

**Title:** Finding agency in limbo: a qualitative investigation into the impact of occupational engagement on mental health and wellbeing of asylum seekers in the U.K.

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Running Head: Occupational Engagement of Asylum Seekers

**Abstract (249 words)**

The process of seeking asylum is complex, and often leads to extended periods of limbo for millions of people awaiting decisions on their status. Engagement in occupation – defined as meaningful activities and roles that bring purpose and agency to one’s life- is suggested as a key driver for mental health recovery for marginalised populations, including asylum seekers with traumatic experiences pre- and post-migration. How does occupational engagement impact one’s mental health and wellbeing while existing in the asylum system? How do asylum seekers maintain engagement in occupation in the context of socio-political constraints of the asylum process? We explored the occupational experiences of 12 clients of one human-rights charity, utilising community-based participatory research methods. Participants completed group mapping sessions (n =4 sessions with 11 total participants) where participants depicted routine journeys taken to perform occupations in London, which included discussion around the significance of their journeys. Four participants also completed additional “walking maps” - semi-structured interviews which occurred along a selected “occupational journey” self-identified as meaningful to their wellbeing. All Data were analysed using thematic network analysis. Findings revealed that engagement in routine occupations within safe, social spaces positively affects the mental wellbeing of asylum seekers by promoting competence, agency and feelings of belonging. The liminal space of the asylum process meant that participants’ occupational engagement was limited to ‘leisure’ activities but were still critical to establishing forms of agency associated with their wellbeing. Implications for programmes and interventions responding to the needs of asylum seekers are discussed.

**Keywords**

Asylum seekers, occupation, agency, liminal space, community mental health

## **Introduction**

Levels of forced human displacement have reached record highs, with 79.5 million displaced in 2019 (UNHCR, 2020a), resulting in increased numbers of people seeking asylum in Europe and the United Kingdom (UK). Asylum seekers (AS) are persons fleeing war, violence, persecution, or trafficking, to seek protection in a new country. Distinct from economic migrants or resettled refugees, AS are a specific population whose claims for asylum are directly related to their location in country prior to asking for refuge and to their experience of human rights abuses (UNHCR, 2006). While awaiting status determination, AS do not have the same civil rights and protections as refugees; they face restrictions in relation to work, education, and civic engagement (Burchett & Matheson, 2010), restrictions often exacerbated by pre-existing mental health problems, discrimination, uncertainty for the future, and fear of authorities.

AS and refugees in Western host countries have significantly higher rates of mental health disorders than other groups of migrants (Fazel, Wheeler, & Danesh 2005; Hollander et al., 2016; Shawyer et al., 2014). Seminal work by Silove, Sinnerbrink, Field, Manicavasagar, & Steel (1997) suggests that the experience of asylum systems in host countries (post-migration) may have a greater negative effect on AS mental wellbeing compared to the effect of traumatic experiences in their home countries (pre-migration) or their migration journeys. The researchers attribute high levels of PTSD in AS with “greater exposure to pre-migration trauma, delays in processing refugee applications, difficulties in dealing with immigration officials, obstacles to employment, racial discrimination, and loneliness and boredom” (Silove, et al., 1997, p. 351).

Recent evidence from the occupational therapy and occupational science (OT/OS) disciplines provides a possible explanation for such findings, suggesting that a lack of engagement in occupations (work, play, education and leisure) among forced migrants,

including AS, contributes to a deterioration in mental health and wellbeing (Crawford, Turpin, Nayar, Steel, & Durand, 2016; Huot, Kelly, & Park, 2016; Whiteford, 2005). According to the WHO's International Classification of Functioning, Disability, and Health (2001), participation in meaningful activity, or occupation, is a principal measure of functioning and health. Reduced occupational opportunities can be a long-term experience for AS with a history of trauma due to the range of psychological and socio-political factors limiting their opportunities to re-establish identity, agency and livelihood (Bennett, Scornaiencki, Brzozowski, Denis, & Magalhaes, 2012; Morville & Erlandsson, 2013), which have been suggested as key aspects of mental health recovery (Campbell & Burgess, 2012; Manhica et al., 2018).

While evidence from a range of disciplines suggests the importance of internal psychological and external social factors to mental health, there is a paucity of evidence exploring the specific impact of engagement in occupations on mental health of AS. In particular, as occupation relates to waiting for status determination, or being in a state of 'limbo', where people are unable to participate in the world civically, legally, or socially. Within the literature, the state of limbo faced by AS is defined as *liminality*; existing in a temporary space while waiting for status (Ghorashi, de Boer, & ten Holder, 2018). This space is distinct to AS who lack access to opportunities for social participation, integration and mental health recovery. As numbers of AS grow globally, there is a need for a greater understanding of the role of meaningful participation (occupation) to promoting wellbeing for AS living through this liminal space, to better inform health systems and policies.

Our study responds to this need by exploring the value of occupation in the lives of AS currently navigating the liminal space of the asylum system in the UK. Using participatory methods to examine the lived experiences of occupational engagement for clients of a London-based human-rights charity, we explore the following research questions:

1) *How do AS with a history of trauma in the UK experience occupational engagement?* 2) *How does access to occupation contribute to mental health for AS with a history of severe trauma existing in the liminal space?*

## **Background**

### *Occupation, mental health and wellbeing*

OT/OS approaches are rooted in the premise that people are inherently occupational; they require meaningful, purposeful activity in order to function and achieve mental wellbeing (World Federation of Occupational Therapists [WFOT], 2019; Townsend & Whiteford, 2005). Occupation extends beyond employment to include the meaningful roles, routines and activities that provide people with purpose and identity, including opportunities for education, leisure, family and community roles, self-care, and work (WFOT, 2019). As such, occupation forms a critical social determinant of mental health, which is ultimately achieved through enabling and promoting opportunities for productivity and contribution to community, which feature within WHO definitions of mental health and wellbeing (Polatajko, Townsend, & Craik, 2007; WHO, 2004).

As rates of forced migration increase so too does the presence of AS in clinical settings, and the need for health professionals to understand their experiences of trauma (Abu Suhaiban, Grasser, & Javanbakht, 2019), which often include human rights abuses like torture and trafficking (Morville, Erlandsson, Danneskiold-Samsoe, Amris, & Eklund, 2015; Nickerson et al., 2018). Kalt, Hossain, Kiss, & Zimmerman (2013) report that 30% of AS have experienced serious harm or torture prior to their arrival in Europe. Of Silove et al's (1997) participants in Australia, 79% reported previous experiences of traumatic events and 37% met full criteria for PTSD.

Occupation helps to develop meaning and structure in daily life, facilitating purpose, meaning, identity, community integration, functional life skills, and independence (WFOT

2019). When social and political barriers, like government policy, create prolonged restrictions to occupational engagement, it is known in the literature as occupational deprivation (Whiteford, 2000). Occupational deprivation has been linked to the creation or exacerbation of mental disorders, as well as social isolation, lack of purpose, and hopelessness (Morville et al., 2015; Whiteford, 2005). For example, Huot et al. (2016) found that forced migration produces occupational deprivation and occupational imbalance, with significant implications in the areas of adaptation, maintaining and re-establishing identity, and outlook for the future. Displaced persons must adapt their occupational engagement within new environments in order to survive and thrive as occupational beings (WFOT, 2014).

#### *Displacement and the reality of the UK asylum system*

While AS make up only 5% of the migrant population in the UK, there are an average of 30,000 asylum applications a year to the Home Office with an acceptance rate of approximately 32% (House of Commons, 2019). AS experience a state of 'limbo' while waiting to be granted refugee or humanitarian protection status- a form of citizenship in line with the *United Nations' Universal Declaration of Human Rights (UDHR)* (1948), which defines a citizen as a person with rights to legal protection and civic participation. While refugees have the right to work, AS in the UK do not (Home Office, 2020a). AS with pending claims do receive housing, a weekly stipend of £37.75, and access to National Health Service (Home Office, 2020b), in line with UDHR guidelines (United Nations, 1948). While the policy dictates an asylum claim should be handled within six months, many asylum seekers in the UK wait years for a decision, with multiple appeals before decision (HBF, 2019). This liminal period is highlighted by high numbers of pending claims: 61,968 at end of 2019 (UNHCR, 2020b), which does not even account for dependents of main applicants or

cases undergoing judicial review (UNHCR, 2020c). This insecure citizenship status has been associated with AS reports of fear of authorities, re-traumatization during repeat interviews, and mental deterioration in Europe and Australia (Procter, Kenny, Eaton, & Grech, 2018; Schock, Rosner, & Knaevelsrud, 2015; Thompson, Vidgen, & Roberts, 2018; Turnbull, 2015). Morgan, Melluish & Welham (2017) found that persons with insecure immigration status had significantly higher rates of PTSD and those refused asylum had higher rates of post-migratory stress associated with restrictive policies and isolation.

Despite legal access to health services, studies from Europe found that AS' mental health is neglected and exacerbated through an asylum process that precludes engagement in occupations (Laban, Komproe, Gernaat, & de Jong, 2008; Manhica et al, 2018; Priebe, Giacco, & El-Nagib, 2016), alongside experiences of discrimination, isolation and exclusion (Bäärnhielm, Laban, Schouler-Ocak, Rousseau, & Kirmayer, 2017). Laban, et al. (2008) found that Iraqi refugees who experienced delayed asylum processes in the Netherlands demonstrated significantly lower quality of life, higher functional disability and more physical complaints. Others studies in Europe highlight the emotional distress linked to prolonged traumatic detention (Grant-Peterkin, Pickles, & Katona, 2016), and recurrent asylum interviews (Schock et al., 2015; Smith, 2015).

Such post-migration stressors are congruent to experiences of a discriminatory and anti-immigration socio-political context (Martinez, et al, 2015; Hoare, Vidgen, & Roberts, 2017; Turnbull, 2015). In the UK specifically, this is reflected within what has been defined as a "hostile environment" policy -a term used by former UK home secretary Theresa May to define the UK policy approach and measures (Travis, 2013) and used to describe the Home Office's implementation of measures designed to make life difficult for people without legal status in the UK (Williams, 2020). Beyond this, it has led to the stigmatisation of already



marginalised groups of migrants, exacerbating their vulnerabilities and creating negative health impacts (Weller et al., 2019) and a loss of valued occupations (Morville & Erlandsson, 2013). Burchett & Matheson (2010) argue that despite the provision of income allowance and housing to AS awaiting status determination in the UK, the system “does not address the psychological or social needs of asylum seekers, serving instead to promote social isolation” (p.89).

*Struggling to connect: Negotiating belonging in a liminal space*

Coined by Turner (1967), liminality is an “in-between” state or existence “on the threshold”, in which AS are given an “ambiguous legal (non-) status” situating them within a specific structural space and time without “normalized connectedness” (Ghorashi et al., 2018, p. 373). Living in liminal space creates distinct mental and structural barriers to participation for AS in comparison to refugees and other migrants. For example, Hynes (2011) found that deterrent UK asylum policies create a “policy-imposed liminality” that restricts integration and social inclusion, thereby limiting the sense of belonging to a state of being that can only be achieved through citizenship status (p. 94).

Our understandings of belonging and citizenship is deepened by OT/OS literature. In this field, citizenship is central to occupation as it provides agency and feelings of belonging typically made impossible in the presence of policy-imposed liminal spaces. For example, Hammell (2014) argues that occupation must be understood as the cultural need for *belonging* through *connectedness*. Huot et al. (2014) suggest that the experience of displacement requires “negotiating belonging”, as migrants navigate daily spaces of inclusion and exclusion as a result of their marginalisation. The idea of negotiating belonging and connection despite the constraints of the UK asylum system is explored through this research.

The above literature highlights two gaps in our understandings of the experiences of AS in the UK context: 1) the need to understand the implications of occupational engagement to mental health and wellbeing for AS with a history of trauma living in a liminal space, and 2) the need to approach understandings of AS perspectives on their efforts to achieve occupational engagement in a way that highlights competency and agency.

Our work contributes to these gaps, through exploring the impact of engaging in occupation on the experiences of a group of AS in the UK.

### **Conceptual frameworks**

Our work was guided by two conceptual frameworks designed to help us understand the impact of occupations on AS' wellbeing, and the deployment of agency in response to its absence: occupational justice and community psychology. Crawford et al. (2016) argue that the "social structures of citizenship status and policy interact with asylum seekers' personal characteristics" to produce an experience of deprivation that is distinct to AS (p. 321). Interventions that combat occupational deprivation through enabling participation and social inclusion are organised within a Participatory Occupational Justice Framework (POJF) (Townsend & Whiteford, 2011). Acknowledging that social inequalities and power structures create occupational deprivation, the occupational justice perspective recognizes the importance of enabling individual agency and competency through occupational choice and within partnerships that promote social inclusion (Stadnyk, Townsend, & Wilcock, 2010; Whiteford, Jones, Rahal, & Suleman, 2018).

However, current research in this area is limited to a focus on deficits; it does not highlight the capabilities and strengths displayed by AS as they navigate liminal space or respond to occupational deprivation. As such, we are informed by community psychology which provides opportunities to explore positive aspects of agency. The field shares OT/OS

support of the importance of participation to health policy and practice but places an additional emphasis on understanding local knowledge and capabilities at work in everyday processes of health and development (Nelson & Prilleltensky, 2011). With respect to mental health specifically, Campbell and Burgess (2012) highlight the importance of citizenship, agency and participation as critical to enabling resilience and mental health.

## **Methodology**

Our work is rooted in scholar-activist traditions, which argue the critical role of research is to elevate the voices of groups who are marginalised or excluded in order to shape meaningful change (Hern, 2016). In many instances, participatory and qualitative methods are used to create more equal platforms for participants to contribute to processes of knowledge production, as we detail below.

### *Research setting and population*

The primary research setting was the Helen Bamber Foundation (HBF) ([www.helenbamber.org](http://www.helenbamber.org)), a London-based human rights charity that supports survivors of human rights abuses, (including modern slavery, trafficking or torture) through a multidisciplinary clinical team that treats and supports symptoms of complex PTSD and associated co-morbidities (HBF, 2019). Full details of HBF's model of integrated care can be found at [www.hbf.org](http://www.hbf.org) (HBF, 2019). The HBF Community Integration Programme includes weekly activities: football, yoga, photography, textiles, hiking, chorus, gardening and a community group for socializing and learning. The 'community' of focus in this study is HBF service users, who despite differing nationalities, histories and mental health challenges, are united by previous experiences of trauma and their desire for asylum in the UK.

### *Research design*

The study utilized a community-based participatory methodology (CBPR) (Cornwall & Jewkes, 1995; Minkler & Wallerstein, 2003) with a sample of 12 clients from HBF. CBPR aligns with our interests in occupational justice and the desire to highlight agency at work in the lives of AS. CBPR approaches help to ensure a person-centred approach, allowing the voices of the participants to be central throughout the study, and combat the absence of AS voices from UK studies on migration (Goodman, Burke, Liebling, & Zasada, 2014; Perkins, 2016). As noted by Whiteford and Hocking (2012), CBPR integrates research and action, with the aim to empower participants in processes of collectively building community capacity to create and acknowledge the importance of health promoting occupations. Furthermore, given the participants' histories of trauma, varying levels of English, and liminal status, the potential for power inequalities and outsider bias to influence the projects was substantial. A CBPR approach enabled us to redistribute some power, agency and opportunities for self-expression to participants that exceeds what is possible within traditional interview methods (Huot & Rudman, 2015), in ways that are more sensitive to cultural and linguistic differences.

### *Methods*

We used two participatory methods to collect data with participants: occupational mapping and walking maps. These methods enabled creative forms of self-expression moving beyond standard interviews and focus groups. For example, mapping has been characterised as a multisensory approach, able to illuminate relationships between community, lived reality and other dimensions of place.” (Powell, 2010), and an instrument that uses social processes of creation to highlight alternative realities, claims and motivations of participants (Chambers, 2008).

Given our interests in the importance of elevating details of participation that may be hard to verbalise due to their mundane nature (Huot & Rudman, 2015) We adapted Huot and Rudman's (2015) occupational mapping approach, previously used to explore the importance of situated occupations for Canadian immigrants. In our study, maps functioned as a visual, physical and interactive tool for self-expression that facilitated descriptions of the complex nature of participation and occupational journeys that would not be achieved within typical focus groups. Visual, narrative and active methods also avoid replicating the style of face-to-face interviews experienced within the asylum process that have been linked to psychological distress (Schock et al., 2015). Details on application of these methods are outlined in subsequent sections.

### *Ethical Considerations*

Ethical approval was granted by the Research Ethics Committee of the [Research Institution] [15183/001]. The study protocol outlined procedures to ensure confidentiality, safeguarding and distress management as agreed upon in a *Memorandum of Understanding between [Research Institution] and Helen Bamber Foundation (HBF)*. The anonymization process included changing names, ages and specific locations in quotes to be areas on the opposite side of London. In order to avoid distress or re-traumatisation of participants, data collection tools were designed to focus on the agency and competencies of participants, and reviewed by the senior author (CK, HBF's medical and research director) and other HBF psychologists and therapists prior to ethics being formally submitted to [institution] for review.

### *Positionality*

As previously noted, our work is rooted in scholar activism. TM was a volunteer supporting HBF's Community Integration team for two years prior to this study and was familiar with HBF staff and service users. TM's previous presence as a volunteer also facilitated trust, which was crucial for a participatory qualitative study. Graneheim and Lundman (2004) recognize the importance of establishing trustworthiness in qualitative analysis through specific measures in the research procedure. TM was aware of the insider-outside positionality with regard to race, ethnicity, citizenship status, and other power dynamics (Minkler, 2004), and used critical reflection with her supervisor to minimize the influence of these dynamics on data collection processes.

RAB was the primary supervisor of this work, a community psychologist with over a decade of experience working with participatory and transformative methods in mental health research. Such positionalities informed explicit interests in the role of community processes and agency in the face of structural oppressions. The relevance of such interests to the study population were validated by the senior author CK, current medical and research director of HBF, who has provided over 2000 expert psychiatric reports in the asylum and human rights context in the UK. Any bias was further reduced by using a data-driven method to analyse and categorise themes.

### *Participant recruitment*

Our inclusion criteria are presented in Table 1. To qualify for services at HBF, clients must have a history of trauma and current mental health condition, typically PTSD, severe depression and anxiety (HBF, 2019). We opted not to conduct a detailed trauma history from participants for two reasons. 1) It was considered potentially harmful for participants to have to recall these issues again, as it is already a feature of their daily life within government

processes. 2) a strengths-based approach to the study does not demand a focus on illness or deficits (Nelson and Prilleltensky, 2010).

TM used an open recruitment process to reach beyond participants she knew already in order to reduce social desirability bias within pre-existing relationships with HBF clients and staff. TM presented the study to all community integration groups, invited all HBF staff to refer potential participants, and used flyers in the centre. Participants were consistently reminded of their ability to withdraw during the study. Understanding of these rights were confirmed by participants who chose to withdraw from data collection activities. The study protocol to safeguard the needs of clients stipulated that therapists conducted independent assessments to ensure potential participants were at a stable stage in their asylum and therapeutic process to participate safely in the study. Clients experiencing severe anxiety after being declined an asylum claim, for example, were excluded from the participant list based on the therapist's independent assessment. (See Study Protocol in Supplementary Data).

By including persons who had been granted secure status within the past six months, we were able to acknowledge: 1) the time delay linked to formal transition to refugee status; 2) experiences as an AS still impacts wellbeing and occupational engagement, and 3) was more inclusive. Funding restrictions meant interpreters were not available, so, participants needed to be able to speak and understand English to participate.

**Table 1:** *Inclusion Criteria*

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<b>1) currently a client of Helen Bamber Foundation</b>
<b>2) at least 18 years of age (all HBF clients are adults)</b>
<b>3) in the asylum-seeking process or have received status within the last six months</b>
<b>4) able to speak conversational English (able to give consent without help from a translator)</b>

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Purposive sampling was used to approach 40 potential participants, of whom 16 consented to participate. All participants were given a participant information sheet and consent form, which they could discuss with the primary researcher or therapy team. Participants also filled out a demographics form and were instructed to only share the details they felt comfortable sharing.

Although 16 people consented to participate, 12 participants were included in the final sample. Reasons for withdrawal are summarised in Table 2.

**Table 2:** *Reasons for Withdrawal after Consent Received*

<b>PARTICIPANT NUMBER</b>	<b>REASON FOR WITHDRAWAL AFTER CONSENT</b>
<i>13</i>	Participant's English language level was too low, she received help translating from her friend for consenting process, so her data was excluded from the analysis after the mapping session.
<i>14</i>	Did not show for scheduled group mapping session.*
<i>15</i>	Did not show for scheduled group mapping session.*
<i>16</i>	Withdrew after completing occupational mapping and walking map stating he had just received his status and felt nervous about having spoken about his experience.

*Note.* This table describes the reason why despite having consented these four participants, they did not participate or their data was omitted from analysis.

\*It is not unusual for logistical or interpersonal issues to inhibit attendance in a population of trauma survivors and people living far from the community centre.

All participants participated regularly in at least one community integration activity at HBF at the time of this study. Although this was not a specific inclusion criteria, it enabled us to reduce burdens on participant time and travel, by organising data collection at times when existing programmes were already running. Implications of this on our findings are discussed in later sections of this paper.

Anonymized demographic details of the final 12 participants are summarised in Table 3. To preserve anonymity of participants we opted to name regions of origin as organised by



the WHO (2011) instead of country. All participants signed consent forms, except for one non-literate participant who understood and spoke English at a high level and provided verbally recorded consent.

**Table 3:** *Participant Demographic Information*

<i>Participant number</i>	<i>Sex</i>	<i>Age</i>	<i>Region of origin*</i>	<i>Time awaiting asylum in the UK in years (including appeals)**</i>
1	M	32	South-East Asia	5
2	M	47	Africa	10
3	F	39	Stateless***	8
4	M	26	Eastern Mediterranean	10
5	F	29	Europe	10
6	M	45	South-East Asia	4.5
7	F	46	Europe	2
8	M	43	Africa	3
9	F	50	Africa	8
10	F	32	Eastern Mediterranean	5
11	F	33	South-East Asia	14
12	F	37	Africa	1

*Note.* This table shows the sex, age, global region of origin and years since first asylum application in the UK.

\*Global regions, as categorized by the WHO (2011) were used instead of specific country in order to preserve anonymity of participants.

\*\*Many HBF clients experience denial of their claim after which they submit an appeal. These numbers reflect time they have been waiting since they first applied for asylum.

\*\*\*The stateless person is also in the asylum system like other participants. She was born in the UK but never had a birth certificate and was denied citizenship by the UK on multiple occasions before she decided to ask for asylum. She qualified for the research based on the inclusion criteria. It was also noted that her experience of previous trauma and occupational deprivation within the liminal space of the asylum process was observed by the primary researcher to be very similar to that of other participants.

### *Data collection*

Data was collected in June-July 2019 by TM under the supervision of RAB and CK.

Participants were invited to participate in a collective mapping session held at HBF. Walking interviews occurred in the community, with the participant, TM, and an additional HBF therapist in attendance or on call in case the participant experienced distress. This never occurred.

*Participatory occupational mapping.*

Four group occupational mapping sessions, each with two to four participants, were completed at the HBF office or community centre. Participants were asked to ‘map’ the places they travelled to in London and how they managed journeys. Materials were provided including markers, pencils, and sticky notepads. Participants were encouraged to represent their journeys visually without detailed labels, street names or neighbourhoods in order to ensure privacy. One large sheet of paper was shared with a symbol of HBF drawn in the middle. TM introduced the concept of ‘mapping’ to participants with an explanation that HBF is a common destination of importance and they were invited to incorporate the symbol into their maps. Although this may have influenced participants to centralize HBF as a destination of importance, it also functioned as a cue to support map development and the feeling of the collective. Participants were asked to explain their drawings in a facilitated discussion, exploring topics including what influences their participation, access and personal meaning.

Sessions were audio-recorded and transcribed for analysis. Drawn maps were not analysed but were used to guide analysis of transcripts. (See sample anonymised map in Supplementary Data).

*Walking maps.* Participatory occupational journey interviews, or ‘walking maps’ were semi-structured interviews that occurred alongside a journey to a destination that the participant indicated was important to him/her. This enabled exploration of meaningful occupational engagement in real-time, allowing a more nuanced understanding of participant barriers, agency and resources.

A topic guide was used (See Supplementary Data). Questions promoted participant exploration of perspectives on the current journey and associated feelings. The interview started in the participant's community, or along a section of their commute if they lived very far from HBF. Starting mid-journey helped reduce stress about disclosing specific details about a participant's home. Table 4 summarises the four journeys explored in interviews. Sessions ranged between 20 minutes and one hour.

Four participants volunteered to do a 'walking map' following their occupational mapping sessions and one consented to the walking map but not the group session (she explained this was because of her illiteracy and discomfort with group work). One participant chose to withdraw from this part of the study, leaving the final four. Scheduling conflicts limited our ability to conduct additional interviews.

**Table 4:** *Walking Maps*

<b>Participant Number</b>	<b>Participant Occupational Journey</b>
<b>2</b>	Began at a tube stop about halfway through the participant's journey to HBF's community group meeting space (therapist present)
<b>6</b>	Began in the neighbourhood where participant walks to HBF's community group meeting space (therapist on call)
<b>11</b>	Began at a tube stop on the way to the HBF Women's Hiking group (therapist present)
<b>12</b>	Began at a bus stop in her neighbourhood and ended at the site for the HBF yoga class (therapist on call)

#### *Data analysis*

Data was analysed using thematic analysis via a largely inductive approach. Concerns about sample size were alleviated through promoting saturation in two ways. The first was through methodological triangulation, i.e. the combining of group mapping with additional deeper details from the Walking Maps. The second was through the concept of *informational power*.

Malterud, Siersma, & Guassora (2016) assert that in contexts where the focus of the study is narrow, rooted in theory, with a focus on a specific sample, the data can be argued to have sufficient informational power on a particular topic. In our study, our narrow focus on occupations, triangulated through two methods helped to deepen our understanding of occupational barriers, occupational engagement and impacts on participants' lives.

Following the transcription and the familiarizing stage of analysis, the transcripts from groups and walking-maps were initially coded separately. No major differences were noted between the occupational mapping discussions and walking maps, so the data were pooled into one corpus.

Using Attride-Stirling's (2001) framework, thematic network analysis was utilized in order to have a robust structure with which to categorise data into an interconnected network of "basic", "organizing" and "global" themes. Although conceptual framework shaped research questions, by using thematic network analysis we maintained an inductive approach to analysis by generating meaning and identifying patterns and relationships, to inform data driven response to the research questions.

NVivo 12 was used to support basic coding. The data were then categorised manually into 43 basic themes. From this, 18 organizing themes and finally seven global themes were generated (see Supplementary Data for Coding Table). RB reviewed and verified coding and development of themes throughout the process. The full coding framework is available in Supplementary Data, however we report on the three global themes that were most saturated by the data and held the most informational power in response to our research questions.

## **Findings**

Findings are organized around our three selected global themes below. Participants identifiers include pseudonyms, age and number of years they have lived in liminality in the UK.

***Global Theme 1: Compounded impacts of past trauma with liminality and the UK's hostile environment deteriorates mental health.***

When asked about engagement in daily occupations, most participants alluded to previous trauma in their lives as a major obstacle to participation. Participants specifically reported flashbacks, depression, and fear as factors that impact whether they take journeys to important places and how they experience those journeys. Although stores, parks or libraries are relatively accessible, commuting in London and going to crowded places could be triggering for many participants. As noted by Annabelle,

*You see ... the kind of people I meet before with my situation, sometimes I see them they remind me, give me flashback like that's the person, or, these are the kind of people I meet when I was doing my thing of..., so it makes me sometimes like I don't feel like coming. (Annabelle, 37, 1 liminal year)*

Most participants discussed recent traumatic experiences resulting from the asylum process. For example, Joseph who was a victim of torture prior to coming to the UK also spoke of his experiences of trauma pre-migration followed by detention the UK:

*It gets quite difficult cause when you're very down, it's about the situation you faced ...and this happens in the morning when you wake up you have flashback and it depends on what you went through, maybe torture, maybe some they are abused, some were having uh difficult situations so... [T]hey take away my freedom as person... so [they treat me like] I was a criminal and I do something bad to this society so they have to put me down [in] prison- I mean the detention. ... to make me to accept I'm a useless, I've nothing to give to society, so they have to put me down and they kill me in there.'*

(Joseph, 47, 10 liminal years)

Three participants mentioned that the asylum application process exacerbates existing mental distress by forcing them into a waiting period, as noted below:

*'Rather than the torture coming into my mind, wasting time is a bigger thing [worry] for me now. It's so valuable, five years. I could have been a benefit to the government, the UK. (Carlos, 45, 4.5 liminal years)*

Most participants mentioned the impact of being dependent on government subsidies as a consistent stressor and deterrent to participation.

*I mean cost is like the number one thing... if I had access to, like, travel, there's so many more things I would do but at the end of the day, I don't, and I can't afford it living on limited funds. You know £35 a week is nothing, you can just about scrape.'*  
(Barbara, 39, 8 liminal years)

In addition, the hostile UK environment further restricts engagement as it promotes fear and feelings of powerlessness within the liminal space.

*To be honest like, since I don't have status, I feel a little scared at the moment because... you always have a fear that... if I travel it makes me a little nervous about the police, immigration... (Carlos, 45, 4.5 liminal years)*

### ***Global Theme 2: Routine 'doing' promotes agency and competency in the liminal space.***

Often, participants stated the importance of 'doing' and 'staying busy' in managing the psychological risks of staying home.

*If you just keeping home, you remembering, remember flashbacks, trauma, everything ... so.... it's too much. (Opeyemi, 50, 8 liminal years)*

For many, occupation emerged as a means of psychosocial coping; taking advantage of many of the free/sponsored activities and occupations offered by service organizations and religious structures.

*So ... all these activities just to keep ourselves busy and contribute as well cause if I'm not doing, I'm get very stuck in [bad thinking]. (David, 43, 3 liminal years).*

There was determination to find purpose and agency within the liminal space, in the 'doing', which for some became a form of resistance to the internal and external barriers to mental health recovery:

*Because you've got to exercise outside to keep you busy and keep you useful, um, cause if you stay at home, you feel useless, so it's the price to make yourself feel comfortable, useful and give something to society because the system tries to break you down, some activities you're doing on your journey it makes you to block the hostile environment that will put you on your head. (Joseph, 47, 10 liminal years)*

Though participants reported difficulties in navigating the public transport system due to cost complexity, as well as cognitive, linguistic and psychological barriers, they also emphasised their ability to overcome these challenges.

*Yes, it's a bit difficult especially if you don't know how to read like, ... with my English sometimes because I can recognise some things... and I ask questions and London's easy for you when you ask questions.... It's a bit difficult but it's okay. It makes you to know where you are going. So, it's okay. (Annabelle, 37, 1 liminal year)*

Participant accounts reflected feelings of normalcy when commuting, aligned to a feeling of belonging in the London community through routine- purposeful journeys to places where they were expected to show up and do an activity of value. Commuting transitioned from being an act of necessity to an act of agency and competency, and, therefore, dignity, with positive impacts on mental health and wellbeing, as reflected below:

*Right now, as usual, I still lie in my bed, I feel lonely and don't want to do anything. And then, have lot of stuff about my struggle. And uh, thanks to the [HBF] community group ... making me... to wake up early, take my shower, put away my struggle, they feel to*

*make me to do something all my day. It's like, I go to work or I go to school or I go to Uni. So, it brings back my memory as a citizen, normal citizen, useful citizen... (Joseph, 47, 10 liminal years)*

Most participants built a dedicated schedule around weekly activities like HBF groups, community classes, and religious services. Descriptions of schedules indicated the importance of filling the liminal space with purposeful activity.

*Monday, I have to go to Peckham, after Paddington, and then after that ... to library, and then when I finish the library in afternoon I have to go ...to the church. Then at 5:30, I have to go to Victoria Park, to play the football. So, I try to make myself busy. (David, 43, 3 liminal years)*

All participants reported that going to and from HBF and other meaningful destinations built a routine in their lives that would otherwise be missing. Participants engaged with between one and five HBF activities weekly; half identified HBF as the most important destination. For participants, access to structured, routine activities supported feelings of citizenship and normalcy. Making occupational choices is central to agency and reinforces positive routine; both support mental wellbeing in the liminal space.

***Global Theme 3: Safe social spaces enhance participation and feelings of belonging, which improve mental wellbeing.***

Participants reported that HBF and its associated activities felt safe, an important element for managing trauma symptoms and fear of the hostile environment.

*I feel that I'm safe because I'm with [HBF] and I believe everything... the therapy, what they are telling me, that I'm here and nobody can harm me, so I believe that I'm safe. Even when I'm scared but I still believe I'm safe... here. (Annabelle, 37, 1 liminal year)*



The idea of safety transcends physical spaces, such that a symbolic power of HBF as safe enabled people to push past their fear and engage with activities.

*I have some fear too, when I get out from the house, ... because of the immigration status, the police, there are so many obvious things which triggers me. So that is the shortcoming of, you know, travelling but still... I'm trying to make it through because I feel you know, HBF is safe. (Carlos, 45, 4.5 liminal years)*

All participants highlighted the importance of social connection as what motivated them to leave home and engage with services; friends, family, religion, and community helped reduce the social isolation so frequently linked to the asylum experience.

*... I don't have just a hunger to go [out] but you have to... overcome your feeling, you don't have feeling to go...but when you reach the place, see your friends and having fun, it change your mind...you have to push yourself... (David, 43, 3 liminal years)*

A sense of freedom and strength emerged when participants felt a sense of belonging and purpose, both of which are essential to mental health. Finding agency and regaining a sense of control despite the burden of liminality were ubiquitous themes in the stories told with regard to the routine occupation provided by HBF and similar CSOs.

*Through [HBF], we got uh football team, that's Monday... photography group and also yoga group. That's thanks from [HBF]. And we can see it make me keep myself busy and so useful. Without that to be honest I don't know what I been. I don't know to be honest but that it make big, huge impact on my life. ... I will carry on until I get my life back 100%. My aim. ... thanks to the HBF. (Joseph, 47, 10 liminal years)*

## **Discussion**

Our study explored the importance of occupation to the mental health of a community of AS with histories of trauma living in the UK. Through our application of community-based participatory methods, we make an original contribution to the growing body of literature on

migration and health highlighting the agency mobilized by AS to overcome liminality to engage in occupation, with resultant positive impacts on their wellbeing. Despite the wide range of time spent in liminality (1-14 years) participants reflected common experiences of distress that was mitigated by the opportunities to engage in occupation created by HBF.

Our findings confirm multidisciplinary evidence that suggests pre-existing trauma is aggravated by the UK asylum system (Grant-Peterkin et al., 2016; Morgan et al., 2017). While most participants referenced their trauma history before arriving in the UK, the emphasis was on the current barriers to mental wellbeing that were linked to deprivations created by immigration policies and financial dependency.

Findings highlight that *keeping busy* not only acts as a coping mechanism for managing previous trauma symptoms but also gives participants an increased sense of control over their own lives. Participants spoke of the importance of doing activities that were “safe” and socially oriented, which gave them feelings of being “useful” and “normal”. The ability to say that they “can” and that they “know” are central tenants of competency that routine occupation supports. As participants adapted to navigating the urban space through routine engagement, the experience of commuting transformed from being a source of fear and triggers, to being a source of competence, agency and normalcy. This corroborates previous literature that finds these capabilities as essential to mental health recovery but adds a new perspective about the importance of occupation to creating routine engagement that supports feelings of agency within a liminal space.

Engagement in routine occupations within a safe community space reinforces the occupational participation that alleviates effects of trauma and supports feelings of agency, competency and belonging. While the OT/OS literature highlights competency, doing and belonging as integral to occupational engagement for health, our findings expand upon this by reflecting on the impact of liminality within a constrained context (“hostile UK

environment”) as the most critical barrier to participation, and achievement of mental wellbeing.

While liminality in the UK immigration system profoundly undermines personal agency (Turnbull, 2015), Ghorashi et al. (2018) argue that ability to *do* is a form of resistance; AS can claim space and normality via “alternative forms of agency” “within the impossible structures” of the asylum system (p. 374). Participants had to negotiate new ways of belonging within the asylum system, highlighting the importance of creating alternative forms of agency to promote mental wellbeing. This can be accomplished through therapeutic partnerships and community mental health programs that allow AS to renegotiate their identities (and belonging), combating mental distress caused by prolonged liminality (Simich Maiter, & Ochocka, 2009).

Furthermore, while the nature of most HBF activities would qualify in ICF (WHO, 2001) and OT/OS literature as “leisure” (Polatajko et al., 2007), the participants’ regard for and commitment to these types of occupations mimic that which might be expected for work or education, enabling them to feel like normal citizens in the routine of *doing*. Not only does participation in such activities combat social isolation, but also routine occupation enables access to social capital and civic identity despite their “non-status” in the liminal space.

The importance of HBF services to participant trauma recovery was rooted to its ability to create a sense of belonging and safety through activities they provide. According to the POJF, HBF emerges as an external agent able to mediate the interactions between individuals and wider structural constraints by enabling them to access occupation within a safe place that promotes social inclusion (Crawford et al., 2016).

This finding has been seen in other in other high-income settings, such as the US, where Smith, Stephenson, and Gibson-Satterthwaite (2013) found that Karen women were able to reclaim their self-identity through NGO facilitated traditional weaving program that

promoted mental wellbeing by creating social networks. In the UK, Smith (2015) explored AS finding access to occupational opportunities through organisations that build meaningful social networks, which fulfil the need for purpose, value and belonging. These programs afford AS the opportunity to resist the negative consequences of oppressive asylum processes by providing routine occupations that promote competency, agency and belonging, and improve mental wellbeing (Bennett et al., 2012; Whiteford & Hocking, 2012).

Findings highlighted that participants explicitly linked their ability to engage in occupations, within safe spaces to their well-being, which has been supported by work within community psychology. The Community Mental Health Competency framework (CMHC) (Burgess & Matthias, 2017) specifies that skill-building in safe social spaces with collaborative partnerships enables individuals and groups to exercise agency to address the social and relational conditions driving poor mental health. Liminality and the UK's hostile policy environment were identified by participants as impacting their health – realities that align with accounts of structural violence that shaping poor mental health outcomes in other contexts where individuals are displaced by conflict, including Colombia (Burgess & Fonseca, 2020). Addressing these structural challenges in responding to mental health requires agency and solidarity between actors, often drawing on resources such as community networks and organisations (Burgess & Mathias, 2017). Organisations like HBF that combine therapy with routine, competency-building occupation that facilitates belonging build upon the resilience of community members and increase opportunities to promote mental health recovery. Within the CMHC framework, HBF builds competencies of service users through psychotherapeutic skill building and parallel social participation; and becomes a mental health enabling space that supports individual and collective skills as a resistance to oppressive systems and in support of effective pathways to mental wellbeing and security.

Our work also makes a methodological contribution, highlighting the value of participatory methods to understanding the role of occupation as a determinant of mental health. Occupational mapping and Walking maps helped us to understand the complex, multifaceted nature of liminality for AS with a history of trauma through a visual and creative outlet, combining this with a physical and verbal explanation of the journey and its significance. This centralised the voice of participants and the lived realities of their own occupational journeys as valid and important to be understood. Such approaches have been argued as critical to restoring personhood to typically excluded groups (Huot & Rudman, 2015)

To our knowledge, our study is the first to use these methods with a group of AS in the UK/Europe and suggests it is a valuable method that attends to the importance of power, agency and occupation with a strengths-based perspective to understand the realities of this historically marginalised group. In conversations held as part of our project dissemination, HBF staff noted that they themselves better understood the importance of the Community Integration Programme to the mental health recovery of HBF service users. Several responses indicated the method measured the direct impact of the Community Integration Programme in a means that went beyond typical qualitative evaluation methods.

### **Limitations**

While small sample sizes may limit generalisability to the level of universal claims about all AS, our work contributes to other forms of communicative generalisation (Cornish, 2020), which helps to expand knowledge bases around AS occupation and mental health, highlighting its critical role to promoting wellbeing under constrained settings. The current study was limited to English speakers due to funding limitations on interpreters, therefore,

future studies would benefit from using similar methods to explore participation for non-English speakers.

While it was more feasible to recruit service users who were active participants in the Community Integration Programme, this limits our claims to those AS who have been able to engage in regular commuting. Future studies should include AS who struggle to engage in routine occupations to better understand barriers to occupation. However, AS, including those in this sample, have extremely diverse backgrounds and experiences and should not be homogenized as one group, maintain the value of understandings generated by our work.

### **Conclusions and Recommendations**

Utilizing participatory methods to explore agency, safety, belonging and competency of AS, the current study builds upon previous research with regards to the interplay of occupation with systemic and psychosocial barriers, navigation of urban spaces, and social networks. Within the liminal space where AS exist, a range of occupations move beyond ‘busying’ oneself towards opportunities for socially oriented, routine occupation that improves mental wellbeing. When said occupations are provided in safe social spaces, participation is reinforced due to consequent feelings of belonging and competence. This occupational engagement improves mental health and acts as a resistance against the negative psychological consequences of the U.K.’s hostile policy environment.

By combining the OT/OS and community psychology approaches, our work produced novel and clear understandings of how occupation effects mental health of AS who have pre-existing trauma that is compounded by social liminality and a hostile asylum system. These findings are pertinent to the field of global mental health which calls for increased engagement with participatory methods to better understand the lived experiences of

marginalised populations (Burgess & Fonseca, 2020) who must negotiate for belonging by finding alternative forms of agency.

Our work highlights the need for health professionals to understand the effect of social liminality to the AS experience and its implications on mental wellbeing and justice. In order to respond to the needs of AS with a history of trauma, health professionals would benefit from methods that allow them to recognise the impact of structural inequalities using strengths-based perspectives, to understand needs as well as strengths deployed by this population. Finally, findings from this study support calls from human rights advocates who argue for policies that facilitate AS' right to access occupation, as part of the larger movements to mitigate the human, social and economic burden of mental illness caused by displacement.

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