destroyed if you ask to withdraw. If you wish to withdraw from the research, please contact Sareeta Vyas by email svyas1@sheffield.ac.uk

6. What are the possible risks of taking part?

There is a small chance that some people might understandably feel upset if they talk about experiences that have been difficult. The interview will focus on different types of support and may raise different emotions. **If there are things you do not want to talk about, it is okay to let the researcher know.** There will be time at the end of the interview for the researcher to check how you found the interview and to make sure you are feeling okay.

7. What are the possible benefits of taking part?

Your participation will help health professionals understand the experiences of refugees and asylum seekers. It will also help mental health services work with local organisations in developing better support for refugees and asylum seekers. We hope this will help people connect with local communities and settling and building a life in the UK. Lastly, we hope this project will help City of Sanctuary to continue their work.

8. Will my information and details from the interview be kept private?

All the information that we collect about you during the course of the research will be kept strictly private and confidential and will only be seen by members of the research team. This includes the recordings, transcripts, and personal information. Care will be taken to ensure that all personal information and any unique experiences that might make you identifiable will be anonymised. You will not be able to be identifiable in any reports or publications. If you consent, any of your quotes included in a publication will be anonymised.

Confidentiality will only change if the researcher is worried for your or others safety. In which case the researcher will let you know that the specific information will need to be passed on. They will speak to you if this needs to happen.

9. What are the legal rights for my personal data?

According to data protection laws, we are need to let you know that we are applying the following law to process your personal data: 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice

https://www.sheffield.ac.uk/govern/data-protection/privacy/general

As we will be collecting some data that is more sensitive (your experience of support in the UK) we also need to let you know that we are applying the following condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.

10. What will happen after the interview?

- The recording of the full interview will be typed out into a transcript. All of your information will be anonymised, meaning no one will be able to identify you to protect your confidentiality and privacy.
- The researcher, and members of the research team will be the only people who can look at the transcripts. They will be saved on a secure electronic folder based at University of Sheffield which is password protected. The anonymised transcripts will be kept for 6 years and then they will be destroyed.
- The findings that are developed from the transcripts will be reported in a results section of the research report. This will include specific anonymised quotes from the interviews. The report will be published in a scientific journal.
- You will be invited to an optional meeting with the interviewer where the research team will share the overall findings of the research. You will be sent a summary at the end of the project. If you do not wish to be sent this, please let the researcher know by contacting them on the email address at the end of this sheet.
-

11. Who is organising and funding the research?

The research is part of a doctorate of clinical psychology based at the University of Sheffield. The University of Sheffield funds the research. The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

12. Is the research ethical?

This project has been ethically approved by the University of Sheffield's Ethics Review Procedure, through the Psychology department.

13. What if there is a problem?

Please do contact the lead researcher if you have any further questions about this research. If you do not want to speak to the lead researcher, you can contact the lead researcher's supervisor. The contact details are at the end of the sheet. If you feel unhappy with the research and you would like to make a formal complaint you can contact:

Prof Glenn Waller, Head of Department at g.waller@sheffield.ac.uk or Dr Thomas Webb, Chair of the Department Ethics Subcommittee on t.webb@sheffield.ac.uk

If the complaint is about how your personal information has been handled then further information can be found in the University's Privacy Notice: https://www.sheffield.ac.uk/govern/data-protection/privacy/general.

14. What do I need to next?

If you would like to take part in the study please read and sign the consent attached to this letter. You will need to send the signed consent form to the researcher in the attached stamped envelope. The researcher will then contact you to arrange a time to complete the interview.

If you do not wish to take part in the research then you do not need to anything. The researcher will call you within three weeks of the letters being sent out, to ask whether you would like to participate. If you opt out of the study you will not be contacted again.

Contact Details

Lead Researcher:

Sareeta Vyas

Email: Svyas1@sheffield.ac.uk

Supervisor:

Dr Vyv Huddy

Email: v.huddy@sheffield.ac.uk

Clinical Psychology Unit, University of Sheffield, Cathedral Court, Floor F, 1 Vicar Lane, Sheffield, S1 2LT

Summary information sheet.

Summary Participation Information Sheet

A study of refugees and asylum seekers' views and perspectives of using peer support.

What is the peer support?

Peer Support is a term we use to describe the social resources that a person has available to be available to them by non-professionals. It includes both formal support groups, e.g. support groups run at the city of sanctuary, and informal helping relationships e.g. relationships with friends, members of the community.

What is the study about?

Research tells us that refugee and asylum seekers are less likely to use professional support services, e.g. mental health services, if they are experiencing distress. Research also tells us that refugee and asylum seekers are more likely to get support from family, friends, community groups and religious groups. This project hopes to explore and better understand experiences of using peer support, community support and professional support to help with mental health and wellbeing. It is particularly interested in people who have refugee and asylum seeker status and their experiences since arriving in the UK.

What does the study involve?

- Reading the information sheet
- Signing a consent form and sending to the researcher in the provided envelope
- Taking part in an interview over the telephone for 1 hour which will be audio recorded
- Topics that will be covered will include questions about support from:
  - people at City of Sanctuary
  - wider community such as religious groups
  - professional services such as NHS services.
- Receive a £10 tesco voucher for your time for completing the interview.

Do I have to take part?

You do not have to take part and you can remove yourself from the study at any point. Withdrawing from taking part in the study **will not** affect your use of City of Sanctuary. Withdrawing yourself from the study **will not** influence any refugee or asylum seeker status applications. You do not have to give a reason to withdraw.

Will my taking part in this project be kept private?

All the information that we collect about you will be kept strictly confidential and will only be seen by members of the research team. Your name and personal details will not be used in any reports or publications unless you have given your permission for this. This confidentiality rule will only change if the researcher is concerned for your or others safety. In which case relevant information will need to be passed on. But the researcher will talk to you about this if it comes up.

What will happen after the interview?

The interview will be audio recorded. The recording of the full interview will be typed out into a transcript. All of your information will be anonymised, meaning no one will be able to identify you. The researcher, and members of the research team will be the only people who have access to the anonymised transcripts. The transcripts will be saved on a secure electronic folder which is password protected. The anonymised transcripts will be kept for 6 years and then it will be destroyed

What do I need to next?

If you would like to take part in the study please read and sign the consent attached to this letter. You will need to send the signed consent form to the researcher in the attached stamped envelope. The researcher will then contact you to arrange a time to complete the interview.

If you do not wish to take part in the research then you do not need to anything. The researcher will call you within three weeks of the letters being sent out, to ask whether you would like to participate. If you opt out of the study you will not be contacted again.

Appendix F: *Consent form*

The University Of Sheffield.

Participant Consent Form

Please tick the appropriate boxes	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated (insert date) and the project has been fully explained to me. (If you answer No to this question please do not give consent until you are fully aware of what your participation in the project will mean.)	☐	☐
I have been given the opportunity to ask questions about the project.	☐	☐
I agree to take part in the project. I understand that taking part in the project will include being audio recorded during an interview about my experience of using support in the UK.	☐	☐
I understand that taking part is optional and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no consequences if I choose to withdraw.	☐	☐
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be shared to people outside the project.	☐	☐
I understand and agree that my words may be quoted in publications, reports, web pages, and other research documents. I understand that I will not be named in these unless I specifically request this.	☐	☐
I understand and agree that other specific researchers will have access to my interview only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	☐	☐

Name of participant [printed] Signature Date

Name of Researcher [printed] Signature Date

Contact details for further information:

Lead Researcher:
Sareeta Vyas
Email: Svyas1@sheffield.ac.uk

Supervisor:
Dr Vyv Huddy
Email: V.huddy@sheffield.ac.uk

Appendix G: *Demographic information questionnaire*

1. What age group do you belong to:

18-30 30-40 40-50 50-60 60plus

2. 2. What Gender do you identify as: Female Male Prefer to not state

3. What Ethnicity do you identify as:

4. Education – circle highest level achieved:
No schooling
Nursery School
Primary school
Secondary School
O-Levels / GCSEs
A-Levels
Undergraduate degree
Masters Degree
Doctorate / PhD
Other ……..

5. What is your marital status?

Single Married Domestic Partnership Widowed
Divorced Separated

6. What is your current legal status in the UK?

Refugee Asylum seeker

7. Which religion do you identify with?

Islam Hinduism Buddhism Judaism Sikhism Christianity
Atheist Agnostic Other (please specify)

……

8. Which country do you originate from?
……

9. How long have you lived in UK?

……

Appendix H: *Debrief statement*

Debrief statement

Thank you for taking part in this research.

What was the reason for the research?

We are doing this research to better understand how refugees and asylum seekers' experience using different forms of support to improve their mental health and wellbeing. We were interested in hearing about your experiences of how you used support from family, friends, religious groups and the wider community. The research will be useful to improve knowledge of how support is used outside of professional services (e.g. NHS services) by refugees and asylum seekers. The research will be helpful for professionals working with refugees and asylum seekers in mental health services, social services and community organisations.

What will happen to the recording of the interview?

The interview recordings will be typed up by the researcher. The interview recording and the typed up interviews and will all be electronically stored securely on a password protected folder. Only members of the research team will have access to this information. The records of your interview will be kept for 6 years after the project is completed. All your personal and identifiable information will be kept strictly confidential and care will be made to ensure that all information stays anonymised.

You can still choose to withdraw from the research at any point. Please contact the researcher if you wish to do so. Withdrawing from the project will not affect the support or care you receive from charity organisations and it will not influence any refugee or asylum seeker status applications.

Where can I find more information about support that is available to me?

We hope you have had a good experience of taking part in the project. However, if you find that you are experiencing difficulties with your mental health or have other concerns, please do contact the services listed under resources and organisations which was sent to you in the last email. If you have any further questions then please speak to the lead researcher.

What if I wish to complain about the research?

If you would like to make a complaint about this project, in the first instance you should contact the lead researcher or the research supervisor. If you feel that your complaint has not been handled to your satisfaction, you can contact: Prof Glenn Waller, Head of Department - g.waller@sheffield.ac.uk or Dr.Thomas Webb, Chair of the Department Ethics Subcommittee - t.webb@sheffield.ac.uk

Polite request

We ask if you could not share what you spoke about in the interview to other people who are participating in the study. This is important so that your interview does not influence another person's experience of their interview. This will make sure a more natural interview is carried out and that the other people does not feel pressured to talk about a particular area which might make them feel uncomfortable.

Thank you again for your participation.

Lead researcher:
Sareeta Vyas
Email: Svyas1@sheffield.ac.uk

Supervisor:
Dr Vyv Huddy
Email: V.huddy@sheffield.ac.uk

Appendix I: *List of contact details for further support services*

Further Support Resources and Organisations

The University Of Sheffield.

Local to Sheffield

For emergency and urgent help you can always dial 999 or visit the Northern General Hospital.

City of Sanctuary- Hub for training, activities and signposting to support for refugees and asylum seekers. Address: The Sanctuary at 37-39 Chapel Walk, Sheffield, S1 2PD.
The Sanctuary is open to visitors 10am-4pm Monday-Thursday Tel: 0114 221 1845 Website: www.sheffield.cityofsanctuary.org/

Assist Sheffield – specific support for those who are applying for asylum seekers status. Support with temporary accommodation welfare payments, support with attending medical and legal appointments and access to food banks Telephone: 0114 275 4960 Website: www.assistsheffield.org.uk/

Sheffield Hallam University Refugee Family Reunion Clinic (SHU RFR Clinic)- supports individual refugees who wish to be reunited with family members they have been forced to leave behind.

Address: Helena Kennedy Centre for International Justice, Sheffield Hallam University 1st Floor Heart of the Campus Building, Sheffield S10 2BP. Opening Times: Wednesday and Thursday from 9.30am to 4.30pm Website: https://blogs.shu.ac.uk/refugeelawclinic

Tel: 07342 056 548 Email : shurefugeeclinic@shu.ac.uk

South Yorkshire Refugee Law & Justice- A free service for asylum seekers who need help to support their claim for asylum and who are unable to get a solicitor. Based at the City of Sanctuary, tel: 07853 867215 or 07724 536249

Sheffield mental health crisis line: 24 hour support listening to people in emotional distress. Calls from landlines and most mobiles are free. Tel: 0808 801 0440 Website: www.sheffieldsuicidesupport.co.uk

Further local support and services can be found on **www.sheffieldmentalhealth.co.uk**

National

Samaritans: An organisation that provides 24 hour support and listening to people in emotional distress. Telephone: 116123 Email: jo@samaritans.org Website: www.samaritans.org/

Refugee Council: A large organisation who provide practical guidance, courses and therapeutic support to refugees and asylum seekers. Email: children@refugeecouncil.org.uk Telephone: 0207 346 134 Website: www.refugeeecouncil.org.uk

Asylum Aid: Advice and assistance to refugees on applications for asylum and advice on related areas such as welfare rights and housing. Email: info@asylumaid.org.uk Telephone: 020 7354 9264 (Tuesday 1-4pm) Website: www.asylumaid.org.uk

The Equality Advisory Support Service (EASS): Advice helpline for individuals who may have experienced discrimination or their human rights have been breached. Telephone (free): 0808 800 0082 (Monday to Friday 9am to 8pm and Saturday 10am to 2pm) Text phone: 0808 800 0084 Website: www.equalityadvisoryservice.com

Appendix J:*15-point criteria checklist for good thematic analysis*

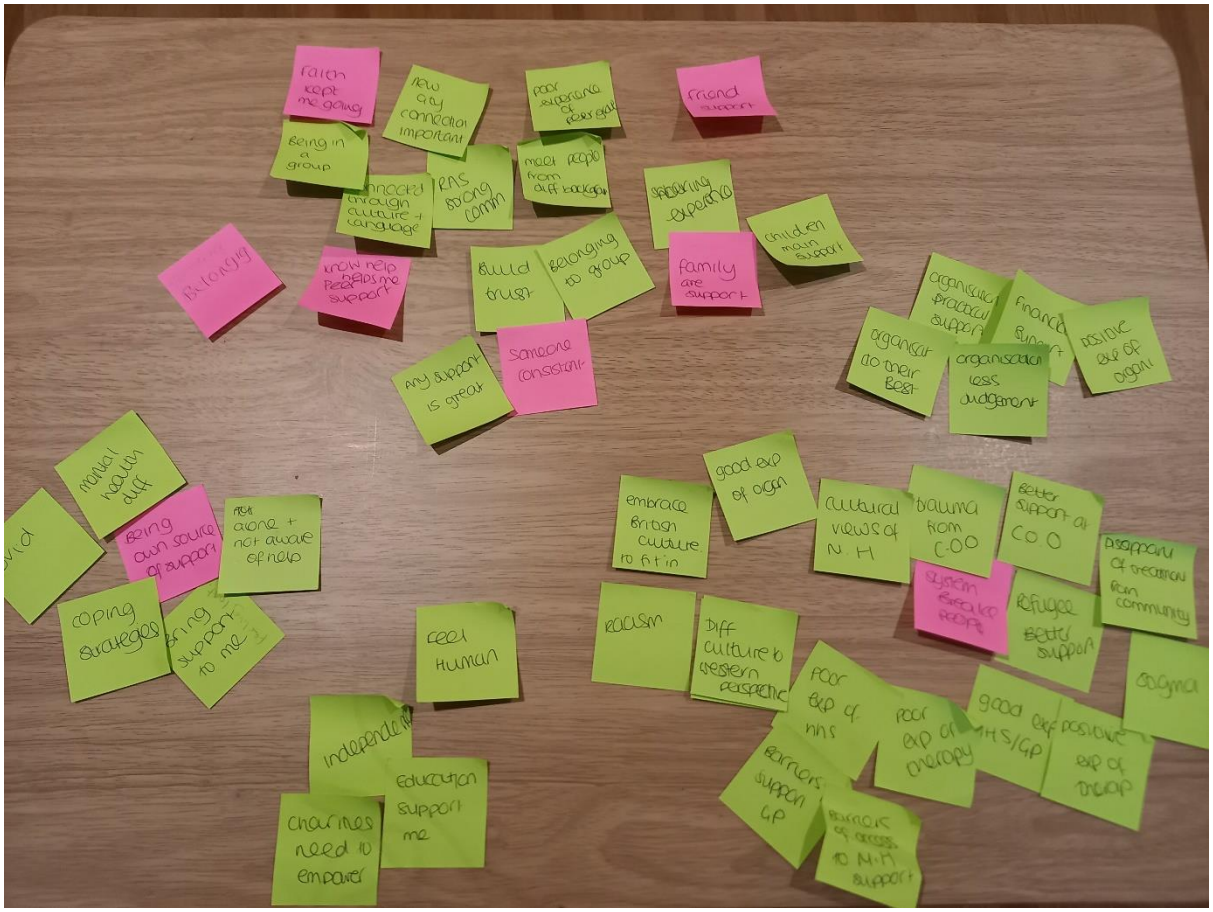
Process	No.	Criteria	Achieved
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.	Y
Coding	2	Each data item has been given equal attention in the coding process.	Y
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.	Y
	4	All relevant extracts for all each theme have been collated.	Y
	5	Themes have been checked against each other and back to the original data set.	Y
	6	Themes are internally coherent, consistent, and distinctive.	Y
Analysis	7	Data have been analysed / interpreted, made sense of / rather than just paraphrased or described.	Y
	8	Analysis and data match each other / the extracts illustrate the analytic claims.	Y
	9	Analysis tells a convincing and well-organized story about the data and topic.	Y
	10	A good balance between analytic narrative and illustrative extracts is provided.	Y
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.	Y
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.	Y
	13	There is a good fit between what you claim you do, and what you show you have done / i.e., described method and reported analysis are consistent.	Y
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.	Y
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'.	Y

Appendix K: *Example transcript with coding and clustering codes*

Theme	Sub theme	Transcript Extract	Code
Barriers in systems and social structures Making own community	I don't like being the topic of gossip. We feel like family.	Interviewer: Yeah I can hear what you're saying about that, and with being around other people how was that? Participant: Erm. It think 99.9% of the time I felt… although I'm saying that the fellowship was good, I also felt inadequate do you know when you feel like "I don't belong". Because I remember, I kinda had two groups of people, the asylum seekers, we were meeting and discussing cases "or maybe you should this? Or maybe you should go to such and such lawyer? Or maybe you should go to citizen advice?" or things like that. And then there was church, where nobody really talk about the immigration status, or where they are coming from, why they are here. But you could see that they were ok. Most of them were like nurses, they had come as nurses, some of them were like students and then there I was, nothing. You know a nobody type if situation. And you could tell by the dressing that I had, that things are not well. Because I remember I used to go around erm you know those erm (laughs) god you are bringing back memories. You know those clothes erm charity bins?	Judgment of identity Being understood and heard Being in group not alone Someone is there and cares Feeling alone
Helped to survive Barriers in systems and social structures	It's so hard to live on £30 for two weeks	Interviewer: Yeah yeah Participants: yeah? So we used to go and look for clothes in the bins. So you got whatever you got. Whether it was too big or too small. You just had to make it work. Because there was just not enough, especially after my support was taken away from me. I had no income. So I needed to wear something didn't I. So now being around people that are kinda well dressed and smelling good, erm good hairstyles make up on, and I'm just there. And it really made me feel like wow, life is really difficult will I ever come out of this? And very like inadequate so sometimes I would go sometimes I wouldn't. Sometimes I would have to gather up enough courage to say you know what… go. But yeah.	Shame of not having clothes Comparing self to others left feeling inadequate.

Finding own way	I got a lot of help from helping myself	Interviewer: What was that like saying to yourself just keep going? Participant: I think naturally I got this resilience in me. Naturally and I think that's what gets me into trouble. (laughs) I do I am a strong person I'm a very very strong person. I erm, yes I do have bad days I feel like I'm conflicting myself here because when I say I've got bad days then I've got good days just like everybody else, I am such a strong person, but sometimes I just say "do you know what I'm just going to get up and I'm going go because what else is there?" and like I said it kinda like swim or die type of situation, swim or sinks type of situation, I you just going to wallow in self-pity? I guess I gone against my own emotions sometimes I would get up and go and sometimes I would lose the battle I would just lie there and just cry. But yeah.	Psychological distress Independent Resilient Being strong
Barriers in systems and social structures	We come here and the system breaks us down	Interviewer: how things changed for you the longer you spent in the U.K? Participant: well ermm? I was going through the process, the asylum process, I don't think it got any better, I think it got worse. Because having had my claim erm been declined refused. To me especially with all the evidence that I had even on my body. Do you understand what I mean? It made it more difficult because when I came here I had hope to say that I'm just going to go there, and I will say my story I've got all this evidence, and things are going to get better. So going to court and court after court after court and then having to, I dunno does it make sense what I'm trying to say? Interviewer: yeah it does it does.	Hostile environment Feel less supported as time goes on Experience in the U.K. get worse

Appendix L: *Clustering codes to create themes*



Appendix M: *The reflexive statement*

The researcher identifies as a second-generation British South-Asian female. Her family immigrated from East Africa to the U.K. She identifies as Hindu and belonging to a collectivist culture, where extended family and community members are regarded as close family. Engaging with cultural communities felt essential to maintain the heritage and a sense of belonging for the researcher's family. Community members and wider family play a big part of dealing with life events, where they all have a role when marking significant milestones or events such as weddings or funerals. These ceremonies are also interlinked to religious and spiritual beliefs and traditions for the researcher.

Professionally, the researcher is a trainee clinical psychologist with experience of working in mental health and physical health NHS services. The researcher draws on different therapeutic approaches in her clinical work and values critical ideas. The researcher has experience of setting up peer support groups within an NHS setting. At the time of carrying out the data collection, the researcher was completing a family therapy placement and was part of a reflective team. This focused on self-reflexivity and 'social graces' (Burnham, 2013), thus building awareness and informing the lens the researcher experienced the world.

To set the socio-political and temporal context, the research took place during the time when the U.K. became separate to Europe following the EU referendum. The research was carried out throughout the global pandemic Covid-19. This highlighted number of social and health inequalities experienced by those from minority groups and where the poor treatment of refugee people was intensified. Furthermore, the research process was carried out during the period where the Black Lives Matter movement was amplified following the killing of George Floyd.

The societal narratives towards refugee people were present throughout the research process. There was regular media coverage of people arriving in the U.K. by dingy boats and the related deaths. The media had dominant discourses of refugee people "stealing jobs," "breaking the NHS" and being reported as "terrorists". The U.K. government made threats of sending people who are seeking asylum to Ascension Island whilst their claim was processed (BBC, 2020). Most recently, substantive, and punitive changes to U.K. immigration laws and the application process for seeking asylum in the U.K., were introduced by the government. This occurred whilst the researcher was completing the analysis phase of the research.

Suwanakhong and Liamputting (2015) encourage researchers who share similar ethnicity with participants to hold a continuous curious approach holding back from their subjective experiences and understanding of the culture. Additionally Starks and Trinidad (2007) highlight the importance of acknowledging and being aware of thoughts, beliefs and perspectives held by the researcher. They suggest using bracketing which recommends identifying these assumptions is necessary and should be put to one side however not completely ignored when analysing participant data. Therefore it is important for the researcher to acknowledge these positions, particularly in context of the researcher holding more power and privilege compared to refugee people within society.

Appendix N: *Excerpt of reflective diary*

I found today's interview both a positive and challenging experience.

It was good to hear about the ways in which the participant has started to build a social network and slowly, overtime, increased their confidence to be around and meet new people. It was particularly nice to hear about what they had achieved in recent months with being involved in public speaking and empowering other refugee people in the community.

However I was conscious of asking questions that would make them feel anxious as they stated during the interview, that being asked a number of questions has led to panic attacks in the past. I made efforts to check how they were feeling throughout the interview and made it explicit that they could opt out if they wanted to. They were happy to continue with the interview, but they did decline answering certain questions.

This left me feeling awkward as I don't want to upset the person. I was very aware that I could repeat and create a difficult experience for the participant. This further added to the feeling that "I'm doing something" to them. In a similar way that wider society and social

systems are doing something to refugee people. For example the Home Office are interviewing and making decisions on where people can stay in the U.K. or are deported. Or the current strict restrictions for those with asylum seekers status of not being able to work.

The participant spoke about poor experiences of mental health services because of the pressure to talk about difficult experiences. This made me, sadly, think the participant would struggle to take part in talking therapies and currently I can imagine them not accessing this type of support. This thought made me want to create a space even more so for the participant, to share their experiences and to have space where their story was heard and acknowledged during the interview.

Also, I was aware I held similar characteristics with the participant. The participant had acknowledged this similarity prior to the interview which could have amplified the fear of judgement that they were describing in the interview. It was really important to make it clear that all identifiable information would be erased and to only speak about things they felt comfortable with. I also spent perhaps the longest period of time in the debriefing section of the telephone call, to explore how the interview has left them feeling. I also wonder whether being on the phone and carrying out the interview by telephone could have added to the anonymity for the participant. In that I would not be able to identify them if I came across them face to face. Perhaps this was something that made it easier and potentially safer to take part in the interview?

Additionally I wondered whether my uncomfortableness of carrying out this interview also spoke to the privilege that I am not in this position, despite having similar characteristics I will not have to fight for my right to stay in the country.