World Journal of Public Health
2025, Vol. 10, No. 3, pp. 292-300
https://doi.org/10.11648/j.wjph.20251003.20

Review Article

A Scoping Review of Mental Health Among Refugees in the United Kingdom

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Abstract

Introduction: The World Health Organization (WHO) guidelines highlight mental health risks for refugees, including pre-departure trauma, travel stress, and challenges in host countries. This scoping review aims to investigate the mental health challenges faced by refugees in the United Kingdom by consulting the existing literature on pre-migration factors, migration experiences, and post-migration conditions. *Methodology*: The database search retrieved 1,636 studies after systematically searching five electronic databases. After completing the eligibility screening, 34 articles were selected. The scoping review adhered to the PRISMA-ScR checklist, which is an extension of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for scoping reviews. Results: The studies primarily consisted of published journal articles (73.5%). Mental health faced by refugees was categorised into pre-migration factors (n=10, 29.4%), such as trauma and violence, economic hardships, persecution, and human rights violations. Migration factors (n=13, 38.2%) included dangerous travel conditions, detention, human trafficking, and the stress of resettlement. Lastly, post-migration factors (n=11, 32.4%) such as acculturation and adaptation, Social Integration and Support, and Economic Stability. *Conclusion*: Comprehensive mental health assessments and customised interventions at each stage of the refugee experience are necessary to address these challenges. The mental well-being of refugees in the UK must be supported by the development and implementation of strategies that mitigate these stressors through the collaboration of policymakers, clinicians, and public health authorities.

Keywords

Mental Health, Refugees, Migration, UK

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Received: 18 June 2025; **Accepted:** 2 July 2025; **Published:** 30 July 2025

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1. Introduction

In 2024, the global amount of forcibly displaced individuals reached an all-time high. The global count of people displaced by force has skyrocketed to an astonishing 120 million, marking the twelfth consecutive year of rising displacement figures [1]. Among these, 43.4 million were refugees or people requiring international protection, and 68.3 million were internally displaced persons. A significant proportion of refugees, nearly 73%, came from five countries: Afghanistan, Venezuela, Syria, Ukraine, and Sudan [1]. As of June 2023, 110 million people worldwide had been forcibly displaced because of harassment, war, violence, human rights violations, and events that severely disrupted public order [2]. Although not all European nations have been able to meet this demand, they have been under considerable pressure to welcome significant numbers of asylum seekers [3]. UK Home Office statistics indicate that 34,354 asylum applications were submitted in 2019, with 11,596 approved and 5,606 individuals granted protection through resettlement schemes [4]. By September 2023, the number of asylum applications had risen to 75,340 [5]. Regardless of their arrival method, people arriving in the UK can claim Asylum. language ties, family presence, and the belief that the UK is politically stable and safe help many people decide to flee there [6].

Technical recommendations from the World Health Organisation (WHO) highlight mental health issues and stresses for refugees and asylum seekers (ASR). These factors encompass pre-departure trauma (such as conflict and violence), stressful experiences while travelling, and difficulties in host countries, including poor living conditions, challenges with integration, and unemployment [7]. Managing complex legal processes, such as seeking asylum, obtaining a residency permit, and undergoing the claims evaluation process, can significantly increase stress levels [8, 9].

Global research shows that each stage of migration—pre-migration, migration, and post-migration—can involve traumatic events that significantly affect asylum seekers' mental health and general well-being, both immediately and in the long term [10-12]. While some experts argue that post-migration stressors have the most substantial effect on mental health, many concur that all stages of the migration process contribute to the deterioration of migrants' mental well-being [13, 14]. During resettlement, migrants are usually placed in insecure housing and working conditions, which increases their risk of injury, criminality, exploitation, substance misuse, and other social hazards [15, 16]. Common with asylum seekers and refugees, post-traumatic stress disorder (PTSD) affects up to 31% of them, persisting for many years after immigration [17, 18]. The "Mental Health: Migrant Health Guide" published by the UK government emphasises the increased mental health risk among immigrants and refugees. It states that a large number of migrants entering the UK run a 5-10% increased risk of developing mild to moderate disorders, including depression, anxiety, and PTSD [19]. Research in the UK indicates that the various challenges associated with the asylum-seeking system often led to negative mental health outcomes. Among these are sentiments of seclusion, the prospect of deportation, and concerns over the fate of asylum applications [20]. The quality of life for refugees following resettlement is significantly influenced by factors such as personal autonomy, legal protection, a sense of belonging, and social integration [21]. Negative rhetoric about immigrants in modern domestic politics and media is probably going to hinder this process and compromise the mental health of refugees and asylum seekers [22]. There have been reports of offshore asylum seekers being transferred to barracks, accompanied by threats of violence and risks to their claims due to alleged misconduct, which adds greatly to the stress, uncertainty, and battle experienced by those applying for UK Asylum. These obstacles, combined with sentiments of rejection by the host population, increase their difficulties [23-26].

Refugees and asylum seekers residing in Brighton and Hove with ongoing applications or appeals have the right to publicly financed healthcare supplied by the National Health Service (NHS), just as they do anywhere in the UK [22] Immigration status affects a person's capacity to get medical care as well as how they feel about getting it [27]. Those who have fled persecution frequently express dread while seeking aid from government officials, public entities, and healthcare facilities due to previous terrible incidents or concerns about deportation [28]. Understanding the mental health impacts of ASR and the obstacles they encounter when seeking care is crucial for developing effective support systems and policies. This scoping review aims to investigate the mental health challenges faced by refugees in the United Kingdom by consulting the existing literature on pre-migration factors, migration experiences, and post-migration conditions. Ultimately, this review will enhance mental health care and aid for refugees by identifying research gaps and informing clinicians, public health authorities, and researchers.

Research Questions

1) What are the key pre-migration factors that lead to mental health challenges amongst refugees in the UK?
2) In what ways does the migration journey influence the mental health of refugees?
3) How do post-migration factors experienced, such as acculturation, legal status, social integration, and economic stability, impact the mental health of refugees?

2. Method

2.1. Protocol and Registration

Scoping reviews are designed to expansively and systematically examine existing research on a broad topic [29]. While they do not involve quality assessments of the papers

included, these reviews take a comprehensive and systematic approach to investigating the scope and character of research on a specific topic. The scoping review followed a predetermined procedure and adhered to established methods for scoping studies, as outlined in the literature on systematic reviews [30], in accordance with the PRISMA guidelines for scoping reviews (PRISMA-ScR) [31].

2.2. Eligibility Criteria

Initially screened articles were based on eligibility criteria starting with titles and abstracts, followed by a full-text review. After that, the screened sources for inter-rater dependability were evaluated. Eligible sources consisted of primary or secondary research data, both quantitative and qualitative, provided the data were gathered before 2011, pertained to the UK, and addressed relevant topics. The 2011 cut-off was selected to centre measures about the Syrian conflict and the European "refugee crisis". The search term "refugee" was extended to cover migrants and Asylum seekers to incorporate other relevant sites. Considered were only sources on England, Scotland, Wales, and Northern Ireland.

Table 1. *Eligibility criteria for literature on mental health among refugees.*

Criteria	Included	Excluded
Publication year	2011 - 2024	Articles before 2011
Language	English	Any other languages
Countries	England, Wales, Northern Ireland, Scotland	All other countries outside the United Kingdom.
Publication Type	Thesis Agency reports Journal articles Book chapters Conference abstracts	Media articles and conference abstracts that had corresponding published articles.

2.3. Search Strategy

Table 2 below shows a description of the search strategy used for this review.

Table 2. *Search Strategy Summary for the Scoping Review.*

Component	Description
Electronic Databases	Ovid Global Health, Ovid EMBASE, Ovid Medline, PubMed, EThOS
Grey Literature Sources	Google Scholar, APA PsychEXTRA
Publication Year Limit	2011 - 2024
Language Restriction	English only
Geographic Focus	United Kingdom (England, Scotland, Wales, and Northern Ireland)
Search Terms	Mental Health OR (mental health OR well-being OR psychological state OR psychological condition OR mental state) AND "migrants and immigrants" OR undocumented immigrants OR refugees OR "transients and migrants" OR (Refugee* OR migrant* OR asylum seeker* OR immigrant*) AND (Pre-migration OR Post-migration) AND (United Kingdom OR UK OR England OR Northern Ireland OR Scotland OR Wales)
Search Optimization	Use of MeSH terms and subject headings tailored to each database to ensure comprehensive coverage
Additional Techniques	Forward and reverse reference tracking to capture studies missed in database searches

2.4. Organising Data

Data were arranged according to main author, publication year, country, goals, technique, populace, and major conclusions.

2.5. Synthesis of Results

The literature data were analysed thematically, following Braun and Clarke's six-stage approach [32]. Initially, the data were read and reviewed to gain familiarity. Next, initial codes were generated manually. Then, a coding system was created iteratively, grouping codes pertaining to barriers and facilitators into first themes. For every theme, connections between codes were investigated, gathered, and documented; comparisons between codes and original themes throughout the literature were also made. The basic themes were then reviewed across the literature, with alterations made by splitting, merging, or deleting those deemed less significant. The final themes were then created and labeled, and the topics were further refined and contextualised during the reporting phase.

3. Results

3.1. Study Selection Process

A database search yielded 1363 records overall, as shown in Figure 1. Four hundred ninety-two records remained after duplicates were eliminated. After evaluating the titles and abstracts, a total of 715 papers were selected. After a full-text review, an additional 117 papers were eliminated; subsequently, 34 articles were chosen in total using this procedure.

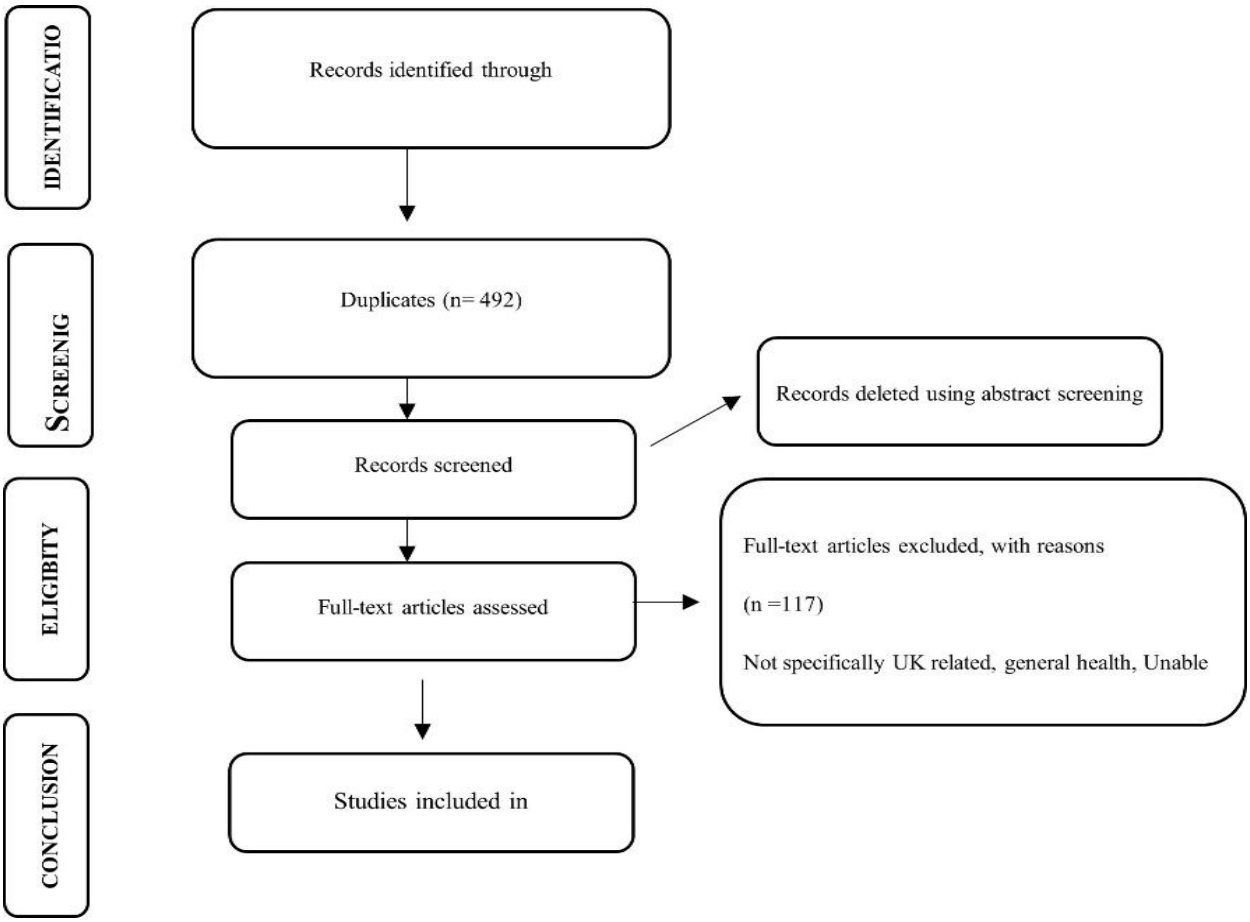

Figure 1. *Diagram of the study selection process.*

A total of 34 literature sources were included out of 1363 identified. As shown in Table 3, the literature source types included 25 journal articles (62%), four technical reports (10%), two theses (5%), and three commentaries and editorials (7%). The themes identified include mental health challenges experienced by refugees during premigration (10), during migration (13), and post-migration (11).

Table 3. *Themes and characteristics of included studies (n=34).*

Reported variables	Frequency (n=34)	%
Literature sources		
Journal Articles	25	73.5

Reported variables	Frequency (n=34)	%
Technical reports	4	11.8
Thesis	2	5.9
Commentaries and editorial	3	8.8
Themes		
Pre-migration factors	10	29.4
Migration factors	13	38.2
Post-Migration factors	11	32.4

3.2. Themes

Pre-migration factors leading to mental health challenges amongst refugees in the UK

The UK Refugees experienced different pre-migration mental health challenges highlighted in three categories, namely, trauma and violence, economic hardships, and persecution and human rights violations. Almost all of the studies (n = 5, 50%) showed that refugees experience significant pre-migration trauma, like war exposure, violence, and persecution, producing other mental health issues like post-traumatic stress disorder (PTSD). Additionally, pre-migration economic conditions also significantly influence mental health outcomes (n=3, 30%). Lastly, five selected studies (n=2, 20%) also show that refugees in the UK fled due to severe persecution and human rights violations.

Impact of migration journeys on the mental health of refugees in the UK

The different influence of the migration journey on the mental health of refugees in the UK was highlighted in the selected works of literature. Some literature highlighted the various dangerous travelling conditions refugees faced en route to the UK (n=6, 46.1%). Fewer studies also highlighted cases of detention and human trafficking (n=3, 23.1%) experienced by refugees in transit countries or upon arrival in the UK, leading to mental health issues due to the harsh circumstances faced. Additionally, some literature also highlighted the uncertainty surrounding the asylum process and the stress of resettlement (n=4, 30.7%), which affects the refugee's mental health significantly.

Post-Migration Factors Impacting Refugee Mental Health in the United Kingdom

The literature chosen for examining how the aftermath of migration factors affects the mental health of refugees was organized into categories that emphasized Acculturation and Adaptation, Social Integration and Support, and Economic Stability. Few studies include Acculturation, which involves adapting to UK culture as a stressor, which is significantly associated with mental health issues such as PTSD and anxiety among refugees (n=2, 18.1%). Additionally, some literature highlights that the lack of social integration and support, particularly from their ethnic community, plays a role in the mental health issues experienced among refugees in the UK (n=4, 36.3%). Lastly, some literature highlighted economic instability and unemployment as noteworthy post-migration stressors impacting the mental health of refugees in the UK (n=5, 45.4%).

4. Discussion

This scoping review examines the current research on the mental health of refugees in the United Kingdom to provide researchers, public health authorities, and healthcare professionals with helpful information. The goal of summarising and mapping the present knowledge is to help identify and comprehend knowledge gaps. According to the findings, many migrants undergo extreme trauma, which causes mental health issues. Witnessing the killings of friends and family members, surviving attacks, and suffering from torture and captivity are all strong predictors of PTSD [33, 34]. Economic challenges, as refugees frequently come from economically destabilised regions, affect their mental health adversely before they migrate [35, 36]. Economic difficulties before migrating, such as poverty and unemployment, could lead to major mental health issues, including despair and anxiety [37]. A study on migrants' health found that economic concerns were a major pre-migration and post-migration stressor [38]. These challenges aggravated pre-migration difficulties, causing a decrease in mental health [38]. Finally, many refugees left their native countries because of human rights violations and persecution. These events, which include torture, extrajudicial killings, and other forms of extreme repression, have long-term effects on mental health, such as PTSD, even after the settlement in the UK [39-41]. The ongoing impacts of historical abuses of mental health-related human rights emphasise the need to do thorough mental health tests and treatments for refugees to help heal these ingrained traumas [42, 43].

In reviewing studies on how the migration route impacts refugees' mental health, the hazardous travel conditions they face were prominently highlighted. Most refugees face risky travel conditions, such as crossing the Mediterranean Sea on unsafe containers [44], navigating difficult land routes [45], and experiencing violence from traffickers or border police [46]. These traumatic experiences can create major mental health concerns like PTSD, anxiety, depressive conditions, and prolonged stress [47, 48]. Additionally, some refugees were exposed to human trafficking and detention in transit countries en route to the UK. Refugees held in transit countries or upon arrival in the United Kingdom frequently suffer from severe mental health concerns as a result of terrible living conditions and uncertainty about their legal status. Detention and human trafficking can be linked with a greater incidence of PTSD, depression, and anxiety among refugees when seeking asylum [49-51]. Noteworthy is the stress of uncertainty surrounding the asylum process and also resettlement; the long waiting periods can lead to anxiety and

depression [52, 53]. Also, due to their asylum status, they are exposed to economic instability and social isolation, which further contributes to stress and mental health issues [54, 55].

Post-migration effects on the mental health of refugees in the United Kingdom show that acculturation stress arises from the need to navigate cultural differences, language barriers, and societal expectations [56, 57]. A study on Iraqi refugees has demonstrated that acculturative stress predicts the severity of PTSD and anxiety symptoms, while depressive symptoms were influenced by exposure to traumatic events before migration [58]. Among the refugees, there was a noted risk of mental health issues resulting from poor social integration and support. Signs including loneliness, melancholy, and anxiety indicate that social provision, especially from the ethnic community, has a major influence in reducing mental health problems among immigrants [59, 60]. Major post-migration concerns influencing refugees' mental health were unemployment and economic uncertainty. Studies reveal that financially struggling refugees are more prone to suffer from anxiety, PTSD, and depressive disorder [59, 60]. Refugees who are employed and economically stable and can sustain themselves and their families have significantly enhanced mental health and well-being [61, 62].

5. Limitations

The more probable publishing studies with important results can lead to publication bias, which would overstate the frequency and severity of mental health problems among immigrants. Additionally, the review may not have sufficiently addressed post-migration other issues, like Insufficient psychological therapy accessibility, which is essential for the mental health outcomes of refugees.

6. Conclusions

This scoping review underscores the substantial mental health obstacles encountered by refugees in the United Kingdom as a result of pre-migration factors, including trauma, violence, economic hardships, and persecution. These issues are further exacerbated by the hazardous conditions that are encountered during the migration voyage, such as human trafficking and detention. Refugees' mental health is still being negatively affected by post-migration factors, such as financial uncertainty, little social support, and challenges of acculturation. Comprehensive mental health assessments and customised interventions at each stage of the refugee experience are necessary to address these challenges. The mental well-being of refugees in the UK must be supported by the development and implementation of strategies that mitigate these stressors through the collaboration of policymakers, clinicians, and public health authorities.

Opportunities for Future Research

This review has identified several gaps and opportunities that warrant further exploration:

1) Longitudinal studies: Future research should focus on long-term mental health outcomes among refugees, tracking how psychological states evolve from arrival through resettlement and integration.
2) Intervention effectiveness: There is a need for more evidence of the efficacy of culturally adapted and trauma-informed mental health interventions delivered in the UK to refugee populations.
3) Gender and age-specific analysis: Studies focusing on vulnerable subgroups such as women, children, unaccompanied minors, and the elderly could uncover unique stressors and coping mechanisms relevant to policy design.
4) Access to care: Further research should explore the structural and systemic barriers to mental health services, including legal status, stigma, language barriers, and regional disparities in access.
5) Community-based support models: Investigating the role of peer support, religious or cultural networks, and ethnic community associations in mitigating mental distress could offer insights into low-cost, scalable mental health support mechanisms.
6) Impact of UK asylum and immigration policies: Future inquiries should examine how changes in policy, such as detention practices or asylum processing timelines, influence the mental well-being of asylum seekers.

Abbreviations

ASR	Asylum Seekers and Refugees
BNLA	Building a New Life in Australia (Referenced as Part of a Cohort Study)
CMAJ	Canadian Medical Association Journal
IDP(s)	Internally Displaced Person(s)
MeSH	Medical Subject Headings
NHS	National Health Service
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PRISMA-ScR	PRISMA Extension for Scoping Reviews
PTSD	Post-Traumatic Stress Disorder
RPMS	Refugee Post-Migration Stress Scale
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Acknowledgments

We sincerely thank the Authors for their invaluable contributions and steadfast dedication, which have been instrumental in the success of this research. Their consistent support has played a crucial role in advancing this project.

Author Contributions

Anthonia Chukwuemeka: Conceptualization, Resources, review & editing

Olaniyi Felix Sanni: Methodology, Project administration, Writing, Resources, Formal Analysis

Elizabeth Une Amuta: Supervision, Resource review, editing and proof reading

Adaora Ejikeme: Validation, Resources

Rahab Charles Amaza: review & editing, Resources

Awayimbo, Ruth Jaggu: original draft, Supervision

Conflicts of Interest

The authors declare no conflicts of interest.

Appendix

Full Search Strategy

Databases Searched

Theliterature search was conducted systematically using the following five electronic databases:

1) Ovid Global Health
2) Ovid EMBASE
3) Ovid Medline
4) PubMed
5) EThOS (Britishlibrary's Electronic Theses Online Service)

In addition, greyliterature was explored using:

1) Google Scholar
2) APA PsychEXTRA

Search Terms and Strategy

The following search terms and Boolean combinations were used. The terms were refined using MeSH terms, subject headings, and keywords tailored for each database:

(Mental Health OR mental health OR well-being OR psychological state OR psychological condition OR mental state)

AND

("migrants and immigrants" OR undocumented immigrants OR refugees OR "transients and migrants" OR Refugee* OR migrant* OR asylum seeker* OR immigrant*)

AND

(Pre-migration OR Post-migration)

AND

(United Kingdom OR UK OR England OR Northern Ireland OR Scotland OR Wales)

Search for Filters andlimits

1) Publication Year: January 2011 - December 2024
2) Language: English only
3) Geographic Focus: United Kingdom (England, Scotland, Wales, and Northern Ireland)

Data Management and Screening

1) Duplicates removed
2) Title and abstract screening performed
3) Full-text screening based on inclusion criteria
4) Final selection of 34 eligible articles

Search Outcome Summary

1) Records identified through database search: 1,363
2) After removing duplicates: 871
3) Articles screened: 156
4) Full-text articles assessed: 39
5) Articles excluded after full-text review: 117
6) Final studies included in review: 34

Quality Appraisal

While scoping reviews do not typically appraise study quality, the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines were followed to enhance methodological transparency and consistency.

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