



**Refugee Sanctuary**  
Scotland

# Peer-researcher led action research

What support can Glasgow charities do to improve the mental health and wellbeing of adult asylum seekers?

A research report on behalf of Refugee Sanctuary Scotland, facilitated and co-authored by:



March 2025

Refugee Sanctuary Scotland's aim is to relieve destitution and promote wellbeing for people within the asylum system in Scotland. [www.refugeesanctauryscotland.org.uk](http://www.refugeesanctauryscotland.org.uk)

Refugee Sanctuary Scotland commissioned this work as they believe in programmes developed with and for their service users ensure their programming is grounded in the realities that people in asylum system face.

## ABOUT THE AUTHORS

This report is the product of a collaboration of five peer researchers: Ronald Tagwireyi, Ingrid Garcia, Edineth Mtengwa, Ivan Kakembo, Mohammed Ali and merl's research team: Anna Beesley and Joanna Knight.

We are all part of the research in different ways, as researchers, producing data, interrupters of the data and writers. Throughout this report, 'we' refers to the research team, who produced the data (both from personal experiences, observations and speaking with others) and analysed it collectively. The majority of the report was written by Anna and Joanna, who were guided by the rest of the research team about the findings.

## ACKNOWLEDGEMENTS

This research was commissioned by the Refugee Sanctuary Scotland. Joanna Knight and Anna Beesley facilitate the project, working closely with the peer researchers throughout the process. We give thanks to all those involved:

- All the people who gave up their time to tell us about their experiences and opinions of mental health and wellbeing activities in Glasgow.
- The organisations who we interviewed or participated in their activities: MLK, Urban Roots, Community InfoSource, The Mental Health Foundation, Springburn Community Hub, Maryhill Integration Network, Cranhill Development Trust and Refugee Sanctuary Scotland.
- Refugee Sanctuary Scotland for enabling the work to happen, and especially Rukhsanah Ali, the Mental Health and Wellbeing Coordinator, who participated throughout and Ekta Marwaha, Chief Executive Officer, who helped guide the project.
- Jules Scheeles for illustrating the process, findings and recommendations for us.

Joanna and Anna would like to thank the peer research team for their commitment, enthusiasm, reflections and inputs through the process. It was a pleasure to work with such a fantastic team.

# CONTENTS

<b>ACKNOWLEDGEMENTS</b>	<b>1</b>
<b>SUMMARY</b>	<b>3</b>
<b>1. INTRODUCTION</b>	<b>4</b>
<b>2. RSS's MENTAL HEALTH &amp; WELLBEING PROGRAMME</b>	<b>5</b>
<b>3. METHODOLOGY</b>	<b>6</b>
3.1 Peer Research	6
3.2 The Research Process	7
3.3 The Research Questions	7
3.4 Data Collection Methods	7
3.5 Analysis	8
3.6 Key ethical considerations	9
3.7 Limitations	9
<b>4. CONTEXT</b>	<b>10</b>
4.1 The asylum process	10
4.2 Scotland	11
4.3 Glasgow	12
<b>5. UNDERSTANDING MENTAL HEALTH AND WELLBEING</b>	<b>13</b>
<b>6. MENTAL HEALTH &amp; WELLBEING ACTIVITIES</b>	<b>15</b>
6.1 Barriers to activities across Glasgow	17
<b>7. KEY FINDINGS</b>	<b>19</b>
7.1 The RSS Mental Health and Wellbeing Programme	19
7.2 What should a mental health and wellbeing programme look like?	21
7.2.1 Isolation by design	22
7.2.2 The importance of creating safe spaces and building trust	23
7.2.3 The importance in creating togetherness	26
7.2.4 The importance of fostering joy and hope	28
<b>8. CONCLUSIONS &amp; RECOMMENDATIONS</b>	<b>29</b>
8.1 Recommendations	30
<b>ANNEX 1: Reflections on being a peer research</b>	<b>32</b>
<b>ANNEX 2: Glasgow wellbeing services for refugees and asylum seekers</b>	<b>34</b>
<b>ANNEX 3: References</b>	<b>36</b>

# SUMMARY

*What we learnt through peer research:*

We found that the asylum process deliberately **enforces isolation** which brings with it distress. Third sector organisations can reduce isolation by: **creating safe spaces and building trust** which helps **create togetherness** and **fosters hope and joy**.

---



## What is the report about?

This report looks at Refugee Sanctuary Scotland's (RSS) mental health and wellbeing programme and through a participatory action research approach explores how RSS can build on their existing programme based on the needs and inputs of the people they are supporting.



## What did we do?

This was a peer-led research project, meaning people with lived experience of asylum were at the heart of the process. Here's what we did: Recruited and trained five peer researchers; Held five workshops to build trust, explore wellbeing and design the research together; Gathered data through 16 interviews, two focus groups, four participant observations and four journals; Analysed findings together holding two analysis workshops to look at themes and key messages; Worked together to present the findings, write a report and input into a visual poster to share what we found.



## What we found?

We identified four themes that underpinned all positive experiences of a variety of activities:

**Isolation by Design:** The asylum system creates stress and fear, restricting finances, rights and social support. People described feel scared, anxious and alone. The system can feel intentionally harmful, making it harder for people to maintain good mental health, especially after past traumas that many people have experienced.

**Safe Spaces really mattered:** Many participants said that safe, welcoming spaces where they could relax, talk and be themselves were essential. Activities that gave people a chance to connect and express themselves without fear as well as a sense of being listened to, respected and included were important.

**Togetherness builds wellbeing:** Group activities help build trust and friendships over time. Repeated activities created routines and allowed people to form deeper connections beyond the organised activity. Sharing cultural food and experiences helped foster belonging and peer support.

**Hope and joy are powerful:** Activities gave people a reason to get up in the morning, helped distract from difficult thoughts, and gave a sense of progress. Even small achievements like going to the gym made people feel proud and hopeful.

**RSS provision of bus passes, gym passes and other activities were all seen as positive** and contributed to better mental and physical wellbeing for those involved. The bus passes were particularly effective, as they gave people agency to choose where they could go and when making other activities organised by RSS or themselves accessible. Activities reduced isolation, gave people structure and routine, and helped them build confidence. The gym passes were effective as they were accessible (multiple locations available across Glasgow) people built friendships and could see progress with their fitness.

## What we recommend:

- Make activities regular and consistent - not one-off events.
- Create safe, welcoming spaces where people feel listened to and respected.
- Give choices in what activities they do and how they do them.
- Include space to talk about wellbeing safely.
- Train staff in trauma-informed and culturally sensitive approaches.

- Collaborate so that people know about all activities available and referral pathways are in place.

## 1. INTRODUCTION

People seeking asylum in the UK can experience profound challenges to their mental health and wellbeing, shaped by a system that is structurally hostile and socially isolating. Many people seeking asylum have already endured trauma prior to arrival. These traumas are then compounded by the asylum process itself. The UK's 'hostile environment' policies have been described as producing a "structural enforcement of loneliness" that particularly targets racialised and marginalised communities (Maguire, 2023; Wells et al., 2024). This context generates or exacerbates high levels of psychological distress, with evidence linking it to elevated rates of self-harm and suicidality among both adults and children seeking asylum (Allsopp et al., 2015).

Despite these challenges, formal mental health services remain largely inaccessible, with barriers ranging from stigma, language, and trust issues to the structural exclusion embedded within the immigration system (Kiselev et al., 2020; Priebe et al., 2016). In this gap, third spaces and community-based, informal activities, such as nature walks, sports, and social activities, are a vital tool of support and connection. These spaces offer moments of relief from institutional scrutiny, opportunities for building relationships and having fun (Biglin, 2021; Raphaely and Orbach, 2022).

Refugee Sanctuary Scotland's (RSS) mental health and wellbeing programme provide these types of supportive activities. They offer bus passes, gym memberships, hiking expeditions, and swimming classes to build social connections and improve overall wellbeing. Recognising both the power and the limitations of this small-scale programme, RSS commissioned this participatory action research project to explore and evaluate its impact. Crucially, this work is co-designed, implemented and analysed with peer researchers, people with lived experience of the asylum system and engagement with RSS services.

The purpose of this research is twofold: to collaboratively improve and expand RSS's wellbeing programme based on the insights and priorities of those it aims to support, and to build a strong evidence base that can inform future funding bids. It also seeks to centre the voices of people seeking asylum in the design and evaluation of services intended for them, thereby contributing to more just, effective and trauma-informed support systems in Glasgow.

This is more than an evaluation or piece of research—it is a **call to action**. In a climate of increasing hostility and exclusion, Glasgow's third sector has a vital role to play in creating safe, inclusive, and restorative spaces for people seeking asylum. This peer-led research echoes the ambitions of Scotland's Mental Health and Wellbeing Strategy (2023-2027), which recognises the critical role of community and third sector organisations in delivering holistic, accessible support. We invite all charities, funders, policymakers and allies to listen deeply to the findings of this peer-led research, and to work collectively toward a city where mental health and dignity are a right, not a privilege.

## 2. RSS's MENTAL HEALTH & WELLBEING PROGRAMME

RSS's mental health and wellbeing programme (2022-2024), provides asylum seekers and refugees with opportunities to reduce isolation, improve self-confidence, and support their overall mental health and wellbeing through providing bus passes, gym membership, swimming classes and hiking trips.

Since the programme began in 2022, RSS has:

- Provided 29 people (22 male, 7 female) with Glasgow Life gym passes for a maximum of one year.
- Facilitated 2 hiking expeditions to the Highlands for 13 people.
- Organised, in collaboration with Glasgow Life, a two 10-week block of swimming classes for 7 adult learners, providing bus passes, swimming costumes and towels as well as the classes).

These provisions are offered to RSS services users (people who would otherwise be destitute with no recourse to public funds) and to other asylum seekers and refugees through referral from other agencies (such as Scottish Refugee Council, Govan Community Project..etc.)

Currently, RSS have 20 annual Glasgow Life gym memberships (distributed on a three-monthly basis) and plans to expand the programme with new funding (yoga, meditation, bus excursions and therapy sessions).

RSS commissioned this research project to explore with service users what service offers are wanted under this support programme and test the assumptions made about the current programmes' impact - that providing activities:

- Takes people away from their everyday problems and increases mindfulness and provides respite from stress and worry.
- Gives opportunities for people to meet others, increase their social connections and broaden their network of friends and acquaintances.
- Gives opportunities to take on challenges and improve mental and physical well-being.
- Increase self-esteem and a sense of self-worth.

See [Section 7.1](#) for the specific evaluation of RSS's mental health and wellbeing programme.

## 3. METHODOLOGY

### 3.1 Peer Research

Peer research is **a way of doing research together with people who have personal experience of the thing we're studying**. Peer research is about understanding things from the inside, listening to real experiences and using them to find solutions. Instead of being just subjects of the research, they help design the questions, collect information, and make sense of the findings. This approach values their knowledge and helps make the research more accurate, respectful, and meaningful.

In this case, the five peer researchers worked closely with merl's researchers over a five month period (November 2024- March 2025) to design the research question, select the data collection methods, collect the data, analyse the data and develop the key findings and recommendations.

*"The RSS thing for 6 months, not just researching but a lot of things we get, meet people, learn something ... meet lovely, nice people, it's a really big thing, for us it's a really big thing. If I do something from 11 till 2 I've spent a q of my day .. we have a good time."*

*"It's helped me gain more confidence when speaking with my peers. I've overcome barriers to the point of participating in a women's focus group and conducting interviews. I never thought I'd be able to do it, but this project has helped me gain more self confidence."*

*"I want to do more, to learn more."*

*"The best part of becoming a peer researcher was the opportunity to engage with people who had firsthand knowledge of the asylum system. Listening to their tales and worries gives me a direct understanding of what assistance is genuinely required. It was really rewarding to know that our findings may assist in building better services and positively impact on how charities approach mental health support for asylum seekers."*

*"The research is a good thing because we are learning, we learn from people when we interview them and you also learn from me when you interview me. We learn from each other, we develop confidence. We are no longer shy, we are no longer having too much stress because we talk about it and we know how to manage it. We meet as women, we talk, we go places, we meet to do different activities."*

*"Before, I was very sad. I have a long time in the UK and why do I not have papers? But now I listen to different histories in this group and it's not just me that has a long time with no papers, other people are also long time in the UK. Now say it's okay but before I was very sad but now I listen to histories and feel better."*

*"I've been a peer researcher before and thoroughly enjoyed the experience, this time was no different. No. There was a difference. This time I learnt so much more. For example a research question must have certain aspects to it, all of which I am now familiar with. This time I didn't just interview research participants, for the first time ever I facilitated a focus group discussion, did participatory observation and I've even introduced journaling into my daily life. There is something affirming about being a Peer Researcher that you are not the only one. I saw myself in many of the responses that participants gave. Working with others gives me a great buzz. It was a joy to go into each workshop where, week by week, our confidence grew. It wasn't all work and no play. I forged a friendship with my fellow peer researchers and enjoyed a night out with some of them the first of many, I'm sure. The whole experience wouldn't have been what it was without the research lead thank you Jo and Anna for guiding us where necessary and giving us the freedom to fully participate and grow in the process."*

See [Annex 1](#) for more reflections from the peer researchers

## 3.2 The Research Process



**Inception phase:** merl held meetings with RSS to clarify the purpose, scope and key audiences of the research. RSS also led on peer researcher recruitment.



**Peer researcher workshops :** Joanna and Anna facilitated a series of five workshops with the peer researchers to: create a trusting and cohesive group; explore ideas around mental health and wellbeing; collectively develop the research question; learn five qualitative research methods; reflect on ethical research practice; and decide which methods to use.



**Data collection:** Over a two-month period the peer researchers collected data through interviews, journaling, participant observations, focus group discussions, a group trip to Largs and debriefing meetings. Anna also conducted some of the interviews.



**Coding and analysis:** The peer researchers helped with transcribing, creating codes and themes, coding and analysing the data through two analysis workshops. An illustrator, Jules Scheele, joined us to capture the findings from the peer researchers as well.



**Presenting the findings and reporting writing:** With the peer researchers we presented the findings to RSS and collaboratively developed the recommendations. Based on this, Anna and Joanna produced this written report. All participants and RRS had the opportunity to review and feedback on the report and poster before they were finalised.

## 3.3 The Research Questions

Our overarching questions developed by the peer researchers:

**What support can Glasgow charities do to improve the mental health and wellbeing of adult asylum seekers?**

With two sub-questions:

- To what extent has the RSS mental health and wellbeing programme supported service users to improve their mental health and wellbeing?
- Building on the challenges and successes of the previous program, what should an RSS mental health and wellbeing program look like?

## 3.4 Data Collection Methods



**16 Key informant interviews** with eight RSS service users, four RSS staff members, four other activity service coordinators.

**Two focus group discussions** with 14 (seven male and seven female) RSS service users.

### Participant demographics (from people with lived experience of the asylum system)

- 13 x men
- 11 x women
- With 16 different countries of origin
- Aged between 20- 72
- With anywhere from 5 months to 24 years experience of the asylum system.



**Five journals:** two about going to gym, visiting friends, going to choir, walking and people watching.

**Three participants' observations:** Taichi, ESOL and creative writing.

**Group trip to Largs:** individual and collective reflections on the experience.



**2 debriefing meetings** reflecting with the peer researchers on what they have found as they undertook different data collection activities.

### 3.5 Analysis

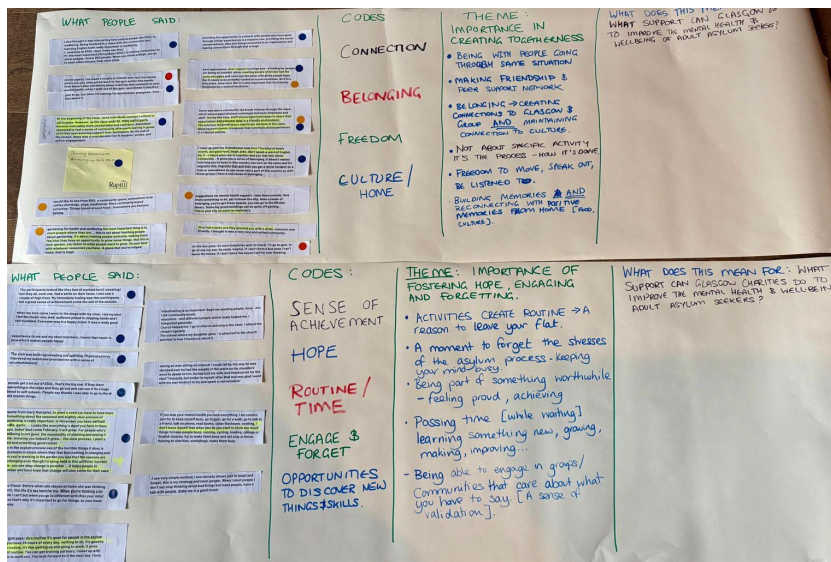
Our approach to thematic content analysis partially followed the framework for reflexive thematic analysis suggested by Braun and Clarke (2006), supporting us to develop themes through an iterative process of data familiarisation; coding and recoding; generation of initial themes; and further theme development, review and refinement. This approach supported us to collectively interrogate and interpret the qualitative data.

Firstly, we partially transcribed all the interviews, focus group discussions and meeting recordings and typed up observations and journals when they were hand-written. Anna and Joanna undertook an initial coding of the data inductively from the ground up, being led by the data on what codes emerged. All data was treated as equally important, and we identified both implicit and explicit ideas within the data. We then undertook our first analysis workshop and began to sort and identify other themes together with the peer researchers.



Illustration by Jules Scheele from Analysis workshop 1.

In the second analysis workshop we drew the codes into themes to discuss together and develop our findings.



## 3.6 Key ethical considerations

**Respecting rights, dignity and voluntarism:** The research was underpinned by a strong commitment to upholding the rights, dignity, and welfare of all participants. Ethical research principles, including informed consent, confidentiality and voluntarism, were central to the project design and delivery. All participants were informed in accessible language about the nature and purpose of the research, with assurances that participation was voluntary, and they could withdraw at any time without consequence. Consent was treated as a continual process rather than a one-time event, with researchers, particularly peer researchers, trained to revisit consent throughout engagements. We also developed a shared code of conduct with the peer researchers to ensure a collective understanding of and commitment to ethical engagement.

**Trauma-informed and culturally sensitive approach:** Given the traumatic histories and ongoing stressors experienced by many refugees and people seeking asylum, the research team adopted a trauma-informed approach across all data collection activities. This included preparing participants with advance notice about what was going to be discussed, allowing space for emotional responses, offering breaks and providing clear options for stopping if needed. Information on referral organisations was available and guidance developed on how to handle distress disclosures appropriately. Care was taken to ensure safety in research settings, both physically and emotionally, recognising that being listened to can be empowering but also potentially triggering. Researchers reflected on their own positionality and were supported to manage their own emotional wellbeing, acknowledging the shared lived experience among peer researchers.

**Data protection and anonymity:** Ensuring privacy and data protection was vital to building trust and maintaining ethical integrity. We have a GDPR-compliant data protection policy. This covered the use of secure technologies, the identification and handling of sensitive data, and processes for anonymising data. Personal data were only collected when necessary and stored securely. Anonymity was maintained in reporting by altering or omitting identifying details. Particular care was taken during focus group discussions, where confidentiality could not be guaranteed; participants were reminded to share only what they felt comfortable disclosing and were reassured about how their contributions would be used and protected.

**Inclusivity, power awareness and shared ownership:** To address potential power imbalances between professional and peer researchers, the project focused on shared decision-making, training and support. Peer researchers were co-designers of the research, involved in every phase, from shaping questions to analysing data and sharing findings. Regular workshops and reflection sessions ensured space for multiple perspectives, consensus-building and acknowledgement of disagreement when necessary. This collaborative approach fostered mutual respect, inclusion and a sense of ownership that helped mitigate the historically extractive nature of research involving marginalised communities.

## 3.7 Limitations

As with all research, there were limitations which need to be recognised and addressed where possible:

**Limited participant pool:** The RSS health and wellbeing programme is small and therefore drawing reflections from people who have gym passes or participated in the swimming classes was limited to a small number (eight). To mitigate this, we also drew on the experiences of other health and wellbeing programmes in Glasgow to explore wellbeing support more widely and other people seeking asylum who did not necessarily have experience of RSS programmes.

**Focus on psychosocial and community-based activities:** This research focused intentionally on non-clinical, psychosocial forms of wellbeing support, such as physical activity, connection to nature and social activities rather than formal counselling or therapy. As a result, NHS mental health services were not explored. However, participants frequently raised concerns about the inaccessibility of these services, citing long waiting lists, poor interpreter provision and difficulties navigating the system.

*'When you go to the GP [in the UK] and try to discuss, when they hear you are an asylum, they think everyone has the same situation and does not treat you properly. They give you medicines to reduce your problem, but medicines are not the solution'* (Focus Group Discussion male)

Many also described a lack of understanding of the asylum process among GPs and the absence of culturally competent, trauma-informed mental health professionals. While these issues are critical to the broader mental health landscape, they fell outside the scope of this study and therefore we do not offer direct recommendations in this area. Nonetheless, their significance was clearly highlighted in the data and must be considered in any wider discussion on support for people seeking asylum.

**Peer researcher constraints and focus of recommendations:** While the peer-led model was central to this evaluation, we were conscious not to overly restrict the scope of what peer researchers could explore. This led to the inclusion of both self-organised and more formal activities in the research. However, our final recommendations focus specifically on actions that third sector organisations, like RSS and similar charities, can take forward—rather than on self-organised initiatives or public services. This was a practical decision to align with the influence and remit of the commissioning organisation.

**Language and communication barriers:** Due to practical constraints of language translation we worked with peer researchers who all had a good level of English. However, some peer researchers and participants had less English language proficiency, which may have influenced both data collection and expression of personal experiences. We took steps to mitigate this through the use of visual, creative and participatory methods that do not rely solely on verbal articulation. This enabled a richer and more inclusive process, but we acknowledge that some nuance may have been lost in translation or left unspoken.

**Individual adult experiences:** This research primarily focused on activities designed for and accessed by adults and did not explore support or wellbeing activities tailored for families, children, or those with disabilities. As such, the findings reflect the perspectives and needs of single adults. This focus may affect the transferability of the findings to other groups, particularly families with children or people living with disabilities, whose wellbeing needs and barriers to access may differ.

## 4. CONTEXT

### 4.1 The asylum process

The 1951 Universal Declaration of Human Rights (Article 14) states that everyone has the right to claim asylum. Claims are made with the Home Office once a person is in the UK. The UK asylum system is inherently undignified. It is intentionally designed to be like this and asylum seekers have no idea of what to expect when they come to the UK. Forced migrants are at particular risk of mental health problems, which may have resulted from traumatic experiences pre-migration, during their journey, or in the UK (Mental Health Foundation, 2024)

*'[The] asylum system and mental health are like brothers and sisters'* (Peer Researcher)

Asylum seekers and refugees are among the highest risk categories for suicide in the UK and have high levels of self-harm among both adults and children (Allsopp et al., 2015). The asylum system exacerbates the distress of already traumatised people (Yeo, 2022) and has been described as that of structural violence (Beesley, 2018; Canning, 2017)

Asylum seekers and refugees face a higher risk of mental health problems than the general population. Many have experienced pre-migration traumas such as physical and/or sexual abuse, torture, war, loss of homes, livelihoods, friends and family members. The migration journey often also included traumatic experiences. People who arrive in the UK often face overwhelming and complicated barriers to making a new life here. Post-migration stressors such as the social and economic conditions in which they live as well as going through the asylum process impact their mental health and wellbeing. These experiences create barriers to achieving and sustaining good mental health (Mental Health Foundation, 2024).

Many policies are designed to make life unbearably difficult. They create fear for people and can make them feel less deserving of dignity. These policies are part of what is called the 'hostile environment'. The people who are worst affected by the hostile environment are undocumented migrants and people with no recourse to public funds.

Maguire (2023) argues that there is a 'structural enforcement of loneliness', created through racism and xenophobia at the heart and purpose of the hostile environment. Furthermore the bureaucracy and lack of transparency within the complex asylum process alongside the frequently changing legislation and policies leave people feeling lost and disempowered (Shumam and Bohmer, 2004). Policies such as dispersal, detention, deportation, and the regular reporting to the Home Office mean that people with insecure status live in constant fear. The insecurity of asylum seekers' immigration status is seen to be a significant barrier to enjoying good mental well-being and good mental health (Priebe et. al., 2016). Importantly, the consequences of the immigration system and the hostile environment are highly gendered and experienced differently across different intersectional groups (Canning, 2017).

The asylum system is long and complicated. 68% of initial asylum applicants wait between six months and two and a half years (The Migration Observatory, 2023). In addition, 53% of people's asylum claims are initially refused by the Home Office. Between 2004 to 2021, around three-quarters of applicants refused asylum at initial decision lodged an appeal and almost one third of those appeals were allowed (Commons Library Research, 2025).

If the claim is accepted, and the individual is eligible, they will be provided with no-choice accommodation and asylum support, currently £49.18 a week whilst a decision (or appeals) are being made. It's about £7 a day which, bearing in mind a First Bus day ticket is currently £5.60, makes it impossible to meet basic needs. During this time, most asylum seekers have no recourse to public funds and are not allowed to work, thus 'limiting their sense of self-worth, constraining their financial well-being, and impacting their integration into, and enjoyment of, Scottish society' (Rogers et al., 2025).

## 4.2 Scotland

Immigration and Asylum falls under the jurisdiction of the British parliament, including the provision of asylum accommodation and support. However, the Scottish government has control over matters such as housing, health and education and, therefore, the agencies which deliver services to asylum applicants. Thus, policies around areas such as refugee settlement and integration are decided by the Scottish Government. Largely due to Scotland's reliance on inward migration to meet its population target (Scottish government, 2024), Scottish policy tends to start from a more favourable position regarding immigration than in the rest of the UK (Bowes et al., 2009).

New Scots Integration Strategy, first introduced in 2013, is Scotland's national strategy supporting the integration of forced migrants. It is led jointly by the Scottish Government, COSLA and the Scottish Refugee Council. The strategy advocates for: integration of New Scots from the point of arrival; a human rights based approach to integration; that approaches should be restorative and trauma informed; that people with lived experience of forced migration should be directly involved in the decision making around integration; that the process is intercultural and must involve mutual learning; and that it must involve partnerships working between Scottish Government, local authorities and third sector organisations. Despite not looking specifically at integration, many of these themes came out in data collected for this research project.

Scotland's Mental Health and Wellbeing Strategy (2023) published jointly by the Scottish Government and COSLA sets out a long-term vision and approach to improve mental health and wellbeing for all in Scotland. While recognising that peoples' needs for mental health care vary enormously, the Whole Systems Model (figure 1) details the life dimensions involved in achieving positive mental health and wellbeing. It is important to recognise what dimensions are restricted by the asylum systems and where support organisations can help. For instance, asylum seekers are not allowed to work, but our research found that volunteering offered a sense of purpose and belonging that positively impacted asylum seekers' wellbeing. In addition, social and emotional dimensions of

wellbeing are affected as many asylum seekers arrive in the UK alone and rely on support organisations to build up trusting relationships with peers.

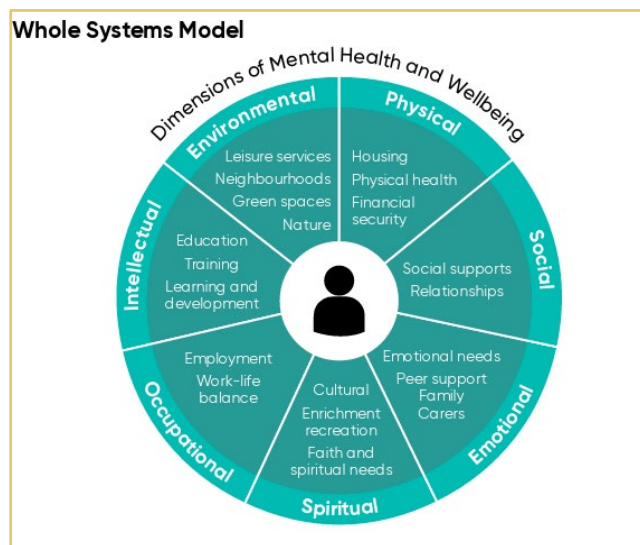


Figure 1: Dimensions of Mental Health and Wellbeing

There are also significant underfunding and long waiting lists for therapeutic mental health and wellbeing services. In addition, ESOL classes, considered by participants as an essential element of strengthening their wellbeing, not only through learning English, but also a way to meet and connect with other peers. Despite access on paper, however, funding for ESOL has not kept up with demand. As a result, both Local Authority and college level ESOL classes are oversubscribed in many parts of the country. Scotland’s ESOL Strategy expired in 2020 and ESOL was incorporated into Scotland’s new Adult Learning Strategy. This move has reduced the visibility of ESOL as a main area of concern in community learning and development and leaves a vacuum where holistic thinking concerning the role of language learning for vulnerable adults. As with the integration policy landscape, the ESOL funding landscape in Scotland is also too complex and has resulted in ESOL provision for refugees being incredibly patchy across the country (Centre for Public Policy, 2024).

### 4.3 Glasgow

Asylum claimants who do not have anywhere to live and no money to support themselves are considered “destitute”. In these situations, the person is entitled to Asylum Support, which includes accommodation and basic living expenses. Under the 1999 Immigration Act, there is a no-choice dispersal system for asylum applicants in receipt of government support, justified as a means to relieve the ‘burden’ of the number of applicants residing in London and Southeast England. Glasgow was Scotland’s only dispersal city from 2001 - 2022, since then other local authorities across Scotland accommodate asylum seekers however Glasgow remains the largest. As of December 2024, there were 6,057 asylum seekers supported in Scotland (112,187 in the UK in total); 4,193 of those were accommodated in Glasgow (Home Office Stats, 2024).

It is important to note that asylum seekers have no choice over where they live or who they live with, and they can be moved many times during their asylum journey. In Glasgow, the Westminster government contracted housing provider is Mears, they are responsible for heating & electricity and maintenance. Once there is a decision from the Home Office, either a positive or negative decision, asylum seekers are evicted from Mear’s accommodation, often at short notice, exacerbating fear and stress of when this might happen.

Glasgow City’s dispersal contract meant that, in 2001, for the first time, there was a significant need for specific services aimed at refugees and asylum seekers in Scotland. In the two decades since, a strong network of support and solidarity has been built in Glasgow. Services include: legal firms that specialise in immigration and asylum law; specific medical services such as those that provide support for people who have suffered trauma or torture; charities and third sector organisations of various sizes, from international ones to smaller Glasgow based ones

like Refugee Sanctuary Scotland; a series of integration networks made up of local agencies, community groups and volunteers existing in poorer and more ethnically diverse areas of the city in which most asylum seekers are housed; grassroots, activist organisations and networks; church groups; and a night shelter for destitute asylum applicants. In terms of numbers, using the New Scots Connect Map<sup>1</sup> and the search terms 'Glasgow' and 'mental health' seven organisations came up; using the terms 'Glasgow' and 'wellbeing' 16 organisations came up. We have developed a non-exhaustive list of 28 services provided in Glasgow in [Annex 2](#) to highlight the services available currently.

## 5. UNDERSTANDING MENTAL HEALTH AND WELLBEING

### KEY HIGHLIGHTS:

- **Mental health is a new and culturally unfamiliar concept** for many asylum seekers, with expressions like "thinking too much" used instead of medicalised terms.
- **Stigma and shame around mental health are widespread**, often linked to negative labels like "crazy" or "bewitched," discouraging people from speaking out.
- **Gender norms shape disclosure** with men seen as weak if they open up and women fearing ridicule, even though safe spaces like focus groups encouraged sharing.
- **Mental distress is often hidden**, showing up as isolation, staying indoors, or changes in eating and sleeping habits, making it harder to identify and support.
- **Talking helps**, participants recognised that speaking openly can improve wellbeing, and peer researchers shared strategies like staying busy to protect their mental health.

**What people understand by mental health and wellbeing varies significantly.** During the interviews and focus groups, we specifically asked participants what the terms 'mental health' and 'wellbeing' means. For all the participants in the asylum process there was a clear difference in the way that mental health was spoken about, acknowledged and dealt with in their home countries and the UK. For some, it was only once living in the UK that they had ever spoken explicitly about 'mental health' and for a few, it was only once taking part in this research project. Talking about mental health was new to one of the peer researchers, she explained, *'in my country I never learned about mental health but I'm learning this subject and now I understand, not too much, but I understand'* Whilst many participants stated that they did not talk explicitly about mental health within their communities, the term **'thinking too much'** was used by many as an idiom of mental distress.

Participants spoke about **how mental health (by which they meant poor mental health) is stigmatised in their countries of origin.** Instead of mental health, words like 'crazy', 'psycho', 'mad', 'bewitched' and 'cast' were used. Moreover, people who were suffering would often be removed or rejected from communities. Nevertheless, it was highlighted, in the women's focus group discussion, that it is not necessarily about a lack of care but more a result of limited education and awareness around mental health. Participants highlighted that the education around mental health is very different between their home countries and in the UK.

*'Mental health is cultural, western ... People from other places feel ashamed to speak about it, afraid to talk about their mental health. You wouldn't go to therapy, it doesn't exist. You would not be treated as a human being.'*  
(Focus Group Discussion, men)

The stigma and shame attached to mental health in people's home countries has the potential to follow people to the UK. It can have the effect of people not speaking out about how they are feeling while in the UK:

*'Some asylum seekers feel shy about mental health, they say they are good but deep inside you know [otherwise]'*  
(Peer Researcher)

Other participants talked about friends hiding the fact they are struggling by *'keep inside, stay alone, hiding from people, not going out'* (Focus Group Discussion, men). Many participants made a connection between staying indoors and suffering from mental distress, as did Service Coordinators working with asylum seekers.

<sup>1</sup><https://scottishrefugeecouncil.org.uk/new-scots-connect-map/>

'People talk about being stressed or down or depressed, they're words that come up a lot. ~~At the~~ you can kind of tell, not leaving the flat very much, not sleeping a lot, being in their rooms with curtains closed for most of the day.'  
[Service Coordinator]

Both the men and women that took part in the focus groups acknowledged **gender difference in the way mental health is presented and/or talked about**. In general, it was thought that men are more reluctant to discuss mental health issues as they are supposed to be strong and would come across weak if they had mental health problems. It was felt that men and women were less likely to share experiences of mental distress across genders *men act strong but they don't want to show their weakness to women. Women feel embarrassed if they share with men* (Peer Researcher)

There is a stigma around mental health among women too, the women's focus group discussion stated that when they were back home they would not talk about mental health with an all-women group because you would be laughed at and gossiped about. Nonetheless, they appeared happy to be ~~to~~ have an open discussion about mental health during the focus group and commented on it being a space whereby their different opinions were valued. Indeed, the participants left wanting another session to carry on conversations.

What we mean by Mental Health and Well being  
The term mental health means different things to different people.....  
Well being is how you feel about yourself and your life,  
Other names of mental health are Stress, Depression, Anxiety  
Mental health is caused by Asylum Process, Destitution  
In my country of origin in Africa, <sup>they don't</sup> understand mental health and well being, they say the person has been witched and is mad or crazy. They don't want to talk about it they think it's a shame in the Family or Society, There is a lot of stigma. Mental health people are not treated very well they feel unwanted. In my country they put mental health people at a place called (Hlanyeri) meaning a place for mad people  
In UK mental health people are treated very well with descent respect, no stigma in UK and no discrimination  
Mental health and Physical health go hand in hand  
Mental health is the state of your mind while Physical health is the state of your body and its functions.

Image 1: peer researcher's comment on mental health

Whilst many of the participants going through the asylum process were fairly new to discussing mental health, **there was an awareness that speaking about it can help improve one's wellbeing**

*'When we have mental health issues some of us keep the problems to themselves and don't get help. If we allow ourselves to open up, speak about our problems, we will get help and get better. If we close our minds our mental health will become worse'* (focus group discussion, women)

Some of the peer researchers, perhaps due to the length of time they had spent in the asylum process, had a good understanding and practice regarding how to keep themselves well:

*'If you lose your mental health you lose everything. I am careful, just try to keep myself busy, go to gym, go for a walk, go to talk to a friend, talk on phone, read books, clean the house, cooking. I don't leave myself free, when you do you start to think too much.'* (Peer Researcher)

**When thinking about services that support mental health and wellbeing, the stigma and shame attached to this subject needs to be taken into account.** A service coordinator highlighted, *'There is a reluctance from some people, from some communities to engage in an organisation with "mental health" in the name due to stigma ... probably this is a barrier more than we realise'*. Another service coordinator talked about the difficulty getting some asylum seekers to go to see their GP when they are suffering as they are used to mental health issues just being something that you get on with, rather than being viewed as an illness.

When we explained what we mean by mental health, all the participants understood there to be a strong connection between mental and physical health: *'the two are the same..they go hand in hand'* (Peer Researcher). Many of the explanations around the relationship between mental and physical health used food and eating as an example:

*'Under stress and then that comes out physically and your health suffers, such as they might eat too much or not eat at all.'* (Focus Group Discussion men)

*'If you don't have mental health, you don't have physical health. If you have mental health [problems] some people touch the body, cut hands, some people eat too much, some people not eating. If you don't have [good] mental health your physical health go down'* (Peer Researcher)

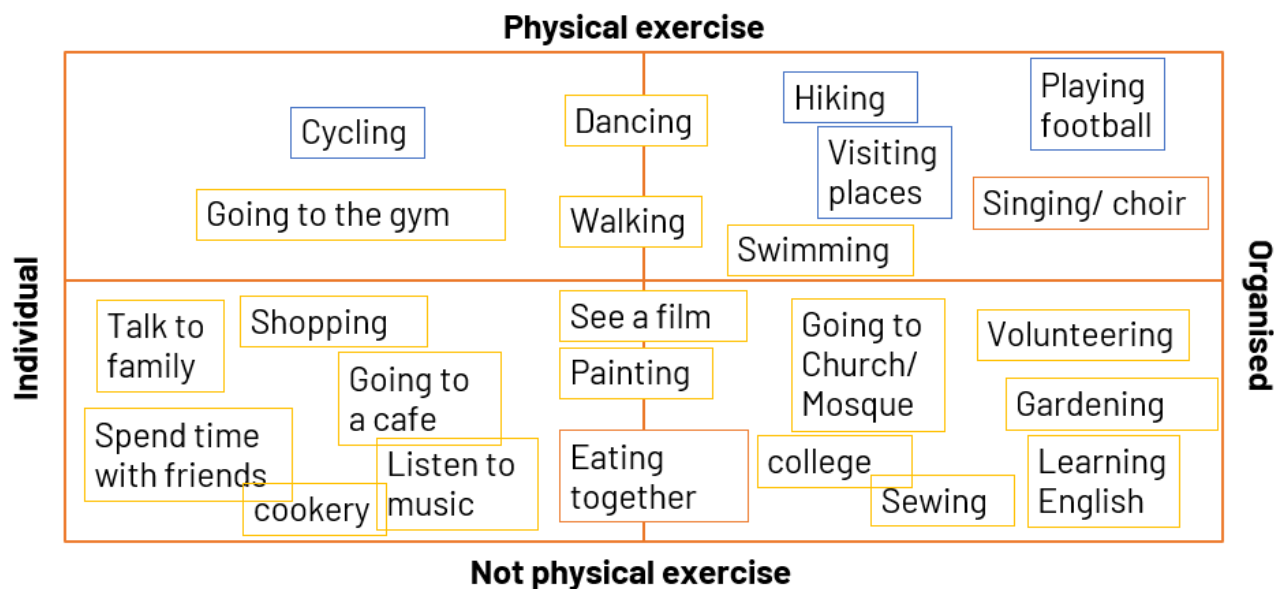
In conclusion, it is essential that any support or services addressing mental health and wellbeing for people in the asylum process take into account the significant cultural and gender-based differences in how these concepts are understood and expressed. Mental health is often perceived in overwhelmingly negative terms, associated with stigma, shame, and social exclusion. As such, creating safe, inclusive, and culturally sensitive spaces, where people feel able to talk openly and without judgement, is crucial. Programming must also recognise that men and women may face different barriers to discussing mental health and design trauma-informed approaches that respond to these distinct needs.

## 6. MENTAL HEALTH & WELLBEING ACTIVITIES

### KEY HIGHLIGHTS:

- **Activities that support wellbeing**, like painting, gardening, music, ESOL classes, and sharing food, offer connection, purpose, and moments of joy, often without needing language.
- **Being outdoors** and engaging in nature through walks or gardening was repeatedly linked to reduced stress and improved mental health.
- **Social connection is central**, from creative groups to ESOL classes, what mattered most was the opportunity to meet others and feel part of something.
- **Barriers persist**, especially around not knowing what exists, digital exclusion, language challenges, and inconsistent or inaccessible services.
- **Enabling access is crucial**, transport, consistent funding, and the ability to choose suitable activities are what make participation possible and meaningful.

This research focused on psychosocial and community-based activities. We were led by what the peer researchers and other participants saw as important to their mental health and wellbeing. Like with all research, it is important to bear in mind that the data will reflect who participated in the research. We undertook a mapping activity to clarify what services and activities participants and peer researchers were considering in relation to supporting their mental health. The below table summarises identified activities which are both self-organised and formal and are physical or social.



The interviews, focus group discussions and participant observations highlighted how important groups and activities were to the everyday life of people in the asylum process. Some participants were specific about what kind of activities they enjoyed. For instance, **activities that facilitated making and creativity such as painting, music and singing were valued**, *'Music and singing is good for mental health, it takes you to another place'* (Focus Group Discussion- women).

Most of the activities and groups involved **food and eating (and sometimes cooking) together**. Eating good and culturally appropriate food with people was something that was clearly appreciated by those in the asylum system.

Many participants mentioned **the health benefits of being outdoors and in nature**, whether this was walking in local parks, around the city or further afield or doing activities such as gardening together.

*'Going outdoors helps you ~~de~~stress - good air and beautiful taking walks and being out in nature. Nature held you to reduce your mental health'* (Focus Group Discussion men)

A service coordinator echoed this, noting, *working outdoors helps on many levels ... particularly if people cannot work and many people don't have access to green space and the outdoors, fresh air, ~~at~~ all of those physical benefits of coming to a green space.'*

Participants also drew a strong connection between staying indoors and poor mental health. As one peer researcher explained, *'Staying indoors you start thinking a lot, staying in the house ~~make~~ make you miserable, thinking a lot, just looking at the walls, the window. Sometimes you just cry by yourself in the house because of thinking but if you go out, gym, swim it will make the stress go away'*. Indeed, leaving home was seen by the peer researchers and others as being crucial to positive mental health and wellbeing.

**Language** came up throughout the research and many participants spoke about the importance of groups and activities being accessible for those with all language abilities.

*'Pairing does not need any language and you can explain without any language barriers. [it] helps your mental health being understood and understanding. Painting [does] the talking'* (Focus Group Discussion men)

Moreover, doing activities in which communication was through different means other than talking was also beneficial. For instance, painting, gardening, cooking and sharing food. This highlights the value of the feelings of connection that people get from groups and activities.

Whilst doing things that do not necessarily need language was viewed as beneficial, ESOL classes were also something that participants were either pleased to be involved in or very much wanted to be but due to oversubscription were on long waiting lists. **It was clear however, that although ESOL is primarily about learning and practicing English the benefits were far more wide ranging.** While we asked participants about types of activities, it was apparent that just having access to a safe and welcoming space where you can meet other people was crucial in its own right.

*The most important [thing about ESOL] is making connections with other people, I knew 300 people. When you finish college, you go to each other houses, help each other (Peer Researcher)*

*It's really about everyday life, building confidence, using English, it's not really having a textbook but what do you want to learn (service coordinator).*

ESOL was seen by one service coordinator as the activity their organisation runs that has the biggest impact on people's wellbeing: *'if they learn something in the class and they go out and can use it, it's a huge boost to self esteem'*.

## 6.1 Barriers to activities across Glasgow

People in the asylum process face a range of interrelated and compounding barriers to accessing wellbeing activities and support. The most common barrier is **simply not knowing what support exists**. Limited access to information, often shared only through word of mouth, can leave people isolated from opportunities. This is compounded by digital exclusion, language barriers and a lack of coordinated signposting between organisations. Access is also shaped by the location and cultural relevance of activities, while deeper issues such as the mental health of both service users and providers are often under-recognised. It is important to recognise the fragility of the whole network of support due to the funding climate it exists within. Organisations, groups and activities come and go with funding streams.

**The biggest, and most obvious barrier to access is not knowing organisations, services, activities and groups exist.** It was evident in the focus group discussions that many did not have a good understanding of what activities and services were available in Glasgow.

*'Sometimes it's too difficult to get information about activities but I know in Glasgow that there is a lot of things but we don't know.. If your friend didn't say anything, how do you know? We need to choose something close to us, for kids, we are new here and we don't know anything. A list would be very helpful for us (Focus Group women)*

Although RSS provides an information booklet to all those in their accommodation, the transient nature of activities, due in large part to shifting funding streams, means the information can quickly become outdated. In the focus groups, much of the discussion became a peer-led space for sharing what participants already knew about local offerings. Without those social connections, word of mouth does not function, and those most isolated remain the most excluded.

In addition, people in the asylum process need to know about many activities so that they can make a choice as to what is most suitable for them.

**The support network that exists is often described as fragile and inconsistent.** Services appear and disappear depending on short-term funding, which makes consistent engagement difficult and undermines trust.

*'One of the problems is everything is so funding dependent, there's a lack of consistency, programs disappear, developing things people are enjoying is difficult... A lot of community gardens can be very temporary so people just build a few boxes here, there. Ideally you have the time and space to build a beautiful garden (Service Coordinator)*

A barrier that came up from both service coordinators and service users was around the lack of consistency of activities. This is a funding issue where often the pots of money are small and only fund activities for a limited time leaving organisations to only be able to plan months into the future: *'it's not really in that mindset to think about sustainability'*(Service Coordinator). In addition, funders tend to like to fund new projects and therefore keeping existing ones going is more of a struggle. There is also a tendency amongst funders like numbers and would generally prefer to fund activities that reach more people, however when thinking about mental health and wellbeing activities sometimes smaller groups are more effective.

One service coordinator had found it difficult to persuade other migrant support organisations to work in collaboration putting it down to the competition around funding in this sector. Some coordinators described challenges in building referral pathways or collaborations with other organisations, often due to competition for limited funds.

*'Lots of orgs are doing good projects, addressing social needs... but it's knowing where they are and what they do, the info is out there but it's being able to join the dots. It could just be that the people we work with know better than we do, it's being able to piece together, being able to signpost.'*(Service Coordinator)

**Limited English proficiency remains a persistent barrier to participation**. For new arrivals, uncertainty about whether language will be a barrier can discourage engagement altogether. For example, at places like the gym, unclear signage or paperwork in English can result in confusion around what they can access.

*'English is a huge obstacle to being able to settle, integrate. Some people have the ability they don't speak english very well so can I be part of this and you try to reassure them, everyone in the group is learning english to some level.'* (Service Coordinator)

**Participants and coordinators both highlighted the lack of appropriate mental health support across community activities.** While physical activity can support mental wellbeing, it cannot replace specialist care.

*'There is a need to have someone to take care of the mental health of the person coming to use the gym because you don't know what mental state people come in and they deal with machines and lots of things but you don't know if you're in the right state of mind to deal with these things. I think mental health is neglected in asylum seekers. If my mental and physical health is in a bad way, I'm going to hurt myself with the machines.'*(Peer Researcher)

*'Sending someone to yoga could be helpful but the person running that session should be qualified and trained to know how to support people with those complex needs and who are going through difficult times.'* (Service Coordinator)

Another service coordinator was aware of this lack of specialised mental health support but also that they themselves are not qualified to support people's mental health issues and therefore have to abide by fairly strict boundaries in terms of what they do and do not delve into with the people they support. Yet sometimes trauma does appear in unexpected spaces:

*'Sometimes you might get someone who plants seeds and says I hope these grow, I don't know why family are, where my children are.'*(service coordinator)

This issue also extends to the wellbeing of staff and volunteers, who may absorb trauma but lack appropriate mental health support themselves.

**Accessing information and services increasingly depends on digital access.** But many new arrivals lack devices, data or the digital literacy needed to know about services. One service coordinator explained *'a lot of our work in the hotel is providing devices to people who arrive with no phone and no means to contact their doctor or lawyer. And if they do have a phone, they don't have data so trying to give people sim cards when you can.'* The digital divide also makes travel and access to the city much harder without a smart phone.

**Location and accessibility was also raised as a barrier**, with services taking place in locations far from where asylum seekers are accommodated. Unless transport is provided in advance by the organiser, it can be difficult for people to actually get there, or people have to spend over an hour to do an activity.

*‘It was so far away, I was in the East end and the swimming classes were so far away! It took me an hour and 30 mins to get there.’ (RSS Service User)*

Across all the activities highlighted, whether yoga, gardening, painting, or visiting friends, what enabled participation was often less about the activity itself and more about the conditions around it: having transport to get there, the activity running consistently, and being able to choose what felt right. Tackling barriers to wellbeing means thinking beyond what's on offer and focusing on how people access it, ensuring reliability, accessibility, and choice at the heart of provision.

## 7. KEY FINDINGS

### 7.1 The RSS Mental Health and Wellbeing Programme

*To what extent has the RSS mental health and wellbeing programme supported service users to improve their mental health and wellbeing?*

#### KEY HIGHLIGHTS:

- **Mobility and autonomy are central to wellbeing:** The bus pass was a critical enabler, offering freedom, autonomy and choice, the ability to take part in activities, visit friends, attend appointments and get out of the house - all of which supported people's mental health and wellbeing.
- **The gym helped people to feel physically and mentally better,** creating routine, reducing isolation, supporting social connection and providing a sense of purpose and achievement.
- **Choice and accessibility shape the impact of activities:** While swimming classes provided moments of relief for some, others faced barriers such as distance, confidence or cultural discomfort, underscoring the need for more flexible, user-led options.
- **Service delivery matters as much as the service itself:** Participants highlighted that being treated with dignity and care, by staff and through the referral process, was essential to their sense of worth and inclusion.
- **Future programming should prioritise consistency, inclusivity and social network building:** RSS should prioritise investing in regular activities which offer a safe space to strengthen social connections and build networks beyond the activity themselves.

This section evaluates the impact of the Refugee Sanctuary Scotland (RSS) wellbeing services - gym passes, swimming classes, hiking trips and bus passes - delivered between 2022 and 2024, testing the assumptions of impact described in [Section 2](#). These activities were found to play a positive role in improving participants' mental health, sense of autonomy and connection to place and people. Importantly, the bus pass, though not a formal wellbeing activity, emerged as critical in enabling people to take part in activities and groups as well as giving them some freedom to move (in a context characterised by restrictions and immobility).

**The bus pass provided freedom, autonomy and connection.** While not a wellbeing activity in the traditional sense, the bus pass was universally seen as an invaluable resource that offered autonomy and mobility. This was particularly significant given the extreme financial precarity faced by asylum seekers: a daily bus fare of £5.60 represents a substantial proportion of the weekly asylum support allowance (£49.18). The pass enabled not only access to key services (legal appointments, ESOL classes, healthcare), but also to moments of mental reprieve and freedom.

*‘Before the pandemic, I was staying at home all the time, in a really bad way, I started medicating for depression, I was diagnosed with depression. Went through the pandemic, got through the other side. I got over the depression, stopped medicating and then I got this bus pass. When I start feeling low, when I start feeling down I get on a bus and take a walk... Glasgow has a lot of parks... The bus pass is magic, it's helping in so many ways.’ (RSS Researcher)*

This quote encapsulates one of the key programme assumptions: access to activities that provide respite from stress can have long-term impacts on mental health. All RSS service users interviewed described the bus pass as crucial to their wellbeing, particularly in offering autonomous choice over how and when it was used. Just getting out of the house and keeping busy was seen as critical to maintaining good mental health. It was also linked with

sustaining social relationships, participating in group activities, being able to accompany their children, and providing people with a safer way of travelling around the city than walking. All crucial to fostering a sense of wellbeing and belonging.

The main constraint noted for the bus passes was the limitation of only being able to travel on First Buses which does not service all areas of Glasgow equally. If the pass could cover other bus companies, some people could travel more conveniently and potentially move further around Scotland.

**The service users who had gym passes spoke about the impact on both physical and mental health.** Gym passes were originally provided to RSS service users for one year, but were later reduced to three-month passes, which could be renewed. This approach aimed to improve flexibility and cost -efficiency, by not allocating passes to people who weren't actively using them. Recipients are free to use any Glasgow Life gym, including classes and swimming pools. While many participants were grateful to have access to the gym to get or keep fit, lose weight, feel physically healthy, many also spoke about how important the gym was in terms of mental health, clearing the mind and creating routine.

*'It's very great to be honest... I didn't know I would get into it before started but I love it. There are coaches, trainers there that are helpful, they teach you how to do the exercises. When you work in the gym for your body you actually work for your body and mental health as well so this is very smart things [RSS] do for us seekers. (RSS service user)*

*'I think it also works with the people who feel depressed... they are not even able to go out of the home but some people who have some small stages of depression like I have, it's really helpful when you go to gym, it's to go consistently for those people but when they go they feel that it improves their mental health. (RSS service user)*

The gym provided a space where participants could experience immediate, tangible progress and a sense of achievement. For many, it offered a rare sense of agency, challenging the systemic powerlessness often embedded in the asylum process. A peer researcher wrote in his journal *'As I was standing outside [the gym] I felt a little overwhelmed, anxious and happy at the same time. As I walked through the door I already felt proud of myself.'* Several participants spoke about how it gave them a reason to get up, feel proud, work towards goals, and described an increase in self-esteem and sense of self. It also helped with routine building, reducing isolation and improving mood.

*'It's good for my mind, I feel like you take a lot of stress but when you finish the gym you feel like when can you go back the next day. If you don't go to the gym you'll be over thinking and stuff but if you go to gym you take a lot from your mind, you focus your thinking just on the gym. (Peer researcher)*

*'It's good for people in the asylum system, you have 24 hours of every day, nothing to do, it's good to get into a routine, it's like getting up and going to work, it gives you a bit of routine. You can get training partners, I meet up with two people to work out. You look forward to it the next day, I love it. (Peer researcher)*

Moreover, the gym created social connections. People found training partners, built new friendships, and developed a sense of camaraderie, all of which supported wellbeing by building networks and reducing isolation beyond the activity itself.

**The feedback on the swimming classes was individualised**, with no consistent responses. Only a small number of people participated in the short six -week block of classes, and we interviewed two of them. Unlike the gym where people can use their closest one, the swimming course was at Bellahouston, sometimes far away from the person's accommodation. The experience of the swimming classes depended on their level of confidence in water and ability to get to a set place each week. For instance one service user had a positive experience *'At that particular time I wasn't in the right state of mind, I must say that my mental health was really affected, but whenever I went swimming it made me relax. It helped me feel that I was off loading. I looked forward to those classes.'* Another participant attended the first class, thought they were going to drown, and understandably did not return. One service user was offered swimming lessons but did not take them up as she did not want to wear a swimming costume in public as she felt a bit shy'.

Hiking was one of the few activities that offered engagement with nature and collective exploration, recognised in the literature as having therapeutic benefits. We were unable to interview anyone who had experienced these expeditions.

All of the research participants who had received RSS services were highly complimentary about them. It was not only the specific activities they received but how they were provided. One peer researcher stated that *RSS make us feel wanted, like we are human beings*. Participants described how being offered something to do provided a mental break from the challenges of the asylum system and the value of having something to do, which took them out of the flat and being around others whether that be striking up conversation on a bus or training with a gym partner.

RSS staff acknowledged the impact of activities like the gym and bus passes but noted that the current model could be expanded. Staff emphasised the need for more consistent, community-based activities to foster safe spaces and ongoing connection, *'We need to be more holistic as an org. We can't just offer accommodation and hope everything's going to be okay... Connection, community building and sustainability are important.'*

The 2022–2024 mental health and wellbeing programme provided meaningful, tangible impacts on the mental and physical health of service users. By offering mobility, activity and community, participants built resilience, increased self-worth and temporarily stepped outside the stressors of the asylum system. Continued development and expansion of the programme should prioritise sustained, accessible wellbeing support that offers participants genuine choice and enables RSS to provide holistic service to their accommodation users through referral as well as their own activities.

The following connected findings explore RSS and other service coordinators and individually initiated activities. Although relevant to RSS, the findings do not focus on specific activities, rather the crucial elements needed to support adult asylum seekers' mental health and wellbeing.

## 7.2 What should a mental health and wellbeing programme look like?

This section is based on all of the data collected, where we identified four main themes which consistently appeared across all the data. We found that the asylum process deliberately enforces isolation which brings with it distress. Organisations can reduce isolation by: **creating safe spaces and building trust** which helps **create togetherness** and **fosters hope and joy**.

### KEY HIGHLIGHTS:

- **Isolation is structurally produced by the asylum system**, which fosters fear, enforced inactivity, and a lack of trust—deeply impacting mental health and creating barriers to accessing support or forming relationships.
- **Safe, welcoming spaces are essential for rebuilding trust and fostering wellbeing**. These spaces provide asylum seekers with the autonomy to choose how and when to engage, counteracting the disempowerment of the asylum process.
- **Connection and togetherness are critical to healing**. Peer networks, shared cultural experiences, and regular group activities foster belonging, provide emotional and practical support, and help people feel seen, safe, and less alone.
- **Joy and hope are powerful counterbalances to the stress and stagnation of the asylum process**. Activities that provide routine, a sense of progress, and moments of laughter help people cope and maintain motivation.
- **Routine and purpose support mental resilience**. Whether through volunteering, group classes, or simply showing up for a weekly walk, having something to look forward to creates structure, reinforces self-worth, and grounds people in the present.
- **Food, culture, and shared experiences restore dignity and identity**. Eating together, speaking one's language, or gardening help people reconnect to themselves and their communities.
- **Access and inclusion are foundational**. Transport barriers, language differences, and stigma must be addressed to ensure support is genuinely accessible, especially for those with the most severe needs.
- **Support must be trauma-informed, flexible, and consistent**. One-off interventions are not enough—people need sustained opportunities to build trust, express themselves, and access professional mental

health support when needed.

### 7.2.1 Isolation by design

*'Asylum seekers live on the edge, you need something that takes that edge away.'* (Peer Researcher)

**The asylum system produces a landscape of uncertainty and fear** that shapes every aspect of people's lives. For many asylum seekers, arriving in the UK does not mark the end of distress, but the beginning of a new kind of struggle, one shaped by isolation, anxiety and enforced inactivity.

The asylum system is not just bureaucratically complex, it is emotionally exhausting, as discussed in Section 4. Often people live with the constant fear that they could, at any moment, have their claim refused and be detained and/or deported. There were multiple mentions of Dungavel Immigration Removal Center<sup>2</sup> during the focus groups highlighting its ever present nature in participants' imagination. The surveillance and daily reminders of the repressive system asylum seekers live under appears in various and sometimes unexpected places, such as some food banks requesting to see customers' Biometric Residence Permits (BRPs) before giving food. As one peer researcher powerfully put it:

*'The asylum process by design is meant to put people in [bad] mental health so they can hate themselves, and leave the process and return to their countries.'* (Peer Researcher)

Uncertainty about the future, delays, poor communication from officials, and the looming threat of detention or deportation all contribute to a persistent state of fear. People described how constant fear becomes embedded in everyday life. Fear of authority figures, uniforms, official letters, or simply the unknown. This fear can last years:

*'It happened to me for 13 years. I was scared, if you ask me scared of what, I don't know, just scared all the time I have butterflies, every single day... I don't know... But it has an impact. If you see a man with a suit or dark blue uniform you just like ... for 13 years.'* (Peer Researcher)

**The asylum process and the hostile environment combined with potential mental health issues (and stigma attached) can manifest fear into suspicion making it difficult for asylum seekers to trust people.** This impacts them accessing support, as trust may need to be built first, and making friendships, including with others going through the asylum process. A peer researcher went as far as to say that some people in the asylum process are so paranoid that they think *'everyone is a spy'*. In an interview an asylum seeking participant said *'hopefully I will not go to jail'* when he criticised the state. And towards the end of this project, one of the peer researchers admitted that they had initially been suspicious of getting involved in the project thinking that it had something to do with the Home Office, highlighting the deep-seated lack of trust many people feel, including towards support organisations.

**This fear and anxiety is compounded by material and financial exclusion.** As mentioned in Section 4, asylum seekers cannot work and have no recourse to public funds. This, and the limited asylum support they receive, results in asylum seekers having very little freedom to take part in everyday life and results in some people just staying indoors. Staying indoors was understood to increase anxiety, stress and fear worsening one's mental health. One service coordinator explained:

*'Quite often my work is mental health related, people saying I'm really bored, stuck in the house all day with no sense of purpose.'*

**Enforced isolation can lead to a spiral of deepening distress.** The more isolated a person is, the worse their mental health becomes, which in turn makes it harder to leave their accommodation in order to try and improve their wellbeing. A peer researcher highlighted the danger of being alone with no one to talk to:

---

<sup>2</sup> Scotland's only immigration removal centre, located 30 miles outside of Glasgow.

*'If you don't talk to people, just being alone, it's not nice, it's when some people think of committing suicide.'* (Peer Researcher)

Despite this, the research also showed that connection is possible. With time, trust, and the right support, people can begin to rebuild. Safe spaces, group activities and trauma-informed practice can slowly facilitate and support people to build up trust and friendships in order to lessen the isolation they experience.

Whilst this research has not explored the extremes of distress, it is crucial to acknowledge that some people going through the asylum process experience severe mental health problems. The participants in the research were all connected to organisations in some way and therefore provide a different picture than would be painted if we had spoken to people not connected or able to connect to a service. A peer researcher explained:

*'You can't offer me a bus pass when I'm not even in the state of going on a bus.'* (Peer Researcher).

A service coordinator echoed this:

*'It's hard to focus on your emotional wellbeing when there's so much stress and deprivation... When it comes to mental health and wellbeing in my head I'm thinking oh you would really benefit from getting out and joining an activity but it seems like a step too far for some, they need something more immediate to help them towards that and get them out... people with such severe needs and so little hope for their future need some sort of professional mental health assistance in order to reach that point that they can go to classes.'*

It is therefore important for organisations to consider how to reach people who are at this stage of suffering when providing support.

These findings highlight that services must be attuned to the fear, stress and anxiety caused by the asylum process and offer consistent, low-pressure opportunities that provide a sense of stability amid ongoing uncertainty. Whilst this cannot take away the anxiety involved at every stage of the process it can go some way to lessen the feelings of stuckness and waiting. Providing choice is vital to counter the loss of autonomy many asylum seekers experience. While accommodation offers necessary shelter, it is not enough. People also need reasons to leave the house, connect with others and feel part of something. For some, even engaging in an activity is a significant step and support must include clear referral pathways to professional mental health services where needed. Ultimately, meaningful wellbeing support must recognise the deep structural barriers people face, and respond with care, flexibility, and dignity.

## 7.2.2 The importance of creating safe spaces and building trust

*'They had snacks and they greeted you with a smile. Everyone was friendly.'* (Peer Researcher)

**Feeling welcome in a space was seen as crucial to fostering safety and trust** in order to combat some of the impacts of the asylum process. People need safe spaces, 'havens', in which to foster connections, build trusting relationships and foster safety. Just a smile, saying 'welcome' or being asked 'what do you need?' was viewed as enough at times. A service coordinator described the welcoming philosophy of a gardening group:

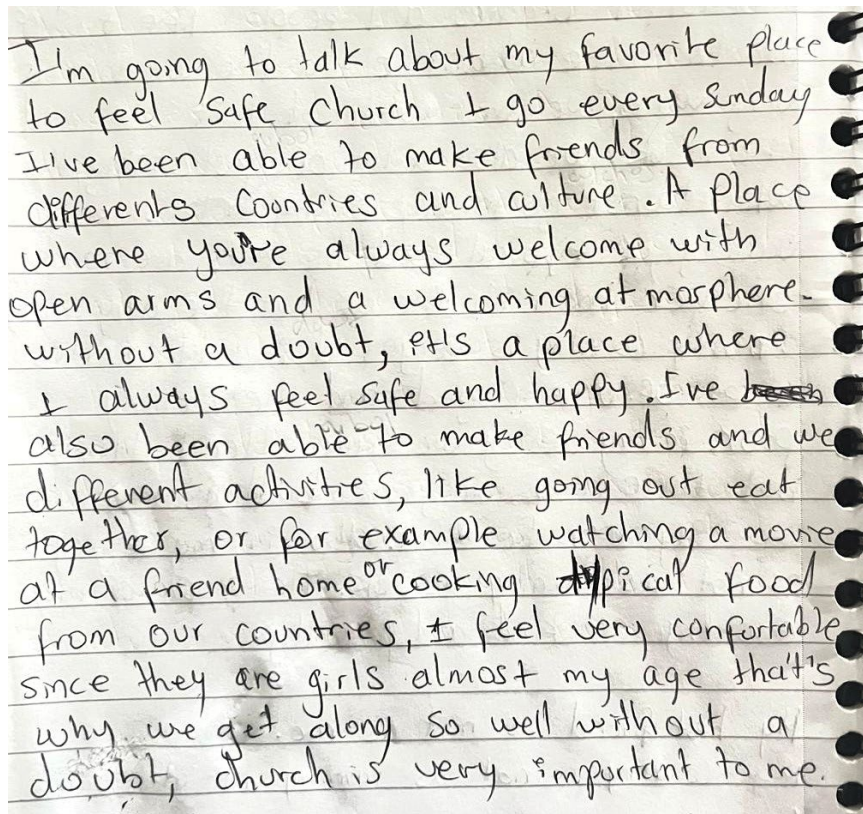
*'[It] is not about teaching people about gardening, it's about making people welcome, making them feel that they have an opportunity to grow some things, that this is their garden, you listen to what people want to grow.'*

Creating a welcoming environment also involves listening to people and people feeling that they have been heard. Not only in terms of speaking about feelings and experiences but also that people feel they are being listened to regarding what they want and need.

Safe spaces allowed participants to build trust with others, often in informal or peer-led settings. Churches, support groups, and activities where people could meet without judgement helped many feel accepted and connected. So much of the practical information around support services is shared between peers in these spaces. Furthermore, talking to people who are also going through the asylum process, who have similar stresses but also have stories of hope and getting papers, can make one feel like they are not alone in it:

*'Loneliness is a silent killer, having the opportunity to go out, to hear other peoples stories you know that you are not alone, it comforts you and keeps you going (Peer Researcher)*

**Spaces in which sharing and connecting interculturally were valued.** These spaces- where all languages were welcomed, different cultures and cultural events were learnt about and celebrated, and where people felt free to express themselves was really appreciated. Sharing and learning languages, cultures, experience and struggles were also deemed beneficial.



I'm going to talk about my favorite place to feel safe Church I go every Sunday I've been able to make friends from different countries and culture. A place where you're always welcome with open arms and a welcoming atmosphere. Without a doubt, it's a place where I always feel safe and happy. I've ~~been~~ also been able to make friends and we do different activities, like going out eat together, or for example watching a movie at a friend home or cooking typical food from our countries, I feel very comfortable since they are girls almost my age that's why we get along so well without a doubt, church is very important to me.

Image 2: peer researcher's comment on safe spaces

The sharing of food was particularly welcomed, for many, eating in their home countries tends to be a shared activity. Eating as a single person in Glasgow can exacerbate feelings of loneliness and homesickness. For those living alone or with people they do not know, and with limited access to healthy food or culturally familiar food, these communal meals were especially valuable to their wellbeing. When asked 'what things can improve mental health?' a participant in the men's focus group discussion stated *eating food from my own country makes me feel better*.

**In safe spaces, people feel empowered when they can choose how and when to participate and what to share.**

Throughout the asylum process, people have to tell their stories, give intimate details of their experiences, multiple times in multiple contexts. Crucially, safe spaces are those in which people are in control of the information they share. Unlike Home Office interviews or more formal 'casework' support which may need certain information, spaces in which people are not expected to talk about mental health for instance or tell their story are valued. For service coordinators, this can also be a refreshing way to work:

*'I don't have to ask people about difficult times. We can talk about shared experiences like food and growing things and help people focus on the things they do know and the strengths they do have...help to support people to build their strength back up.'*

The asylum system removes so much choice and control people have over their lives where they live, how much money they have, whether they can work. This lack of autonomy is disempowering and serves as a constant reminder of the extremely restrictive system they are going through. In this context, spaces and activities in

which people feel they have a sense of choice are especially meaningful. For example, RSS's gym pass allows individuals to decide when, where, and how they want to engage in physical activity, offering a welcomed sense of personal agency. The Mental Health Foundation, through its Voices and Visibility for New Scots programme, recognises this connection between autonomy and wellbeing, stating: 'We know that when people feel in control of their lives and decisions which impact them, their mental well-being is enhanced' (Hasan, 2022).

**Safe spaces allow people to express themselves fully**, whether through language, creativity, or simply being present with others. Language barriers will always exist in spaces that support asylum seekers but are mitigated in different ways and to varying levels of success. One of those ways is taking verbal language out of activities. Some community activities lend themselves better to this than others such as gardening or walking.

*'[For] people who aren't confident in English, working in ways that are non-verbal, the garden is very good for that.'*  
(Service Coordinator)

These kinds of activities enable people to express themselves, participate meaningfully, and build confidence without fear of judgment or misunderstanding. Participants reported feeling a sense of safety when they can be with people and share connections without having to use much of any English.

**Feeling safe goes beyond specific group activities - being familiar with the city of Glasgow was also seen as important.** As one peer researcher reflected, 'to be safe you need to be familiar with your surroundings.' Understanding and being able to access places around the city such as libraries, museums, parks and so on was useful in fostering feelings of familiarity and safety and building a sense of belonging to the city. One service coordinator explained the benefits of the walking groups they provide:

*'Getting out, meeting others, building that knowledge and connection with the city. Finding out where the parks are, the museums are, spaces you can use. Very often people tell us I didn't know we could go to museums for free. Just introducing people to the city... that's a big part of it.'*

ESOL classes are also seen as places in which connection to Glasgow is fostered, especially when tailored to navigating Glasgow and using Glaswegian vocabulary. Safety comes from familiarity but also from having the freedom to move. The bus pass provided by RSS gives recipients the freedom of movement and choice of where they go, within Glasgow. In addition, the buspass provision makes movement around the city much safer than walking, particularly important for women and those travelling after dark.

**It is not the specific activities that have the greatest effect on wellbeing but the process and how the activities are facilitated.** Trauma-informed, culturally safe practices are essential for true safety and wellbeing:

*'With volunteer ESOL tutors we talk about what to do, what not to do, try to bring in trauma skilled training as much as we can. Make sure that people are aware of any issues, try to make sure people have a sense of control and choice, you're never quite sure what will trigger things, you want to give people a safe space to learn. Try not to imagine everyone as a homogenous group, everyone has their own set of challenges and issues in terms of wellbeing.'*  
(Service coordinator)

**Everyone who facilitates groups and activities for asylum seekers should be trained in trauma informed practice and cultural safety** so that they can oversee safe mental health and wellbeing activities. It is also important that service coordinators' wellbeing is supported so that they can practice safely. Creating a space in which people feel free to express themselves and be heard means that there will be times, perhaps unexpectedly where traumatic experiences will be shared and will have an impact on those hearing it.

*'Sometimes you might get someone who plants seeds and says I hope these grow, I don't know where my family are, where my children are, then you need somewhere that you can take that.'*(Service Coordinator)

Some service coordinators created their own boundaries and coping mechanisms such as *'keeping a professional distance'*; however this should be backed up by the organisation with regular support and supervision.

Creating safe spaces and building trust is not about any single intervention, but about cultivating environments where people feel welcome, listened to and in control of their participation. Whether through food, language,

movement or shared experiences, these spaces offer respite from the disempowering constraints of the asylum system and help restore a sense of agency, connection and hope. Crucially, for these spaces to be truly safe and impactful, they must be facilitated with trauma-informed and culturally safe practices. This includes ensuring that participants can choose what they share, supporting peer-led and home-country and intercultural connections and providing access to well-trained facilitators who are themselves supported through supervision and structured wellbeing mechanisms. Safe spaces are not only places of healing, but also sites of empowerment, autonomy and dignity, and must be recognised as such in the design and delivery of mental health and wellbeing support.

### 7.2.3 The importance in creating togetherness

Togetherness is *'the opposite of being lost'* (Peer Researcher).

**Feeling connected to people and places and feeling part of something** is important for everyone's mental health and wellbeing. However, for those going through the asylum system, a process that attempts to destroy connections or hinder them from being built in the first place, creating togetherness is essential:

*'It's about being with other people against the involuntary isolation the asylum system puts you in because you have no money.'* (Peer Researcher)

Connecting and building relationships with peers, either people who are from the same country or culture or going through similar experiences, is vital in creating a sense of belonging, togetherness, promoting understanding and providing emotional support.

*'Everybody knows that therapy and getting better is about people, and community, and connection as well as a one-to-one [support]. The groups are where you make connections which support your health and wellbeing.'* (Service coordinator)

**Peer support networks, friendships, and shared cultural experiences** play a key role in fostering a sense of identity and grounding. People feel they can express themselves more openly and authentically in these environments.

*'I meet up with the lads [from my home country] on the first Thursday of every month, eat good food, laugh, joke, don't speak a word of English for 3 hours when we're together and you feel that whole connection ... it gives you a sense of belonging, it doesn't matter how long you've been in this country you turn on the news and it's migrants this, migrants that and then you get a racist incident on a train or somewhere so you never feel a part of this country so with those groups I have a real sense of belonging.'* (Peer Researcher)

The context of hostility and racism in which asylum seekers live is ever present, however creating connections and peer support networks can help asylum seekers feel more included and less isolated.

**Consistent and regular group activities help build trust, sustain relationships, and deepen feelings of safety and inclusion.** As mentioned above, spaces need to be welcoming and feel safe otherwise people will not come back and trust within the group will not develop. They are also spaces where people can share information and advice such as which lawyer to use, free activities (like football tickets) or other services available. Activities also need to be consistent and regular in order to support people, who are not instantly included in a community, build a community.

*'Doing things once is okay but if you do it 2,3,4 times you build trust.'* (Peer Researcher)

**Regular social activities provide an opportunity to develop meaningful connections and relationships.** Once trust is established among people in a group, they start to develop friendships and networks of support outside of the group, empowering people to become more self-sufficient. Having friendships outside of the group also helps people stay safe. For instance having someone to tell where you are going, worry if you have not turned up to something, or generally just look out for you. These relationships provide not only emotional support but also practical safety, especially for women, who may face increased vulnerability.

Even within the peer research process itself, bonds and trust were formed over time. One peer researcher stated, 'connection is really important, that's why I'm enjoying this work so much'. Another explained that it is because they are 'free to participate and build confidence, I see that with someone in the group to which we all laughed as we knew who they were talking about. The group of peer researchers also developed friendships outside of the workshops and meetings. Two of them would often walk back through town together and pop into charity shops after our meetings.

**Maintaining ties to both Glasgow and one's home country is essential for developing feelings of connection and belonging:** connection to good memories, one's roots and cultures from home but also new connections and memories to people, places, groups and activities in Glasgow. These connections were made through food, religion, spending time with people with common interests and so on. Language, whether it is sharing your own or learning a new one, was also seen to bring a sense of belonging and connection to a place or group of people.

*'If someone speaks my language I am already connected to them in a big way.'* (Peer Researcher)

Peer researchers discussed the importance of their identity and culture as a form of resistance against the homogenising tendencies of the asylum system holding on to and having confidence in ones' own identity helps ground them and lessens the chances of becoming mentally 'lost'. We discussed how important it is to maintain your own identity, be your own person, despite all going through the same asylum process. Safe, inclusive spaces are critical for this expression of individuality. The following Peer Researcher's journal entry highlights the impact of being able to practice her home culture, in this instance through food, with friends:

*'After a long time without seeing each other, I went to visit a friend. I was excited and felt happy to meet another friend, who had come all the way from Livingstone, so now we are three. She brought green vegetables and I carried maize meal so that we could prepare our traditional food from our country. We call it sadza and we really enjoy the delicious meal. This reminded me of my family back home when we had to gather for xmas and new year celebrations. As we were eating we enjoyed chatting mostly about how we are living and what we are going through. The three of us have the same thing in common, still struggling with the asylum system.'* (Peer Researcher)

Cultural continuity is not only beneficial to individuals but is also considered in service delivery. Service coordinators spoke of tailoring activities, such as community gardening, to reflect the cultural backgrounds of participants.

*'We try to tailor what we're growing to the communities in the groups. At the moment [there are many] Kurdish people obsessed with suluk (like swiss chard). Another lady wanted to grow callaloo as it's really expensive in Glasgow. We try to grow things that facilitate people's culture.'* (Service Coordinator)

**The importance of memories** - both creating new memories in Glasgow as well as reconnecting with positive memories from home - fosters belonging and togetherness. It also facilitates that sense of identity and ownership over ones' culture and cultural practices as well as of Glasgow and Scotland. One service coordinator spoke about how taking part in walking groups around the city both facilitated a familiarity with space but also made memories at the same time. Another service coordinator emphasised how important it is for asylum seekers to see a place, in this instance a garden, that they have helped to create and that they can feel belongs to them.

**Many participants highlighted the benefits of having access to outside of Glasgow**, the hills or the coast, due to a change of scenery, fresh air but also feeling part of Scotland more widely. Getting out of Glasgow is not very accessible for those in the asylum process, mostly due to financial constraints, yet the benefits are clear. Describing the impact of a day trip to a small coastal town with the research group, peer researchers feedback:

*'The fresh air cleared my mind and I felt so relaxed just walking and talking with everyone else in a better place since I was out for the day.'*

*'Trips to go out by coach or train to visit places like museums, libraries, going for a walk on the beach, watching the ferry, taking pictures, having fun and eating together is good for mental health makes people happy just having a different environment.'*

*'To my surprise I was feeling very strong and not depressed. I managed to walk a long distance to and from the beach, taking pictures and laughing a lot, but never got exhausted and forgot all worries.'*

Through shared experiences, creating memories, cultural expression and the consistency of safe, welcoming spaces, people begin to feel connected- to each other, to Glasgow and to their sense of identity. Togetherness supports mental health, builds trust and enables people to feel part of something bigger. It empowers individuals to express their identities and look out for one another, building both emotional and practical support networks outside of the activity. As this research has shown, to facilitate such connection, activities must be regular, culturally relevant and allow space for informal conversation and relationship building. Belonging is built in these small, repeated moments- over meals, shared languages, laughter and familiar places. These findings point to clear recommendations: invest in consistent, community -rooted activities that honour identity, create safety and allow time for people to simply be together.

#### 7.2.4 The importance of fostering joy and hope

'Planting a seed is like hope for the future.' (Peer Researcher, quoting his mother)

Life within the asylum system is often characterised by stagnation and uncertainty. People are left in limbo, the regressive quality of waiting 'produces in us feelings of powerlessness, helplessness, and vulnerability' (Crapanzano, 1986). In addition to waiting, asylum seekers also exist in a system which severely restricts their access to work or other meaningful opportunities. As one peer researcher put it, 'The asylum system is a continuum, one long process, you need rejuvenating, uplifting. There is no difference between day and night, between Monday and Tuesday.' In this context, it is essential to have access to activities where it is possible to *'engage and forge'* and foster joy and hope.

**Having something to do was key to mental health and wellbeing.** A recurring theme across the data was the importance of keeping the mind busy was the most important thing to combat *'thinking too much'* which was often synonymous with having poor mental health. The complex and lengthy asylum process means that asylum seekers' emotions and wellbeing fluctuate over time with the decisions, refusals and appeals. Being able to engage in something constant, 'a pacifier' was seen as important. Attending groups, taking classes, exercising, or volunteering, engaging the mind was a vital coping strategy for navigating long periods of waiting.

**Having a routine was seen as critical for those going through the asylum process.** Many participants spoke about the importance of having something consistent to do, such as being part of weekly groups or even self motivated activities like the gym, in providing a reason to set an alarm and get out of bed. Having a routine also allows people to have something in their diaries, something to look forward to. When asked what makes a good wellbeing activity, one service coordinator stated:

*'Things that get people out of the house, so simple but helps so well, obvious [activities] need doing well. Having something every Friday for example gives people a routine and something to look forward to.'*

Having routine helps people to navigate a process that often feels arbitrary and endless, helping differentiate the days and providing a foothold in time. Both passing time and having a sense that time is passing while waiting in the asylum process was thought to be crucial.

**Learning and progressing, whether it be learning English in ESOL classes, lifting weights at the gym, planting seeds and watching them grow, embodied the passing of time.** In addition to keeping the mind busy, providing a sense of motivation, achievement and hope, learning and progressing helped people remember that despite feeling stuck in the asylum process things do change. Describing gardening, a service coordinator explained:

*'In the asylum process one of the horrible things it does is keep people in stasis where they feel that nothing is changing and when you're working in the garden you see that the ~~seas~~ are still changing even though I'm being held in this artificial, horrible stasis, you see okay change is possible ... it helps people to remember and have hope that change will also come for their case.'*

**Doing something that feels worthwhile and brings a sense of purpose was another key part of fostering wellbeing.** Furthermore, engaging in groups and communities that care about what you have to say and create space in which you feel in control gives people a sense of validation and enhances mental health (Hasan, 2022). Volunteering was highlighted as being a useful way to feel a sense of purpose, achievement and pride. Having responsibility for something and being able to reciprocate help and support made people feel good. It enabled people to practice English, meet new people, and gain skills.

**Equally powerful were the joyful and lighthearted moments that allowed participants to forget their stress**, even briefly. Activities and group spaces were more than distractions—they were opportunities for connection, laughter, and emotional relief. Hope and joy comes when asylum seekers get involved in different groups or charities where they meet new friends from their country and different other countries. Joining different groups keeps people busy and avoids isolation. People encourage each other and share ideas, learn from each other and make fun and laughter. By doing this they forget their worries and stress is reduced. People should be positive all the time and never give up.

*'At the beginning of the class some individuals seemed hesitant to participate. However, as the class went on, many participants became noticeably more comfortable and confident. Attendees appeared to feel a sense of community after participating in group activities and receiving support from facilitators. By the end of the lesson, there was a considerable rise in laughter, smiles, and active engagement.'* (Peer researcher observation)

*'I feel very happy when I see people come [to our activities]. For at least one to two hours they forget their problems. They meet other people and they laugh and talk.'* (Service coordinator)

Laughter was a notable part of all of the workshops and meetings that we had as a research team. Perhaps it was some sort of temporary antidote to the experiences and impact of the asylum process.

In the face of a system that often fosters inertia, isolation and uncertainty, the importance of fostering joy and hope cannot be overstated. Across the data, participants shared how vital it is to have spaces that offer structure, purpose and moments of reprieve. Spaces where people can feel productive, valued, and connected to others. Whether through volunteering, exercise, learning new skills or simply sharing laughter in a group, these activities offer far more than distraction; they are tools for coping, healing and restoring a sense of self and time. Being busy helped stop the spiral of “thinking too much”, while routine and progression allowed participants to mark time and experience through meaningful achievements. Most importantly, the joy found in shared moments offered temporary yet powerful antidotes to the weight of the asylum process. To support mental wellbeing in this context, people need more than services; they need consistent opportunities to connect, contribute, grow and forget, if only for a while. As the research shows, the provision of safe, inclusive spaces where people can reflect and deflect from the asylum process is not a luxury, it is an essential part of sustaining hope.

## 8. CONCLUSIONS & RECOMMENDATIONS

This action research has highlighted the critical role that consistent, safe and socially connected activities play in supporting the mental health and wellbeing of asylum seekers. Participants consistently emphasised the psychological toll of the asylum process, marked by isolation, fear and lack of autonomy. Amid these conditions, activities such as gym access, walking in nature and group gatherings offered structure, joy and a reprieve from the stress and monotony of everyday life as an asylum seeker. The importance of choice, routine and cultural safety emerged as central to fostering trust and enabling participants to engage in ways that affirm their agency and sense of belonging.

The RSS mental health and wellbeing programme, although small in scale, serves as a sanctuary within a structurally hostile environment. The participatory evaluation approach, co-designed and led by peer researchers, surfaced powerful narratives of resilience and collective learning. It also brought into focus RSS's role not just as an accommodation provider but as a potential hub for holistic wellbeing support. Feedback from participants and staff highlighted while accommodation is essential, supporting people's wellbeing cannot be separated from that. The bus passes, particularly, were noted as a vital part of that support package. Most of the

recommendations for RSS reflect broader sectoral needs and are therefore best placed under 'Organisations providing activities' below. However, RSS-specific considerations, such as staff capacity and its dual role as accommodation provider and wellbeing hub should be emphasised when developing the mental health and wellbeing programme.

## 8.1 Recommendations

### Best practice for organised activities:



**Be consistent and provide routine:** Activities must be regular and longterm. This is needed to give people something to look forward to and lessen the feelings of being stuck in time that the asylum process brings. It is also crucial in order for participants to build trust and develop connections with others, lessening isolation.



**Create safe and inclusive spaces for reflection and expression:** Foster environments where informal conversations, cultural sharing, and mental health discussions can happen safely. It is also vital that participants are in control of what they share and do not share, and are able to express themselves freely. Womenonly and peerled activities are also important.



**Have choice both within and about the activities:** Activities should be guided by people with lived experiences by collecting feedback on a regular basis to understand participants' changing needs and wants and tailor services accordingly. This works towards combating the lack of choice people experience during the asylum process, as well as facilitating it.



**Have more facilitated peer support or befriending:** This can lead to friendships and support networks developing outside of the organised activities. Peer support can help people to attend activities for the first time. It also provides a volunteering role for those with lived experience.

### For RSS and other organisations when developing programmes:



**Take a trauma -informed and culturally safe approach:** Train staff and facilitators in trauma -informed care and cultural safety. Boundaries, consent and diverse mental health expressions must be respected and understood. Consider intersectionality within the programme, taking differences into account in terms of how mental health is understood and spoken about.



**Strengthen and promote referral pathways:** There are many elements involved in wellbeing and recognising that one organisation cannot meet them all, therefore it is important to have a holistic referral and signposting package. Actively promote opportunities to engage across Glasgow, particularly free groups and opportunities, as well as developing referral pathways with NHS and other statutory mental health support.



**Have support systems in place for staff and volunteer well -being:** Frontline staff are regularly exposed to secondary trauma and therefore should be provided with regular supervision, ideally with an external trained counsellor or therapist, as well as a dedicated point of contact within the organisation for one off issues.



**Incorporate facilitated spaces to talk about wellbeing and mental health safely:** Due to the lack of awareness as well as the stigma around mental health that exists in many of the countries asylum seekers come from, a space to talk openly is needed. The space needs to be properly facilitated with specific community mental health training. Creative ways to engage communities in which mental health is stigmatised should be used.

**For funders:**



**Provide long -term, flexible funding:** Sustainable support enables consistent activities and relationship-building, which are vital for mental wellbeing and community integration . Invest in creative, peer -led and co -designed approaches which help to share effective and responsive programmes to support asylum seekers.



**Support access to transport and digital inclusion:** Activities are only as effective as they are accessible. Funding should cover bus passes, mobile data and digital literacy tools Consider how organisations can facilitate various wellbeing activities which are both organised or selforganised.

## ANNEX 1: Reflections on being a peer research

These reflections are based on: interviews with peer researchers, specific written reflections, and noted down conversations during workshops and meetings.

The motivations for getting involved in the research as a peer researcher were varied, from having done it before and enjoying the process to just wanting something to do and to occupy your mind with:

*'[I] like having people to talk to, it's good to listen and help people. I have nothing to do and it's good to keep busy. It's a chance and opportunity to do something.'*

*'At home I am just sitting and getting too stressed. Most of us are depressed, it's good to keep ourselves busy.'*

*'I've been a peer researcher before and found it really rewarding. There is a sense of pride you are doing it for your community.'*

Only one of the peer researchers had done this type of role before, and three of them were completely new to all of the data collection methods. Joanna and Anna trained the group on how to: conduct structured qualitative interviews; facilitate focus group discussions; conduct participant observation and write reflective journals. Some of the peer researchers needed more encouragement than others but all of them learnt new skills and gained a lot from the process.

*'Working with a diverse team of peer researchers also provided me with excellent experience conducting interviews, analyzing data was a great skill I have acquired from this project under the professional leadership of Jo and Anna'*

*'It is really interesting. I've never done it before in my life, I learn something, like analysis and getting the data.'*

On focus groups:

*'Before starting I felt very nervous but then the girls introduced themselves with their names. I felt comfortable and confident...I didn't go with expectations but I was surprised by how much I learned from each of them giving their point of view on the subject. The subject is a good subject because that's what we go through as asylum seekers but it's not talked about. Discussions were so interesting. After I felt very happy, and the other girls were happy.'*

*'I learnt about facilitating a focus group and liked it most when I was responsible of running a group of women. Everything went well, they were all free to share about the discussion of mental health and wellbeing and how charities can improve it.'*

*'I felt quite anxious before facilitating and once I had started, that eased. The group were not very forthcoming with their answers and I had to do a lot of prompting. I could have gone on for another hour, I was enjoying it by the end.'*

*'[I was] a bit nervous before, my head got stressed, not so confident. Thanks to [peer researcher] to get experience from him, how to start, speak to people. Then I felt relieved, it was okay, I liked it. The power to interview someone... I want to do more, to learn more.'*

*'I felt nervous, it was my first time. When I started I was very quiet but when introductions, the girls spoke and it was good.'*

*'I've overcome barriers to the point of participating in a girls' focus group and conducting interviews. I never thought I would be able to do it, but this project has helped me gain more self-confidence.'*

On interviews:

*'I interviewed my colleague and she also interviewed [me]. We both enjoyed it while we were having chips and drinks in MacDonalds. It was a good time for us, I felt nervous at first but later felt better and more confident'*

On participant observation:

*'I enjoyed it as a method because I enjoyed watching what was going on... I wrote as I was watching in a note book. I was just in the background, sat and writing. When they were on their breaks, I had a chat with a couple and made notes of quotations.'*

*'I like observing, I feel like I've been observing all my life but just didn't notice, when we started workshops I felt like I'm good for observing, it's what I like to do.'*

Many of the peer researchers had not had such explicit conversations about mental health before and really enjoyed both talking and learning from each other and the research participants:

*'Being a peer researcher at Refugee Sanctuary Scotland has been a fascinating and wonderful experience. This initiative has given me a better awareness of the issues that asylum seekers experience in Glasgow, particularly in terms of mental health. I've learnt about the systemic challenges that exist, including language barriers, isolation, financial hardship, and the unpredictability of the asylum process.'*

*'I also learnt about mental health, as it is a very important topic.'*

*'I would definitely participate in another group like this again as you can express yourself without restrictions and everyone respects your point of view.'*

The process of doing the research is an important part of peer research. All of the peer researchers felt that they have connected as a team whilst researching mental health and wellbeing. Moreover, taking part in the project itself brought many elements needed in order to keep well, including: meeting people and making connections, having a routine and something to do, feeling part of something worthwhile and being heard.

*'I have never done this before so I'm happy... I'm not sitting idle, I'm doing something'*

*'It has been very beneficial for me personally, where I have been able to express myself freely... I have enjoyed all this time where I was able to share with my colleagues and talk about topics openly. I think it has been very helpful for everyone... I want to say that I really enjoy this project. I am grateful for having been considered to participate.'*

*'I am glad for the opportunity to be a part of this important work and hope that our findings will help to create a more helpful and compassionate system for asylum seekers in Glasgow.'*

*'To be honest with you, I didn't understand, [when we first started]. Second, who are those people they want to take information from me, give it to Home Office... because we are asylum seekers, we cared. Then it started and oh wow, we are here. We did an amazing job. I'm surprised today [s presentation] we've done very, very well.'*

*'We are 6 months now and have almost 8 friends, really, good, respectful friends.'*

There were challenges to being a peer researcher:

*'This experience was not without obstacles. One of the most challenging parts was learning about the pain and struggles that asylum seekers face. It was emotionally draining at times, and I had to figure out how to absorb and manage these feelings while staying professional and sensitive. Several participants were first hesitant to share their experiences. I handled this by emphasising confidentiality, patience, and creating a safe, nonjudgmental environment'*

*'My challenges... when one of the ladies cried during the focus group. I felt sympathetic, I comforted her and had a break to eat and drink for a few minutes.'*

All five peer researchers very much enjoyed the process and would be interested in doing more peer research in the future.

## ANNEX 2: Glasgow wellbeing services for refugees and asylum seekers

Organisation	Recipients	Services
Amina MWRC	Muslim women	Befriending, advice
Amma Birth Companions	Pregnant people and new parents	Birth and postnatal support
Bike for Good	Refugee and asylum seekers	cycling activities
Boloh Helpline - Barnardos	adult asylum seekers	helpline to support mental health
Bridging the Gap	All suffering social and economic inequality	Various activities
British Red Cross	Refugees and asylum seekers	Casework support; Mum's project
Central and West Integration Network	Local population and migrants	Various activities
Community Info Source	Refugees and asylum seekers	Wellbeing project
Cranhill Development Trust	Local population and migrants	Various inc. community food project; garden; family projects
Freedom from Torture	Torture survivors	one-to-one therapy, group activities
Govan Community Project	Refugees and asylum seekers	Various inc. women's group, men's group, ESOL
Govanhill baths	local population and refugees and asylum seekers	seasonal program of activities
Hstar Scotland	women who have suffered trauma and abuse	individual counselling, groupwork
Leap Sports - Just Active Glasgow	LGBTIQ+ asylum seekers and refugees	1:1 support; Group/peer support; sports and exercise
Maryhill Integration Network	Local population, refugees and asylum seekers	Various inc. choir, women's group, men's group
Mental Health Foundation	all	project to amplify refugees' voices
MORE Migrants Organising for Rights and Empowerment	Migrants	Focus on campaigning
Positive Action in Housing	Refugee, migrant communities	Various inc. advocacy, digital skills
Refugee Sanctuary Scotland	destitute asylum seekers	Mental health and wellbeing project
Ruby Service - Rape Crisis	women who have experienced sexual violence	one-to-one therapy, group activities
Saheliya	Migrant women and girls (12+)	specialist mental health and well-being support; Learning Centre; Gardening Project
Scottish Refugee Council	Refugees and asylum seekers	Casework support
Sharpen-Her: The African Women's Network	African women	Community building
The Well Multicultural Resource Centre	Ethnic minority communities	Various inc, ESOL
Ubuntu Women's Shelter	destitute women	legal support, mental health and wellbeing support, and advocacy.

United Glasgow FC	Migrants	football teams
Women's Integration Network	Migrant women	Community building, campaigning
Women on Wheels	women asylum seekers and refugees	cycling sessions

## ANNEX 3: References

- Allsop, J., Sigona, F. & Phillimore, J. 2014 'Poverty among refugees and asylum seekers in the UK. An evidence and policy review' IRiS Working Paper Series.
- Allsopp, J., Chase, E., Mitchell, M., 2015. The Tactics of Time and Status: Young People's Experiences of Building Futures While Subject to Immigration Control in Britain. *Journal of Refugee Studies* 28, 163–182. <https://doi.org/10.1093/jrs/feu031>
- Beesley, A., 2018. They don't yet know that life is going to be hell': Tracing Distress Through the UK Asylum Process. <https://theses.gla.ac.uk/8738/>
- Biglin, J., 2021. Photovoice accounts of third places: Refugee and asylum seeker populations' experiences of therapeutic space. *Health & Place* 71, 102663. <https://doi.org/10.1016/j.healthplace.2021.102663>
- Bowes, A., Ferguson, I., Sim, D., 2009. Asylum policy and asylum experiences: interactions in a Scottish context. *Ethnic and Racial Studies* 32, 23–43. <https://doi.org/10.1080/01419870701722570>
- Canning, V., 2017. *Gendered harm and structural violence in the British asylum system*, Routledge studies in criminal justice, borders and citizenship. Routledge, London New York.
- Crapanzano, V., 1986. *Waiting: the whites of South Africa*, Originally published: London : Granada, 1985. ed. Paladin Grafton Books, London.
- Fisher, D., 2024. *New Scots Refugee Integration Strategy 2024: Three challenges*. Centre for Public Policy. [https://www.gla.ac.uk/research/az/publicpolicy/news/headline\\_990010\\_en.html](https://www.gla.ac.uk/research/az/publicpolicy/news/headline_990010_en.html)
- Hasan, S., 2002. *Voices and visibility: The inclusion of refugees and asylum seekers in decision-making processes*. Mental Health Foundation Scotland. <https://www.mentalhealth.org.uk/sites/default/files/2022-07/MHF-Scotland-Voices-and-Visibility-Report.pdf>
- Home Office, 2025. *Immigration system statistics data tables*. <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement-local-authority-data>
- Kiselev, N., Morina, N., Schick, M., Watzke, B., Schnyder, U., Pfaltz, M.C., 2020. Barriers to access to outpatient mental health care for refugees and asylum seekers in Switzerland: the therapist's view. *BMC Psychiatry* 20, 378. <https://doi.org/10.1186/s12888-020-02783-x>
- Maguire, A., 2023. *Hostile Environments: Refugees, Asylum Seekers and the Politics of Loneliness*. *New Formations* 109, 4761. <https://doi.org/10.3898/NEWF:109.04.2023>
- Mental Health Foundation, 2024. *The Mental Health of Asylum Seekers and Refugees in the UK*. Mental Health Foundation Scotland.
- Priebe, S., Giacco, D., Nagib, R., 2016. *Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers, and irregular migrants in the WHO European Region*, Health Evidence Network synthesis report. HEN, Health Evidence Network, World Health Organization, Regional Office for Europe, Copenhagen, Denmark.
- Raphaely, M., Orbach, M., 2022. *Seed of hope*, in: Boyles, J. (Ed.), *Groupwork with Refugees and Survivors of Human Rights Abuses: The Power of Togetherness*. Routledge, Abingdon, Oxon ; New York, NY.
- Rogers, A., McDonnell, D., Hunt, S., Rigby, P., 2025. *Navigating the asylum system: Evaluation of Scottish Refugee Council's Family Rights Service*. <https://scottishrefugeecouncil.org.uk/wp-content/uploads/2025/03/FULL-REPORT-Family-Rights-Service.pdf>
- Scottish Government and COSLA (2023) *Scotland's Mental Health and Wellbeing Strategy* Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/mental-health-wellbeing-strategy/documents/mental-health-wellbeing-strategy/mental-health-wellbeing-strategy/govscot%3Adocument/mental-health-wellbeing-strategy.pdf>

Shumam, A., Bohmer, C., 2004. Representing Trauma: Political Asylum Narrative. *The Journal of American Folklore* 117, 394–414.

Sturge, G., 2025. Asylum Statistics. House of Commons Library.  
<https://researchbriefings.files.parliament.uk/documents/SN01403/SN01403.pdf>

The Migration Observatory, 2023. The UK's asylum backlog.  
<https://migrationobservatory.ox.ac.uk/resources/briefings/the-uks-asylum-backlog/>

Wells, M., Glennan, C.E., Seage, C.H., 2024. It's a difficult situation to be an asylum seeker in the UK. It's not easy at all: An exploration of the social and psychological impact of seeking asylum in Wales. *J Health Psychol* 29, 1629–1639. <https://doi.org/10.1177/13591053241249638>

Yeo, C., 2022. *Refugee law*. Bristol University Press, Bristol.