

Research Article

The Effectiveness of United Kingdom Policies in Supporting the Mental Health Needs of Young Refugees

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Abstract

Young refugees in the United Kingdom (UK) can be considered a population vulnerable to mental health issues that deserve urgent and regular attention from all stakeholders, such as the UK government, UNHCR, WHO, and NGOs/charities. This study considers the mental health needs of young refugees (between the ages of 13 and 25) in the UK and investigates the effectiveness of UK policies in supporting these individuals. This work uses qualitative research analysis and secondary data collection methods to explore the following objectives: The first objective is to evaluate the factors that contribute to the mental health needs of young refugees in the UK. Second, identify UK policies designed to support the mental health needs of young refugees, as well as their effectiveness. Third, explore the barriers to effective policy implementation. Fourth, examine the roles and contributions of International Organisations and Non-Governmental Organisations in collaboration with the UK government. This study employs constructivism and liberalism theory to address the identified literature gaps and explain how to manage the mental health needs of young refugees in the UK. This study is significant as it identifies and offers workable recommendations for the mental health issue confronting young refugees in the UK. Furthermore, the implementation of the findings from this study would support these young refugees in their new country.

Keywords

The United Kingdom Policies, Mental Health Needs, Young Refugees, International Organisations, Non-Governmental Organisations

1. Introduction

The international community is increasingly recognising the needs of young refugees who are particularly vulnerable to mental health issues [2]. Discrepancies in policy frameworks exist among countries, with some nations implementing scalable mental health interventions through local non-professional providers to address the mental health needs of refugees in low and middle-income countries [3, 9]. Thus, it is important to investigate ways to overcome barriers to mental health services for young refugees and asylum seekers,

as potential solutions are crucial for shaping future research, policies, and practices [2].

This study highlights the mental health problems faced by young refugees in the United Kingdom (UK) and the effectiveness of government policies to address them. It assesses critical factors that intensify the mental health vulnerabilities of young refugees. Also, it appraises various UK government policies and their effectiveness in catering for the mental health needs of young refugees such as the Dispersal Policy

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(DP), Resettlement Scheme (RS), Hostile Environment Policy (HEP), Cultural Adapted Interventions (CAIs) and Nationality and Border Act 2022 (NBA 2022) respectively. Furthermore, this research highlights the challenges faced in implementing effective policies and employs constructivism and liberalism theories to provide distinctive insights that contribute to understanding young refugee mental health needs in the UK and provide the most effective framework for addressing the study's central concerns.

Overall, the study comprises five sections. One serves as the introduction, encompassing a background statement and research questions, a research aim and objectives, a justification for the study, and the scope of the research. Section two focuses on the literature review and theoretical framework. Three is about the research methodology. Section four findings and discussions. Five is the conclusion, recommendations and reflections, then the reference list.

1.1. Background

The UK accommodates around 136,000 refugees, with a notable increase in asylum seekers in recent years, particularly originating from conflict regions [6]. According to Walsh and Jorgensen [46], in 2023, the top five most common countries of nationality for people who applied for asylum from within the UK were Afghanistan, Iran, Pakistan, India, and Bangladesh. Trueba [45] added that the UK documented more than 220,000 asylum seekers and refugees in 2021, many of whom needed enhanced access to mental health services and comprehensive care. The opportunity to request asylum is protected by human rights legislation, and the UK is legally required to safeguard all children, including unaccompanied asylum-seeking children (UASC), who are recognised as looked-after children under the care of local authorities [7]. Despite these legal safeguards, the UK's strategies for refugee protection have faced criticism for being insufficient, prompting calls for a global and human rights-centered approach to the global displacement crisis [17]. The development of thorough toolkits for the initial health assessments of newly arrived individuals, such as those designed for Afghan refugees, represents a significant step toward addressing refugees' mental health needs and ensuring uniform and comprehensive care [6]. Hence, given the unpredictable nature of global conflicts and displacements, it is not out of place to anticipate that the refugee population in the UK will continue evolving, underscoring the ongoing need for sustained efforts through effective and well-implemented government legislation to provide adequate support and protection for the young refugees. Moreover, this vulnerable population is at risk from extensive exposure to violence and upheavals that heighten their vulnerability to mental health conditions over time.

Young asylum seekers/refugees' aged 13–25 residing in the UK are encountering a variety of mental health challenges, stemming from their traumatic experiences' pre-migration,

the stressors faced during migration, and the barriers encountered in the post-migration period. The implementation of unwelcome immigration regulations and the ambiguity surrounding their immigration status exacerbate the psychological well-being difficulties often observed among young refugees in the UK, such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. These elements may lead to extended emotional distress and the worsening of pre-existing psychological health issues [45, 14, 31]. Unaccompanied young refugees are improbably at risk, often failing to report heightened levels of trauma and post-traumatic stress symptoms (PTSS) due to the life-threatening situations experienced during migration and the unstable conditions in refugee camps [34]. The process of asylum determination itself significantly contributes to mental health challenges, with extended waiting periods and the adversarial nature of the process leading to heightened psychological distress [31]. Moreover, the restricted availability of appropriate mental health services, impeded by challenges such as communication barriers, financial limitations, and a lack of political dedication, worsens these concerns [35]. The policy of dispersing asylum seekers throughout the country often results in inadequate living conditions and disruptions in continuity of care, further worsening mental health issues [14]. The provision of holistic, culturally sensitive, and sustainable mental health assistance is imperative in addressing these challenges; however, such services are frequently deficient, leaving young refugees without the essential support needed to effectively manage their mental well-being [45]. Considering the challenges faced by these young refugees, such as limited access to mental health assistance, limited resources, language barriers, and unwelcoming policies that exacerbate their mental health issues, the question arises: what long-term mental health provisions, such as comprehensive, specialised, culturally sensitive policies and effective healthcare services, are specifically designed to meet the mental health needs of young refugees? Therefore, this research aims to investigate the following specific questions:

1. What factors contribute to the mental health needs of young refugees in the UK?
2. What are the UK government's policies regarding the mental health needs of young refugees and their effectiveness?
3. What obstacles exist to implementing these policies?
4. What are the roles and contributions of International Organisations and Non-Governmental Organisations in collaboration with the UK government?

1.2. Research Aims and Objectives

This study aims to ascertain the mental health needs of young refugees (aged 13 to 25) in the UK and how these individuals might be better supported.

This study's objectives are as follows:

1. Evaluate the factors that contribute to the mental health

needs of young refugees in the UK.

2. Identify UK government policies designed to support the mental health of young refugees, as well as their effectiveness.
3. Explore the barriers to effective policy implementation.
4. Roles and contributions of International Organisations and Non-Governmental Organisations in collaboration with the UK government.

1.3. Justification for the Study

This study is timely and relevant for several reasons: 1. Due to instability, persecution, and conflict in various parts of the world, there is a significant increase in the number of asylum seekers and refugees globally. 2. To develop effective support systems, it is critical to understand young refugees' vulnerability to mental health issues and the challenges associated with integrating into a new society. 3. This study fills the gap in comprehensive research by specifically focusing on the mental health challenges faced by young refugees in the UK. It also influences policy decisions and service provision, which can lead to targeted interventions, healthcare provider training, and community support programs that address the unique challenges faced by young refugees. 4. Addressing this subject of study aligns with ethical and social responsibility, reflecting a commitment to human rights and the well-being of one of the most marginalised groups in society. 5. This study would add to the academic literature on refugee studies, mental health, youth development, citizenship, and integration, potentially guiding future research and contributing to a growing body of knowledge in these fields. In general, it presents an alternative to the long-standing hostile environment that young refugees in the UK have endured. Implementing the study's recommendations would improve the lives of young refugees in the UK.

1.4. Scope of the Research

This research focuses on assessing the efficacy of UK government policies in addressing the mental health needs of young refugees, specifically those aged between 13 and 25. The study involves analysing factors contributing to the mental health needs of young refugees in the UK, mostly PTSD, depression, and anxiety, among others. Most importantly, this study critically analyzes the strengths and limitations of UK government policies (see DP, RS, HEP, CAIs, and NBA 2022) designed to support the mental health of young refugees. The study also explores the barriers to effective policy implementation, including a lack of culturally appropriate mental health services, language barriers, a shortage of professionals equipped and qualified to address mental health challenges, inadequate funding and resources allocated to refugee-specific mental health services, and the stigma associated with mental health conditions in refugee communities. This research examined the international hu-

man rights standards/cooperation framework for young refugees, which emphasises the importance of teamwork between IOs, NGOs, and the UK government in creating a supportive environment that addresses young refugees' complex mental health needs, ensuring global standards support their rights and wellbeing. The study engages pieces of literature to answer the research questions, analyze and discuss the findings, and arrives at short-term, mid-term, and long-term approaches to finding a workable and lasting solution to the existing problem.

2. Literature Review

The mental wellness of young refugees residing in the UK often encompasses challenges such as PTSD, depressive states, and hurdles in acclimating to the community. These challenges arise from numerous factors, including traumatic events experienced before emigration, dangerous circumstances encountered during their journey, obstacles related to immigration policies, social seclusion, poor living conditions, and unemployment [14, 45, 35]. Consequently, these concerns impose a significant strain on the mental well-being of young refugees and may provoke a range of psychological disorders. The UK National Health Service (NHS) encounters difficulties in providing mental health support due to stringent immigration policies and systemic healthcare barriers, which hinder access to essential services for refugee children [41]. Although the NHS and local authorities are working diligently to address the mental health needs of young refugees, the existing funding and service frameworks are inadequate to meet their comprehensive needs. This scenario underscores the urgent requirement for a more cohesive and adequately funded strategy to guarantee fair access to mental health care for this at-risk population.

This literature review examines the efficacy of government policies in the UK in addressing the mental health requirements of young refugees. It posits that although numerous factors contribute to the mental health difficulties encountered by these at-risk individuals, the existing policies exhibit varying degrees of effectiveness, with many inadequately addressing the requisite support. Furthermore, it identifies the research lacunae and delineates a pathway to the findings using the theoretical framework.

2.1. Factors That Contribute to the Mental Health Needs of Young Refugees in the UK

A complex interaction of various elements, including pre-migration trauma, the asylum process, economic challenges, and the implications of specific government policies, shape the psychological requirements of young refugees within the UK. Research has widely explored the role of pre-move suffering, including unrest, hostility, and personal tragedy, in the development of mental health conditions such as PTSD and depression among young refugee demographics

[19]. Nonetheless, the asylum process worsens these conditions, introducing additional layers of stress through prolonged uncertainty, restrictive immigration legislation, and bureaucratic delays [31]. The undertaking is more than just a mental strain; it also tends to bolster feelings of powerlessness and distress, exacerbating prior mental health challenges. The COVID-19 health crisis escalated these problems by fostering social separation, obstructing educational prospects, and aggravating financial challenges, notably for those in unstable or overpopulated living situations [19]. The HEP and the DP intensify these socio-economic burdens, drawing criticism for creating hazardous living conditions and limiting access to essential services, such as mental health care [14]. Despite its ostensible design to allocate resources more equitably, the DP often places young refugees in areas with inadequate access to specialized services, undermining its intended benefits [28].

The absence of culturally sensitive and trauma-informed care further complicates the mental health landscape for young refugees. CAIs, though promising, remain in their early stages and lack conclusive evidence of their superiority over more generic therapeutic approaches [43]. The disparity between the mental health support necessitated by young refugees and what is currently available highlights the urgent imperative for more culturally attuned and specialised interventions [45]. It is posited that young refugees in the UK face a formidable landscape of mental health needs due to a confluence of traumatic experiences, a burdensome asylum process, socio-economic adversities, and inadequate culturally sensitive mental health services. Effectively confronting these obstacles requires thorough policy adjustments that enhance the asylum experience and improve the reach and quality of mental health resources, alongside efforts to mitigate socio-economic inequalities.

2.2. UK Policies Designed to Support the Mental Health Needs of Young Refugees and Their Effectiveness

This section provides a critique of the following UK government policies: the DP, the RS, the HEP, the CAIs, and the NBA 2022, as well as their strengths and limitations in supporting the mental health needs of young refugees in the UK.

2.2.1. Dispersal Policy

The DP program, launched by the National Asylum Support Service in April 2000, is designed to allocate asylum seekers, including young refugees from London and the southeast of England, to various regions throughout the UK to alleviate the pressure on services in specific locales [13]. Although this decentralisation theoretically promotes more equitable access to services, such as mental health support for young refugees [14], and seeks to integrate refugees into local communities, potentially fostering social connections and support networks beneficial for mental health [45], its implementation frequently falls short. The relocation of young refugees often

occurs in areas that lack sufficient mental health resources, particularly in providing culturally competent and trauma-informed care, which is essential for addressing the distinct psychological challenges encountered by refugees [28, 50]. Additionally, frequent relocations disrupt the continuity of care, hindering refugees from establishing stable therapeutic relationships and obtaining consistent mental health support [43]. Despite the potential advantages of improved resource distribution, the policy's shortcomings, particularly concerning service availability and continuity of care, undermine its efficacy in enhancing the mental health of young refugees.

According to research, the UK instituted DP to allocate asylum seekers nationwide, thereby mitigating the excessive strain on resources in specific locales [13]. Although the policy facilitates more tailored and accessible mental health support by circumventing the clustering of services in particular regions [14], its implementation frequently proves inadequate. Regions deficient in specialized mental health services, essential for addressing their intricate needs, assign numerous young refugees [28]. The regular relocations linked with the DP disrupt the continuity of care, an indispensable element for successful mental health treatment [43]. Furthermore, the lack of culturally attuned and trauma-informed services in numerous dispersal sites increases mental health difficulties [28, 50]. Consequently, the uneven distribution of services and interruption of care continuity compromise the efficacy of the DP, which aims to allocate resources and assimilate young refugees into communities.

2.2.2. Resettlement Scheme

The RS was established in 2004 through a collaborative effort between the UK government and UNHCR, along with several other affiliated organisations, aimed at enhancing the resettlement process for refugees from various nations, including Liberia, Congo, Sudan, Burma, Ethiopia, Mauritania, and Iraq, while conferring them with status before they arrived in the UK [39]. As highlighted by Dikoff et al., [14], this initiative offers a more organised framework for the integration of refugees, which includes the possibility of specialised mental health services specifically designed to address the needs of young refugees. The program's emphasis on community-based approaches promotes social cohesion, which can positively impact mental health [45]. Nevertheless, several challenges impede its overall effectiveness. Delays in obtaining mental health services and bureaucratic obstacles hinder prompt assistance, exacerbating psychological distress [28]. Furthermore, obstacles rooted in culture and inconsistent access to services across various areas result in unequal opportunities for obtaining mental health support [43]. Additionally, the stigma surrounding mental health in certain refugee communities further deters individuals from seeking help, consequently deteriorating mental health outcomes [45].

According to research, the UK's RS provides comprehensive support for refugees, including specialised mental health

services tailored to their unique needs [14]. The strength of this program is its methodical framework, which promotes integration and facilitates access to essential services such as mental health care [45]. However, procedural delays, cultural insensitivity, and inconsistent service distribution among regions diminish the value of these undertakings [28]. Furthermore, social stigma in refugee communities and language barriers further impede access to mental health services [45]. One can maintain that these obstacles highlight the critical demand for a more inclusive and versatile methodology that reflects the diverse histories and demands of young refugees to secure just access to mental health assistance.

2.2.3. Hostile Environment Policy

The HEP in the UK, established in 2012, comprises a range of legislative and administrative initiatives designed to create obstacles for individuals lacking legal authorisation to live in the UK, thus promoting voluntary exit. The policy outlines various approaches, such as the enforcement of immigration regulations by employers and property owners and negative representations of migrants in the media, which have been demonstrated to cause heightened stress among certain ethnic minority populations [15]. This is particularly applicable to individuals of Pakistani and Bangladeshi heritage. Young refugees have reported increased psychological distress attributable to the HEP. Intended to discourage unauthorised immigration, the policy promotes an environment of fear and uncertainty, aggravating anxiety, and depression among at-risk populations [40, 14]. The looming threat of deportation, alongside social isolation, and restricted access to mental health resources, intensifies these challenges [38]. Even though public awareness and advocacy for refugee rights have surged in response to this policy, fostering some community-driven mental health support, the policy itself continues to be a considerable obstacle to mental health [45]. Its focus on deterrence rather than assistance overlooks the unique mental health needs of young refugees, thereby further worsening their psychological difficulties [35].

Scholarly research indicates that HEP primarily aims to discourage illegal immigration, yet it often has significant negative effects on the mental health of young refugees. The implementation of this policy fosters an atmosphere of apprehension and unpredictability, intensifying psychological health concerns such as anxiety and depression [40, 14]. Its prioritization of deterrence over the provision of support overlooks the unique mental health needs of young refugees, resulting in numerous individuals lacking the essential resources to manage their trauma [35]. While the heightened examination and public discourse regarding the HEP have catalysed some advocacy initiatives, these efforts remain inadequate in alleviating the overarching negative repercussions on mental health [45]. Certain groups of refugees and asylum seekers are portrayed as more worthy of assistance and empathy by HEP [36]. This is evidenced by the government's expedited provision of access and some degree of

settlement rights for Ukrainian refugees, who are racialized as white Europeans (Ibid). In stark contrast, the support offered to refugees from Afghanistan and other nations remains significantly limited (Ibid). It can be argued that a more empathetic and supportive strategy is imperative to effectively confront the mental health obstacles presented by the HEP.

2.2.4. Culturally Adapted Interventions

In the UK, several research groups initiated the CAIs in 2021 and 2022. Prominent instances include the PAMI modification by Waters, Orrell, and McDermott in September 2021 and the digital project aimed at supporting Syrian refugees, spearheaded by Bhui, Yu, and Almidani in November 2022 [47, 5]. The CAIs have demonstrated the potential to meet the mental health needs of young refugees by utilising culturally pertinent methods that foster trust, communication, and participation in mental health services [29, 5]. These approaches, which encompass linguistic assistance and community involvement, can significantly enhance access to mental health care [20, 22]. Nevertheless, the diversity of refugee populations creates challenges in applying universal interventions, necessitating extensive customisation that is resource-demanding and challenging to maintain [5]. Additionally, systemic challenges such as inadequate funding, poorly trained professionals, and bureaucratic obstacles impede the efficacy of these initiatives [45]. Some worry that inadequately designed programs might perpetuate cultural stereotypes, highlighting the necessity for thorough evaluation to ensure they effectively address the authentic needs of young refugees [20].

Researchers like Maiorawo [29] and others have said that CAIs have a lot of potential to improve both engagement and effectiveness in mental health support by understanding the cultural contexts of refugee communities. These interventions frequently encompass linguistic assistance, culturally pertinent therapeutic methodologies, and community engagement, all of which are vital for augmenting accessibility and acceptability [20]. Nonetheless, the diversity inherent within refugee populations presents a significant challenge in formulating universally applicable interventions, thereby requiring approaches that are both highly adaptable and resource-intensive [5]. Furthermore, systemic issues such as limited funding and a lack of qualified professionals limit the widespread use of CAIs in 2021 and 2022 [45]. Consequently, while CAIs possess substantial promise, their effectiveness is contingent upon meticulous design, adequate resources, and continuous evaluation.

2.2.5. Nationality and Border Act 2022

According to Haynes [18], the NBA 2022, promulgated by the Westminster Parliament on April 28, 2022, represents a significant overhaul of the UK's immigration framework, aiming to deter unlawful entry, accelerate the expulsion of unauthorised individuals, and enhance the overall fairness of the system [32]. Additionally, the legislation aims to address

the challenges present within the British asylum framework, focussing on the fight against illegal immigration and human smuggling while raising concerns regarding its consistency with international obligations under the 1951 Convention Relating to the Status of Refugees [27]. Scholars have observed that the geopolitical context of the 2022 Russian invasion of Ukraine further complicates the situation, as the resulting refugee crisis intensifies the demands on European nations to effectively manage their borders while maintaining humanitarian values [32]. The NBA 2022 portrays a complex scenario regarding mental health outcomes for young refugees. While it seeks to simplify asylum protocols, which may alleviate the uncertainty of worsening mental health challenges [14], its stringent deterrent strategies, such as detention and the impending threat of deportation, amplify anxiety and trauma [38]. The Act's focus on enforcement over assistance overlooks the necessity for sufficient mental health services, resulting in young refugees having restricted access to resources that could alleviate the psychological ramifications of displacement and uncertainty [45]. Furthermore, the Act cultivates a hostile atmosphere that adversely affects mental wellness by promoting social isolation and discrimination [28].

Scholars contend that the NBA 2022 means a significant overhaul of the immigration system in the UK, aimed at streamlining asylum procedures and mitigating the psychological burden associated with prolonged asylum processes [14]. The rigorous policies of the Act, which entail extended detention and removal, might intensify mental health struggles among young refugees, already susceptible due to their earlier traumatic encounters [38]. The Act's focus on deterrent strategies, as opposed to nurturing support, fails to address the specific mental health requirements of young refugees, resulting in further psychological distress [45]. Additionally, a potential deviation from international human rights standards could create feelings of instability and insecurity, negatively impacting mental well-being [43]. Therefore, while the NBA 2022 aims to improve operational effectiveness, its restrictive measures present significant challenges that must be addressed through a more just and supportive approach.

It is therefore ascertained that while UK policies including the RS and CAIs exhibit strengths in addressing the mental health needs of young refugees, others, such as HEP and NBA 2022, create significant obstacles. The DP has a dual effect, providing potential advantages while simultaneously imposing serious constraints on service delivery and the continuity of care.

2.3. The Challenges or Barriers to Effective UK Government Policy Implementation

The execution of governmental policies aimed at addressing the mental health needs of young refugees in the UK is fraught with obstacles. The insufficient availability of culturally competent mental health services is a major hindrance.

Numerous existing services neglect to consider the cultural backgrounds and traumatic histories of young refugees, which diminishes their effectiveness [14, 50]. Linguistic obstacles further intensify this dilemma, rendering it challenging for young refugees to access and articulate their needs within the healthcare framework [38]. Furthermore, there exists a deficiency of qualified mental health professionals who possess the requisite skills to tackle the intricate psychological issues confronted by young refugees [8]. Inadequate funding and resources allocated for refugee-specific mental health services worsen this deficiency, limiting their capacity to meet the current demand [12]. Also, the detailed bureaucratic processes involved in seeking asylum can intensify mental health struggles, as the stress and uncertainty of dealing with the system are frequently unconsidered by current policies [50, 8]. Besides, the stigma associated with mental health issues in refugee communities can prevent individuals from seeking help, thereby complicating the implementation of effective interventions [12]. Scholars argue that overcoming these challenges requires a more coordinated initiative to guarantee culturally sensitive, adequately resourced, and easily accessible mental health services for young refugees.

2.4. Roles and Contributions of IOs and NGOs in Collaboration with the UK Government

The UNHCR and WHO, in collaboration with NGOs, significantly contribute to resolving the mental health concerns impacting young refugees in the UK. These bodies engage in advocacy, provide direct assistance, and formulate policies that emphasise trauma-informed and comprehensive strategies for mental health care. As noted by Clemente et al., [11], the UNHCR and WHO advocate for international standards that prioritise integrated care, addressing physical, mental, social, and developmental health needs, thus demonstrating a dedication to universal human rights principles.

NGOs serve a vital role in filling the voids left by formal healthcare systems. They deliver culturally attuned, community-centred interventions that are readily available to young refugees, contributing to the alleviation of social isolation and enhancing access to mental health services [1]. These organisations tackle obstacles such as language barriers and protracted referral waiting times, providing outreach and support services that are critical for the mental health of young refugees [8]. The UK collaborates effectively with these global organisations and NGOs to formulate policies that address mental health issues like post-traumatic stress disorder (PTSD), anxiety, and depression, prevalent in young refugee populations [21]. This collaboration is essential for creating programs that lessen the psychological burdens associated with migration and strengthen community-based support frameworks. Still, difficulties endure, such as the demand for enhanced collaboration of voluntary and community services with the healthcare system, in addition to the formulation of consistent guidelines to facilitate access to mental health care

[8]. Experts contend that international organisations, NGOs, and the UK government must work in unison to address the multifaceted mental health needs of young refugees. This collaborative approach ensures that these at-risk individuals receive the necessary care and support, aligning with international human rights standards and exemplary practices in mental health care. Therefore, international human rights frameworks are essential in tackling the mental health issues encountered by young refugees.

2.5. The International Human Rights Standards and Cooperation Framework for Young Refugees

International human rights standards and collaborative frameworks are essential in safeguarding the welfare and protection of young refugees, particularly regarding their mental health requirements. Legal instruments, policy guidelines, and cooperative initiatives among sovereign states and international organisations shape these frameworks, underscoring the necessity for extensive mental health assistance.

The 1951 Refugee Convention and the 1967 Protocol, which delineates the rights of refugees, including the principles of non-discrimination and the entitlement to seek asylum, further bolster these doctrines, establishing a legal basis for essential protections [25]. The Global Compact on Refugees, embraced by the United Nations in 2018, enhances these precautions by fostering international collaboration and equitable responsibility-sharing among nations to facilitate refugee integration and self-reliance [37]. Nevertheless, the execution of these frameworks frequently encounters obstacles due to differences in resources and political commitment, along with the absence of robust enforcement mechanisms to guarantee uniform compliance with international standards [44]. Hence, governmental bodies, global entities, and community organisations must coordinate their actions to respond to the mental health issues of young refugees and advocate for their rights.

2.6. Theoretical Framework

This research utilises constructivism and liberalism theories to guide its findings. The framework aids in assessing the efficacy of UK policies about global norms. Thus, constructivism examines how societal beliefs shape UK policies on young refugees' mental health, whereas liberalism contextualises these policies within international cooperation and human rights.

2.6.1. Constructivism Theory (CT)

The origins of constructivism stem from discontent with the materialist and rationalist premises of conventional International Relations (IR) theories. Constructivists contend that the international system comprises material forces, social relationships, and shared understandings. Alexander Wendt notably articulated this notion, asserting that "anarchy is what states make of it," emphasising the importance of social interaction in defining international anarchy [23]. Constructivism emerged as a significant framework in the 1980s and 1990s, as experts attempted to clarify occurrences that traditional theories overlooked, like the end of the Cold War and the rise of actors beyond the state. The theory's focus on norms, culture, and identity offers a better comprehension of international dynamics [24]. This transition facilitated a broader examination of the evolution of international norms and their impact on state behaviour, as well as how states construct their identities with others [30]. Despite its contributions, constructivism has faced critiques regarding its perceived lack of predictive capability and methodological rigour. Critics argue that the emphasis on ideational factors may result in overly intricate explanations that are difficult to empirically test (Ibid.). Nevertheless, proponents argue that its strength lies in revealing the underlying social processes shaping IR and providing insights into the transformative potential of ideas and identities (Ibid.). Constructivism has significantly enriched the IR field by underscoring social factors' significance and challenging traditional theories' deterministic perspectives. It continues to serve as a crucial framework for understanding the complexities of global politics in our increasingly interconnected world.

The CT scrutinises this research through four key dimensions: 1. The social and political context. 2. The CAIs. 3. The influence of pre-migration and asylum procedures. 4. The Role of International Standards and Collaborative Efforts. Firstly, the HEP and NBA 2022, when viewed through a constructivist lens, significantly shape a refugee's social reality, creating an environment characterised by fear, uncertainty, and exclusion, which intensifies mental health issues such as anxiety and depression among younger refugees. Secondly, recognising the varied cultural backgrounds within CAIs is crucial for understanding the mental health experiences of refugees and the effectiveness of their support systems. Third, the CT posits that the broader socio-political landscape that defines refugee experiences in the UK interconnects and interprets pre-migration trauma and asylum-related stressors. Fourth, IOs and adherence to human rights standards assist individuals in understanding refugee rights and the necessary support systems. This affects national policies and refugees' mental health outcomes. Therefore, it posits that this study's incorporation of CT provides a robust framework that connects individual refugee experiences to broader social, political, and cultural contexts. This approach enables the research to go beyond a superficial examination of mental health issues faced by young refugees, offering an interconnected understanding of how these challenges emerge and persist within the UK environment. This theoretical structure significantly enriches the analysis by providing greater depth and precision, making it more crucial and applicable for policymakers, mental health experts, and researchers in the discipline.

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2.6.2. Liberalism (LT)

In IR, liberalism theory posits that the dynamics of individuals, collective norms, and institutional entities are fundamental to achieving cooperation and sustaining peace among countries. Its origins lie in Enlightenment thinkers like Kant and Locke, who promoted democracy, human rights, and international collaboration to peace [10]. The theory's advancement accelerated in the 20th century post-World War I with the League of Nations, marking the advent of institutional liberalism that aims to counter anarchy through international organisations and laws. The Cold War posed challenges to liberalism from realism, which focused on power politics and state-centric paradigms. The period following the Cold War marked a significant renewal of liberalism, as the fall of the Soviet Union and the rise of democratic governance along with market economies upheld the core liberal values surrounding peace, democracy, and economic interdependence [4]. In modern IR, liberalism encompasses neoliberal institutionalism, emphasising international institutions' roles in promoting cooperation, reducing costs, and establishing guiding norms [42]. This lens highlights the role of non-governmental entities and international connections in the detailed web of world politics. Critics contend that liberalism minimises the impact of power dynamics and conflict while being overly optimistic about cooperation potentials. Despite critiques, liberalism remains essential for addressing global challenges, advocating for democracy, human rights, and economic integration as pathways to a stable and peaceful international landscape [48].

This research examines the emphasis of LT on international collaboration, individual rights, and the roles of institutions. The UK's partnership with organisations such as the UNHCR and WHO serves as a prime illustration of this collaborative spirit. However, bureaucratic challenges and culturally inappropriate interventions underscore the urgent need for improved cooperation with international entities to effectively meet the mental health needs of young refugees. At the heart of liberal ideology lies the emphasis on the 1951 Refugee Convention, advocating for refugees' entitlements, including educational opportunities and healthcare access. Nonetheless, UK policies such as HEP and NBA 2022 undermine these tenets, fostering an environment that exacerbates mental health challenges. Furthermore, LT advocates for the roles of institutions in promoting peace and cooperation; consequently, the UK's mental health services should ideally cater to the needs of young refugees. Yet, initiatives such as DP and CAIs reveal institutional efforts impeded by policies like HEP and NBA 2022, which pose challenges to inclusivity and the safeguarding of vulnerable populations. These restrictive policies precipitate social isolation and a decline in mental health among young refugees, contradicting the liberal vision of an inclusive society. Additionally, while the international human rights framework is robust, it faces implementation challenges, highlighting a gap between liberal ideals and real-world practices. Thus, the application of LT in this study

offers a comprehensive framework for analyzing the interconnected dimensions of international cooperation, individual rights, and institutional roles. Its focus on these critical areas aligns seamlessly with the objectives of this research, enabling a thorough evaluation of the efficacy of the UK's refugee policies and mental health services. This study provides valuable insights into refining policies to better support the mental health of young refugees by highlighting the disparities between liberal ideals and actual practices. No alternative theory would offer such a solid and pertinent framework for addressing the specific challenges central to this study.

2.7. Literature Gaps and Contributions

The research identifies gaps in the literature regarding CAIs for young refugees. Initially, there is an evident shortfall in thorough scrutiny of the enduring effectiveness of CAIs on mental wellness outcomes. Second, the diverse backgrounds of young refugees prevent CAIs from being customised. Third, a more thorough analysis of UK policies impacting young refugees' mental health is necessary. Lastly, while there are systemic obstacles to accessing mental health services, the solutions to these barriers still lack adequate exploration.

Conversely, this study contributes to the field by identifying key factors that affect young refugees' mental health vulnerabilities in the UK. It also highlights the implications of UK policies, emphasising their role in worsening mental health issues among refugees and suggesting the need for reforms. Also, the analysis supports a thorough framework that targets the psychological needs of young refugees, concentrating on the enhancement of asylum protocols and cultural competence within mental health support. Studies stresses the vital teamwork among international bodies (UNHCR/WHO), NGOs, and the UK government to successfully confront these mental health obstacles in line with the international human rights standard.

3. Methodology

This segment details the strategies applied for the retrieval, evaluation, and comprehension of information, ensuring the consistency and scientific genuineness of the research findings. Furthermore, it articulates the protocols utilised to ascertain the precision and validity of the results, offering readers a clear and thorough clarification of the research methodology.

3.1. Research Design

Research design constitutes a systematic and intentional methodology that combines pre-existing components with novel data to yield a cohesive result, serving as the foundational "adhesive" that unifies the research [16]. The fundamental objectives of research design include providing an-

swers to research enquiries and regulating variability, thereby ensuring that the findings are both precise and impartial [26, 49]. More broadly, the research design category relevant to this study is a qualitative research method that emphasises comprehending phenomena via comprehensive and narrative data.

3.2. Method of Data Collection

The researcher collected qualitative data from secondary sources, primarily book chapters and articles that discussed the ongoing discourse concerning UK policies related to refugees, asylum seekers and the mental health needs of young refugees. The justification for a current study is to identify and critically examine the contemporary mental health needs of young refugees (aged 13–25 years) and evaluate the efficacy of UK policies in addressing these requirements. The selected data source is considered one of the foremost references in this field of study. Secondary data was selected for a thorough and academically sound analysis based on methodological considerations, accessibility, reliability, and cost-effectiveness. Employing secondary data from a variety of literature facilitates a comprehensive and empirical exploration of the mental health needs of refugees, asylum seekers and assesses the effectiveness of existing UK government policies in aiding this vulnerable demographic. The objective is to augment the current literature by providing novel insights aimed at informing policies and practices. Furthermore, this research aspires to fulfil its goal of contributing original, evidence-based findings to the academic discourse on the mental health needs of young refugees and proposing actionable government policy recommendations.

Data was amassed from various academic repositories and libraries, including Google Scholar, JSTOR, Scopus, DMU Kimberly Library, British Library, Science Direct, Wiley, and Sage. The amassed data comprised a total of 95 entries, which were subsequently refined to yield 50 pertinent pieces of literature. These records were carefully organized through a detailed screening procedure and were analyzed through the application of a specialized coding framework rooted in key concepts related to the research inquiries, assisted by a qualitative data analysis software called Quirkos for the structured management and organization of codes. Themes were developed by consolidating the codes into overarching themes and specific sub-themes, which were subsequently evaluated in relation to existing literature and theoretical frameworks.

The researcher chose a contemporary study to capture events related to the effectiveness of various UK government policies in addressing the mental health needs of young refugees. This period encompasses the COVID-19 epidemic of 2020, which resulted in a cascading impact on the psychological well-being of young refugees in the UK. Additionally, it includes the NBA 2022, which was enacted to enhance the competence of the asylum process. However, a negative environment nurtured social seclusion and raised stress and bias,

aggravating the mental health challenges faced by young refugees. Also, the existing study scrutinised the strengths and limitations of CAIs instituted in 2021 and 2022, aimed at delivering mental health treatment tailored to the cultural backgrounds and experiences of refugees, thus ensuring that mental health care is both effective and pertinent. However, this initiative encountered obstacles, including limited resources, a shortage of trained culturally competent professionals, and bureaucratic impediments that hindered widespread implementation. The longitudinal perspective of the study is crucial for evaluating the effectiveness of five UK government policies in addressing the mental health needs of young refugees. Finally, this contemporary study provides a rich context for assessing the competence of UK policies in supporting young refugees and understanding the challenges associated with proper implementation.

3.3. Method of Data Analysis

This study utilized the interpretive paradigm and adhered to an iterative methodology for the effective formulation of themes, which is essential for the proficient management of extensive data volumes and promotes real-time insights and decision-making [33] in the content analysis. The utilization of this methodology permitted a more profound understanding of the research inquiries that were addressed through a systematic analysis and interpretation of textual and other qualitative data to reveal latent meanings, themes, and patterns, respectively.

The research employed a tabular format to evaluate and encapsulate the advantages and disadvantages of the five UK policies addressing the welfare of young refugees. Furthermore, this investigation adopts a three-horizon approach to reviewing the findings. Horizon 1 (H1) scrutinises the findings and deliberates on the current adversities concerning the mental health of young refugees, as well as the corresponding UK governmental policies. Horizon 2 (H2) analyses the findings and discusses interventions to improve the current challenging circumstances, aiming to establish a more effective framework. Then, Horizon 3 (H3) defines the prospective system itself (i.e., the envisioned state becoming the new standard), incorporating the alignment of norms and values necessary for its endorsement.

The study scrutinized the research findings through the lens of constructivism and liberalism theoretical frameworks. The constructivism perspective concerning the research outcomes emphasizes how knowledge regarding the mental health status of young refugees is constructed within the multifaceted contexts of social, cultural, and political environments in the UK. Moreover, constructivism investigates the manner in which power dynamics influence the construction of knowledge and comprehension within the context of the findings, as policies such as HEP and NBA 2022 may be perceived as embodiments of a power hierarchy that prioritizes border enforcement to the detriment of mental health

support. Consequently, the CT posits that a collective strategy in developing future policies highlights the imperative for collaborative solution-building that integrates diverse perspectives and recognizes the unique experiences of young refugees, thereby facilitating more holistic and culturally relevant mental health interventions.

The theoretical framework of liberalism was integrated into the analytical process through its core tenets: individual rights, equality, and the obligation of the state to safeguard personal freedoms. The examination of the results uncovers numerous initiatives, such as the HEP and NBA 2022, that violate these foundational principles. Such policies fail to adhere to the liberal imperative of ensuring the welfare and psychological health of marginalized populations, including young refugees, by worsening social isolation, heightening mental health challenges, and cultivating an atmosphere of fear and uncertainty. Consequently, the findings underscored progressive initiatives that align with the liberal ethos of empathy, inclusivity, and individual welfare. This innovation endeavours to provide tailored support to young refugees, respecting their cultural backgrounds and unique experiences, thus promoting equality and the entitlement to comprehensive health services.

3.4. Research Limitations

Certain factors sought to militate against the study's seamlessness, inevitably creating research limitations. First is the inability to access UK government policy documents from official websites. Secondly, obtaining official reports on the mental health of young refugees from the NHS UK website, UNHCR, and WHO is not feasible. The researcher emailed these organisations, asking for reports or any materials related to the mental health of young refugees in the UK to support academic research, but received no response. Also, the researcher contacted numerous NGOs and charities that focus on refugee issues, asking for reports or campaigns. They advised the researcher to send an official email for further details. Despite dispatching emails, the researcher did not receive any response, due to the sensitive nature of the research. Despite this, the researcher had access to literatures to conduct the study.

Overall, the utilization of secondary data is accompanied by numerous biases and constraints. The data acquired were not tailored specifically to the mental health requirements of young refugees but rather encompassed a more extensive refugee demographic, and the overarching mental health evaluation failed to encapsulate the distinct circumstances experienced by young refugees. Furthermore, this dataset did not encompass all segments of the refugee population, as it excluded certain vulnerable subgroups, such as refugees not participating in official programs or those lacking documentation. Additionally, the data compiled from different time period did not yield a cohesive comprehension of the policies' efficacy throughout the entirety of the nation. Regional disparities in the execution of policies were not taken into con-

sideration.

In order to confront these obstacles and alleviate biases, the researcher involved in an extensive review of the policy framework during the time that the data was compiled and makes use of the most recent and suitable secondary materials to ensure that the outcomes, where fitting, are indicative of the modern policy scenario.

The limitations present in this study's parameters reveal that the secondary data fails to encompass all groups of refugees; thus, the extent to which these findings can be applied to the broader demographic of young refugees in the UK is notably limited.

3.5. Ethical Consideration

The research subject focuses primarily on policy narratives, policy trajectories' implementation, and their effectiveness. As a result, there was no involvement in primary data collection techniques, and no ethical issues arose.

4. Findings and Discussion

These research findings are about the mental health needs of young refugees in the UK, the factors contributing to their vulnerability and evaluating the effectiveness of UK policies in addressing these issues. Pre-migration trauma, such as exposure to conflict and bereavement, intensifies mental health challenges like PTSD, depression, and anxiety among young refugees. The asylum process introduces significant psychological stress due to unwelcoming policies and prolonged uncertainty, leading to deteriorating mental health outcomes. The COVID-19 health emergency has deepened the sense of seclusion experienced by young asylum seekers, escalating their financial hardships, and impacting their mental state unfavourably. The HEP and DP worsen precarious living situations and restrict access to vital services for refugees. A notable discrepancy exists between the mental health needs of refugees'/asylum seekers and the support services available. Highlighting a critical gap have shown potential in enhancing refugee mental health but conclusive signs validating their superiority over standard treatments are still lacking.

As a result, certain UK policies, such as RS and CAIs, demonstrate strengths that are advantageous for addressing the mental health needs of young refugees, while others, including the HEP and the NBA 2022, reveal significant shortcomings that might aggravate mental health difficulties. The DP produces mixed results, leading to both beneficial and detrimental outcomes depending on individual situations. [Table 1](#). Presents the implementation history, aims, strengths, and limitations of five UK government policies and programs related to asylum seekers and refugees, along with their mental health support initiatives.

Table 1. Years of establishment, aims, strengths and limitations of five UK policies/programs designed for Asylum seekers and refugees

S/N	POLICIES	YEAR OF IMPLEMENTATION AND AIMS	STRENGTHS	LIMITATIONS
1.	Dispersal Policy	In April 2000, the National Asylum Support Services implemented the DP, which aims to transfer asylum seekers from high-demand regions like South England and London to various other spots within the UK, thereby reducing the housing pressure on certain areas.	<p>a. It reduces pressure on services in congested regions while introducing refugees to a variety of communities.</p> <p>b. The initiative can balance service demand more uniformly throughout the UK, preventing resource strain in particular locales and facilitating specialised mental health support for refugees.</p> <p>c. It encourages the integration of refugees into local communities, which enhances social connections and support systems beneficial for mental well-being.</p>	<p>a. It frequently results in young refugees being settled in isolated or inadequately resourced regions, which can lead to social isolation and limited access to specialised mental health care.</p> <p>b. The disparity in the availability of specialised mental health services may disrupt the continuity of care.</p> <p>c. The inherent frequent relocations in the dispersal framework can hinder consistent care, complicating young refugees' ability to form stable therapeutic relationships and receive ongoing mental health support.</p>
2.	Resettlement Scheme.	It was launched by the UK government in collaboration with the UNHCR and some other allied groups in 2004. The scheme aims to assist in the resettlement of refugees from diverse nations.	<p>a. The provision of a secure and organised environment, which may mitigate immediate threats to refugees' mental health and offer a solid foundation for recovery.</p>	<p>a. Delays in receiving mental health care and bureaucratic obstacles hinder timely assistance, intensifying psychological distress.</p> <p>b. Cultural barriers and inconsistent service availability across different regions lead to unequal access to mental health resources.</p> <p>c. Stigma surrounding mental health within certain refugee communities further deters individuals from seeking help, thereby worsening mental health outcomes.</p>
3.	Hostile Environment Policy	HEP was established in 2012. This policy aims to deter illegal immigration by creating a challenging living situation in the UK for individuals lacking legal status.	<p>a. It has stimulated advocacy and support initiatives from external organisations such as NGOs.</p>	<p>a. It fosters an environment of fear and uncertainty, heightening anxiety, depression, and PTSD among young refugees by limiting access to essential services, resulting in adverse mental health consequences.</p> <p>b. The looming threat of deportation, social isolation, and restricted access to mental health services further exacerbate these challenges.</p>
4.	Culturally Adapted Interventions	CAIs 2021 and 2022 were initiated by several research teams, including the PAMI adaptation in September 2021 and the digital initiative for Syrian refugees in November 2022. The aim is to provide mental health services customised to the cultural context and unique experiences of refugees, thereby enhancing the relevance and effectiveness of mental health care for a mixed population.	<p>a. CAIs are more likely to resonate with younger refugees, thereby improving engagement and outcomes by addressing cultural and linguistic challenges.</p>	<p>a. Although promising, the efficacy of CAIs is not yet fully validated, and there may be obstacles in scaling these interventions across the varied refugee populations within the UK.</p> <p>b. Constraints related to resources, the availability of trained culturally adept professionals, and bureaucratic obstacles may impede their extensive implementation.</p> <p>c. The heterogeneity within refugee populations complicates the development of a universal approach.</p> <p>d. There exists a deficiency in rigorous evaluations of CAIs, resulting in limited evidence regarding their long-term efficacy and impact on mental health outcomes.</p> <p>e. There is a potential risk of reinforcing cultural</p>

S/N	POLICIES	YEAR OF IMPLEMENTATION AND AIMS	STRENGTHS	LIMITATIONS
5.	Nationality and Border Act 2022.	NBA 2022 was implemented by the Westminster Parliament on April 28, 2022. The aim is to improve how effectively the asylum procedure operates.	<p>a. The policy focuses on combating human rights trafficking by the 1951 International Convention relating to the status of refugees.</p> <p>b. It plays a role in safeguarding victims of human rights trafficking through border reinforcement and improved security measures across Europe.</p>	<p>stereotypes if interventions are not meticulously designed and consistently assessed.</p> <p>a. It heightens uncertainty and anxiety for young refugees, potentially exacerbating pre-existing mental health challenges due to fears of rejection and prolonged waiting times.</p> <p>b. It emphasises deterrence over support, resulting in insufficient mental health services tailored to the specific needs of young refugees.</p> <p>c. The rules established by the Act encourages an unfriendly setting, causing social separation and prejudice, which additionally harms the mental wellness of young refugees.</p> <p>d. The approach of the NBA 2022 does not conform to international human rights standards, resulting in legal challenges and ambiguities for young refugees.</p> <p>e. The Act imposes restrictive measures and lacks emphasis on mental health support.</p>

Table designed by the author from the pieces of literature reviewed for this research to answer the Research Questions of UK policy effectiveness taken from [13, 14, 45, 28, 50, 43, 39, 40, 38, 47, 5, 32, 27].

4.1. Analysis of Findings

This study underscores the mental health needs of young refugees in the UK, focusing on disorders such as PTSD, anxiety, and depression. Stress encountered before migrating while migrating, and difficulties faced after migration contribute to these disorders. The evaluation of the results is structured to correspond with the research aims and objectives, followed by comprehensive discussions for insightful interpretation. Likewise, the investigation of this research seeks to identify mental health challenges and barriers that will impact the effectiveness of UK government policies, as well as examine their ramifications for policy enhancement. It provides an array of research methodologies and frameworks that policymakers can leverage to support the development of policies that are responsive to various potential scenarios for at-risk young refugees in the UK.

As detailed in Figure 1, three horizons connect the present state with the anticipated future, facilitating the identification of various potential scenarios that may emerge from the tension between the established present and these aspirational futures. As such, horizon 1 (H1) signifies the current operational framework (i.e., the existing condition). It is projected that the existing op-

erational paradigm regarding mental healthcare for young refugees in the UK will experience a gradual decline over time, although certain elements may be considered advantageous to maintain. Following that, horizon 2 (H2) represents the innovations that support the transition from H1 to H3. Finally, horizon 3 (H3) illustrates the envisioned future state (with certain future components potentially already in place). The analysis demonstrates how, over time, this vision evolves into the new norm. The evaluation of H1 explores the findings derived from the literature review, revealing that the mental health of young refugees in the UK is currently jeopardised, and the existing governmental regulations are failing to yield the expected result. In H2, the prospective areas for development within the future system are emphasised as innovations. Subsequently, H3 investigates the current visions for the future system, along with the associated values and standards necessary to support it. As such, it is essential to highlight that there are indications of future possibilities within the existing UK government policies and commitments aimed at addressing the mental health needs of young refugees. However, the effectiveness of current policies to aid young refugees and the creation of specifically designed policies for this demographic, among other critical elements, is conspicuously lacking.

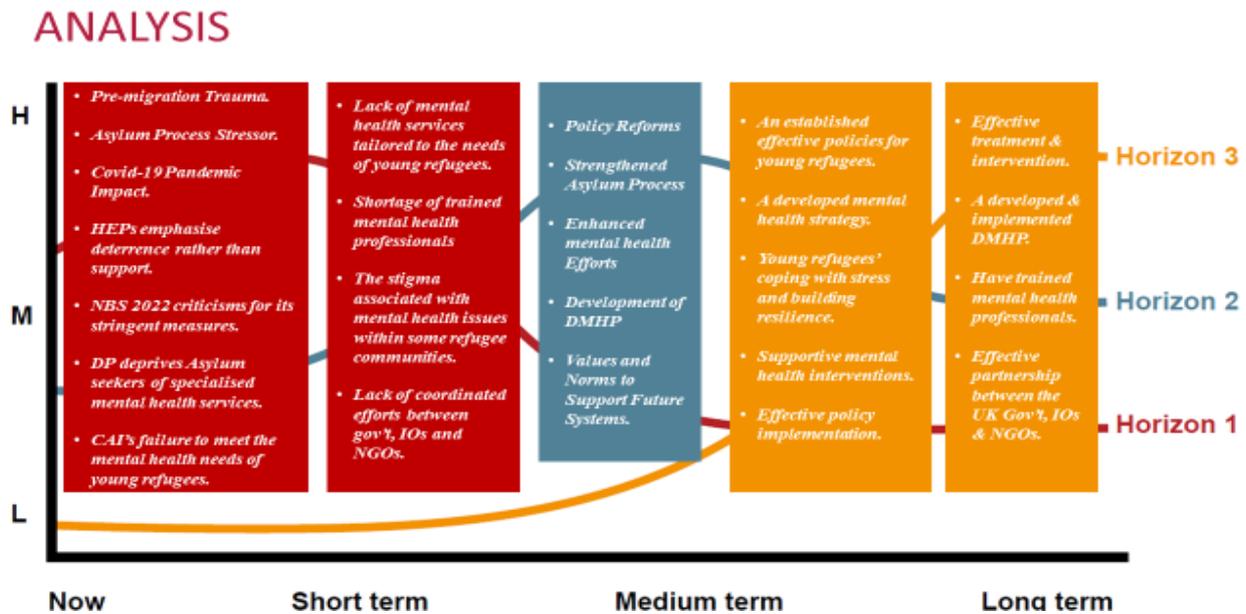


Figure 1. The Analysis of findings using Horizon 1 (short term), Horizon 2 (medium term) and Horizon 3 (long-term approaches). Diagram designed by the author to analyse the findings in bullet points before the discussion taken from [13, 14, 45, 28, 50, 43, 39, 40, 38, 47, 5, 32, 27, 25, 37, 8, 21].

4.2. Discussion of Findings

This discourse systematically examines the research results by assessing the present situation (i.e., the short-term), proposing enhancements for young refugees and legislative measures via innovations (i.e., the mid-term), and establishing a sustainable resolution to the recognised issues within the future framework (i.e., the long-term).

4.2.1. Horizon 1: The Short-Term (Present Situation)

The research defines the elements affecting the psychological well-being of young refugees in the UK, highlighting a deficient support framework for this population. Key findings encompass a. *Pre-migration trauma*: Young refugees often arrive bearing significant trauma, which heightens their susceptibility to mental health issues such as PTSD, depression, and anxiety. b. *Asylum Process Stressors*: The asylum journey worsens mental health difficulties due to uncertainty and unfavourable policies, aggravating anxiety and pre-existing mental conditions. c. *The effects of the COVID-19 outbreak* have negatively affected mental health, as increased social detachment, breaks in schooling, and financial difficulties excessively burden those in vulnerable housing circumstances. d. *The HEP cultivates fear and uncertainty*, negatively impacting mental health outcomes for young refugees by emphasising deterrence over personalised support, which amplifies stress and feelings of isolation. e. *NBA 2022*: While aimed at streamlining the asylum process, the NBA 2022 has faced criticism for its stringent measures that escalate anxiety and trauma without providing adequate mental health re-

sources. f. *DP* allocates asylum seekers across the nation but often places them in areas devoid of specialised mental health services, disrupting care continuity and heightening isolation. g. *CAIs* face challenges attributable to the diversity of refugee populations, a lack of long-term effectiveness information, and systemic issues such as limited funding and inadequate professional training, potentially failing to meet the diverse needs of young refugees. h. *There is a notable absence of culturally competent* mental health services for young refugees in the UK, as current policies neglect their distinct backgrounds and experiences with mental health challenges, further complicated by language barriers and disregard for refugees' rights to appropriate services according to international standards. i. *A shortfall of trained mental health professionals* equipped to tackle complex refugee-specific issues exists, worsened by insufficient funding and resources dedicated to their care. j. *The stigma associated with mental health issues* in certain refugee communities deters vulnerable young refugees from seeking help, complicating the execution of effective interventions. k. *There is a lack of coordinated initiatives* between the UK government and IOs such as UNHCR and WHO, leading to inadequate mental health support for young refugees and underscoring a shortfall in international human rights standards.

4.2.2. Horizon 2: The Medium-Term (Innovations for the Future System)

Innovations must transition from a limited framework into a visionary approach to effectively tackle these challenges. An evolved system must adopt a holistic strategy defined by compassionate policies. This entails: - a. *Policy Reforms*: Modifying or supplanting harmful policies that prioritise the

mental well-being of young refugees while guaranteeing access to appropriate care. b. *Streamlined Asylum processes*: refining asylum procedures to reduce psychological distress among young refugees. c. *Improved Mental Health Services*: Expanding access to mental healthcare interventions that address the specific needs of young refugees. d. *Comprehensive Integration Initiatives*: Creating programs that foster social connections and provide stable support, particularly for individuals under the DP. e. *Development and use of "Digital Mental Health Platforms" (DMHPs)*: These applications should be tailored to assist young refugees by eliminating access barriers and offering culturally relevant support through smartphones, while also serving as a cost-effective means for mental health care and data gathering for future policy improvements. f. *Global Cooperation*: A synchronised collaborative response involving IOs (such as UNHCR and WHO), NGOs, the UK government, and various stakeholders, guided by international human rights standards is vital to meet the mental health needs of young refugees and should be formulated.

It is crucial to recognise that the ethical principles and standards that underpin the potential framework are outlined as follows: a. *Compassion and Empathy*: At the heart of the future framework is a steadfast commitment to understanding and addressing the unique trauma and psychological health issues faced by young refugees. b. *All young refugees* must have the same opportunities to receive mental health support, independent of their location or economic background. c. *Cultural Sensitivity*: Services must be designed to effectively reflect the cultural, linguistic, and religious identities of refugees, thereby ensuring their efficacy and respectfulness. d. *Collaboration and solidarity*: The design emphasises the fundamental importance of cooperative partnerships among UK governmental bodies, IOs, NGOs, and community stakeholders in delivering comprehensive support. e. *Human rights and dignity*: It is vital to uphold the rights of young refugees as outlined in international agreements, ensuring that policies and practices align with global human rights standards.

4.2.3. Horizon 3: The Long-Term (Vision for the Future System)

The anticipated future framework would be characterised as follows: a. *Implementation of robust policies*: adversarial and restrictive measures (e.g., HEP and NBA 2022) should be replaced with initiatives that highlight the mental health and welfare of young refugees, thereby guaranteeing their access to dependable and culturally relevant mental health care. Furthermore, a well-executed policy aims to mitigate the stigma surrounding mental health issues among young refugees, fostering awareness and comprehension of mental health within both refugee communities and the broader society, while motivating young refugees to seek support without the worry of discrimination. b. *Optimised Asylum Processes*: Asylum procedures should be refined to lessen the psychological burden of uncertainty and stress endured by young refugees in the UK,

thereby aiding their integration and active participation in society. c. *Improved Mental Health Services*: increased accessibility to specialised CAIs to address the specific needs of young refugees, integrating language assistance, community involvement, and trauma-informed care. d. *Comprehensive Integration Initiatives*: Established integration programs to foster social connections, alleviate feelings of isolation, and provide stable, ongoing care, particularly for those resettled under the DP framework. e. *Robust Collaboration*: A well-coordinated alliance among IOs, NGOs, and the UK government to tackle the mental health issues faced by young refugees in the UK. f. *A developed and functional "digital mental health platform" (DMHP)*: customised DMHPs for the transformative progress of young refugees, addressing numerous shortcomings currently evident in mental health service delivery. These platforms are to be designed to provide culturally tailored, accessible, and scalable mental health services through digital avenues, such as mobile applications and online therapy. DMHPs could include a selection of services, encompassing self-help resources, access to professional counselling, peer support networks, and psychoeducation. The structure and content of these platforms will be deliberately shaped to accommodate the diverse cultural, linguistic, and psychological necessities of young refugees, ensuring they are both user-centric and aligned with their special narratives and backgrounds.

4.3. Summary of Findings

The present structure uncovers notable challenges in sufficiently tackling the multifaceted mental health issues faced by young refugees, which originate from a blend of previous traumas, difficult asylum journeys, hostile policies, insufficient service availability, and the impacts of the COVID-19 crisis. Research evidence underscores the urgent need for substantial policy reforms and a more compassionate, comprehensive approach to enhancing the mental well-being of young refugees in the UK.

Consequently, the shift from the current deficient system to a more effective future framework for catering to the mental health needs of young refugees in the UK demands systemic policy changes, expanded mental health services, and a commitment to principles that promote inclusivity, empathy, and collaboration. In this context, the introduction of DMHPs for young refugees could signify a crucial progression, addressing numerous existing gaps in mental health service delivery for this population. By providing accessible, culturally relevant, and scalable mental health support, DMHPs have the potential to significantly improve the overall well-being of young refugees in the UK. This progressive method may additionally function as a framework for other nations dealing with similar issues, thereby fostering a more integrated global reaction to refugee mental health services. Therefore, the principles of compassion and empathy, equity and accessibility, cultural sensitivity, and collaboration among the UK government, IOs, NGOs, and communities for comprehensive support and the

safeguarding of human rights and dignity for young refugees by global standards are of utmost importance.

The proposed future system envisions a thorough, compassionate approach that effectively addresses the mental health issues of young refugees in the UK. This framework would integrate trauma-informed care, CAIs, and an enhanced asylum process that alleviates stress and uncertainty. The system aims to balance the efficiency of asylum claim processing with the delivery of mental health support that is accessible, culturally attuned, and specifically designed to meet the unique experiences of young refugees. Collaborative efforts among the UK government, IOs such as the UNHCR and WHO, and NGOs are essential to turning this goal into reality.

5. Conclusion, Recommendations and Reflection

5.1. Conclusion

The mental health needs of young refugees in the UK are shaped by a complex interplay of factors including pre-migration trauma, the asylum process, socio-economic challenges, and the impact of government policies. The existing UK policies, such as the DP, RS, HEP, NBA 2022, and CAIs, each present strengths and limitations in addressing these needs. While the RS and CAIs have the potential to provide tailored mental health support, their effectiveness is hindered by cultural insensitivity, regional disparities, and administrative hurdles. Equally, the HEP and NBA 2022 often worsen mental health challenges due to their restrictive nature and focus on deterrence rather than support. The DP presents mixed outcomes, potentially improving resource distribution but disrupting continuity of care. Therefore, the UK's policy framework lacks consistency and fails to adequately address the unique and multifaceted mental health needs of young refugees.

The view of constructivism theory regarding the research findings highlights the way information about the mental health of young refugees is developed within the context of social, cultural, and political environments in the UK. According to constructivism theory, a person's comprehension of their surroundings relies on their life experiences, the bonds they create, and the socio-political conditions they encounter. Within this framework, mental health is perceived not merely as a personal concern but as significantly impacted by the environments and systems that refugees engage with. The study suggests that the mental health of young refugees is impacted by numerous layers of trauma: a. Occurrences before their migration (such as conflict), the asylum process they endure, and stress factors encountered after moving (like feelings of solitude and unpredictability). b. From a constructivist standpoint, these mental health problems are co-created through the socio-political background, such as HEP and NBA 2022, which establish obstacles and intensify

mental health problems. These systemic factors deepen the vulnerability of young refugees instead of offering avenues for the restoration of mental wellness. c. Furthermore, from a constructivist lens, UK government policies act as influential constructors, with frameworks like DP and RS serving as crucial factors that shape the realities faced by refugees. The mental health of young refugees is not just a consequence of their traumatic experiences but is co-formed by the legislative frameworks imposed upon them. Policies such as NBA 2022 contribute to a harmful mental health scene by fostering an environment rife with fear and uncertainty. Equally, CAIs signify a move towards developing mental health care that aligns more closely with the lived realities of refugees, although the evidence supporting their effectiveness is still limited. Moreover, constructivism theory explores how dynamics of power influence knowledge and comprehension. In the context of these findings, policies like HEP and NBA 2022 can be interpreted as reflections of a power order that prioritises border enforcement over mental health support. Lack of mental health services illustrate the wider control that disregards refugee voices and their requirements. The understanding of what is believed as adequate mental health care is shaped by these prevailing power structures, frequently overlooking culturally sensitive methodologies and trauma-informed practices. In addition, the results' concentration on partnership efforts among several players (including NGOs, IOs, and the UK government) corresponds with the constructivist perspective that knowledge is formed through working together. The formulation of future policies, including DMHPs, underscores the necessity for co-creating solutions that encompass diverse viewpoints and acknowledge the distinct experiences of young refugees. This collective methodology would yield more comprehensive and culturally attuned mental health interventions.

The viewpoint of liberalism theory contextualises the issue through its fundamental views: individual rights, equality, and the state's duty to protect personal liberties. Primarily, liberalism underscores the importance of individual rights and human dignity, which are essential when evaluating refugee-related policies. The analysis reveals several initiatives, such as the HEP and the NBA 2022, that contravene these foundational principles. By promoting social isolation, intensifying mental health issues, and fostering an environment of fear and instability, these policies disobey the liberal mandate to secure the welfare and mental well-being of vulnerable groups, including young refugees. Rather than ensuring their mental wellness, these policies obstruct their entitlements to essential mental health services and a secure living environment. b. Furthermore, liberalism champions equality, which includes equitable access to resources and opportunities. The findings indicate a notable gap between the mental health requirements of young refugees and the services that cater to them. Initiatives like DP frequently position refugees in inadequately resourced locations, restricting their access to mental health care, thereby undermining the liberal principle

of equitable access to vital services. Likewise, cultural, and linguistic obstacles that impede refugees from obtaining effective support illustrate systemic inequality, which liberalism seeks to address. c. Additionally, liberalism stresses the state's role in guaranteeing freedom, particularly freedom from fear, trauma, and insecurity. However, the evaluation reveals that specific policies, such as the NBA 2022 and HEP, fail to deliver appropriate assistance for young refugees and instead worsen their mental health. These policies act as restrictions, limiting refugees' rights and access to services instead of providing support that resonates with liberal ideals. The focus on restriction, rather than assistance, contradicts the liberal state's responsibility to uphold personal freedoms and safeguard the rights of all individuals, particularly the most vulnerable. On a more positive note, these findings highlight innovative initiatives like CAIs and DMHPs, which resonate with the liberal focus on empathy, inclusivity, and individual welfare. This innovation strives to offer modified care to young refugees, honouring their cultural contexts and individual experiences, thereby fostering equality and the right to comprehensive health services. It exemplifies liberal principles of empowering individuals through accessible and compassionate support systems, in alignment with the values of personal freedom and dignity.

Lastly, it can be argued that the findings indicate that the mental health difficulties confronted by young refugees in the UK are created through social and political lenses, with regulations critically affecting their mental health. Constructivism underscores that these mental health issues are not inherent but rather the outcome of systemic factors, power relations, and the socio-political setting. It can also be ascertained that while certain UK policies reflect the liberal principles of individual rights and equality (such as CAIs), others (like the HEP and NBA 2022) fail to uphold the mental health and dignity of young refugees. From a liberal perspective, these policies necessitate reform to prioritise refugees' entitlements to mental health support, cultural awareness, and liberation from trauma and fear, in harmony with the broader liberal dedication to human dignity and justice. As a result, this study analysed and discussed findings using the short-term, mid-term, and long-term approaches to arrive at implementable recommendations to resolve the evolving mental health challenges that young refugees face.

5.2. Recommendations

To achieve a more effective UK government policy (ies) to support the mental health needs of young refugees, the following is recommended:

Policy Reform for Holistic Support: The UK government should amend policies to foster a supportive environment for young refugees, focusing on mental health, trauma-informed care, and minimising psychological distress.

Enhancement of Culturally Sensitive Mental Health Services: Improve CAIs through robust evaluation, appropriate

funding, and accessibility, ensuring services cater to the diverse cultural and linguistic needs of young refugees with trained professionals and interpreters.

Strategic Resource Allocation: Ensure equitable access to specialised mental health services in all dispersal areas by targeting funding to underserved regions and establishing mobile mental health units (like DMHPs).

Integration and Community Support Initiatives: Enhance community support systems to aid integration and combat social isolation, stigma, and discrimination in collaboration with NGOs and local communities.

Streamlined Asylum Process with Integrated Mental Health Care: Simplify the asylum process and incorporate mental health care from the entry point, providing timely assessments and ongoing support for young refugees.

5.3. Reflection

This study offers a comprehensive examination of the influence applied by UK government policies on the mental well-being of young refugees, uncovering significant insights that have informed the researcher's understanding of the persistent challenges and potential remedies. The information obtained from these policies reveals a two fold setting, although certain advancements have been achieved through initiatives such as CAIs, substantial deficiencies persist, especially concerning the DP, HEP, and NBA 2022. These frameworks, designed to regulate asylum seekers, often intensify mental health difficulties faced by young refugees, prompting a re-orientation of the researcher's viewpoint towards a more integrated and empathetic policy approach.

5.3.1. Guiding Insights from Evidence

a). Evidence indicates that current policies, notably the DP, HEP, and NBA 2022, do not offer reliable and efficient mental health support. The frequent displacement of young refugees disrupts the continuity of care, while the hostile environment adopted by policies such as the HEP contributes to heightened anxiety and social isolation. This realisation has redirected the researcher's attention to the urgent necessity for stable, accessible, and culturally attuned mental health services, rooted in the rise of the young refugees' existing experiences and needs. The researcher's focus has now shifted to emphasising the reform of these policies to prioritise mental health care over deterrence and controlling actions.

b). The obvious lack of constructive collaboration among the UK government, IOs, and NGOs manifests in the uneven and unbalanced distribution of health services. The proof highlights a pressing need for enhanced collaboration, a finding that redirects the researcher's perspective towards a systemic transformation involving multi-stakeholder partnerships. This strategy should include not only mental health professionals but also policy analysts, community leaders, and global advocates to ensure comprehensive and ongoing support for young refugees.

c). Insights derived from CAIs and DMHPs demonstrate their potential to successfully support the mental health needs of young refugees in the UK. Nevertheless, the limitations of these initiatives, including resource limitations, inconsistency in implementation, and absence of monitoring evaluation, highlight the necessity for walkable solutions. The researcher's focus has changed to support these models and ensure thorough assessment and sustainable execution to prevent the support of stereotypes or overlooking the diversity within refugee communities.

d). The application of constructivist and liberalism theories emphasises how influence within UK policies negatively affects the mental health of young refugees. The evidence illustrates how legislation and programs sideline the mental health needs of these individuals, resulting in policies that favour border enforcement over well-being. This has shaped the researcher's advocacy for a policy framework that empowers young refugees and prioritises human dignity, equity, and culturally sensitive care, in line with international human rights standards.

5.3.2. Shaping Future Policy and Research Directions

The findings from this research inform the researcher's perspective on advocating for policy reforms that prioritise a compassionate, human-centric approach to refugee assistance. Future policies should transition from deterrence strategies to embrace empathy, accessibility, and inclusiveness. These insights advocate for the formulation of policies and mental health frameworks that provide young refugees with stability, continuity of care, and culturally appropriate support systems. Moreover, this study highlights the necessity for ongoing research and policy assessment, particularly concerning the effectiveness of CAIs and DMHPs. Establishing robust evidence surrounding these interventions is crucial for their broader implementation. This necessitates a cooperative, interdisciplinary strategy involving researchers, policymakers, mental health practitioners, and refugee communities to ensure that future policies are attuned to the dynamic needs of young refugees in the UK.

In summary, this evidence has guided the researcher's viewpoint towards rethinking young refugee mental health support in the UK, advocating for policies that emphasises well-being, collaboration, and cultural awareness over restrictions and rules. The future of refugees' support must uphold dignity, mental health, and social inclusion, ensuring that young refugees are equipped with the needed support to rebuild their lives.

Abbreviations

UK	United Kingdom
PTSD	Post-Traumatic Stress Disorder
UNHCR	United Nations High Commissioner for Refugees

WHO	World Health Organization
NGOs	Non-governmental Organizations
NHS	National Health Service
IOs	International Organizations
HEP	Hostile Environment Policy
NBA 2022	Nationality and Border Act 2022
RS	Resettlement Scheme
DP	Dispersal Policy
CAIs	Culturally Adapted Interventions
CT	Constructivism Theory
LT	Liberalism Theory
H1	Horizon 1
H2	Horizon 2
H3	Horizon 3
DMHPs	Digital Health Platforms.
NHS	National Health Service

Author Contributions

Anne Uchenna Ibobo is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares no conflicts of interest.

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