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Title: Promoting male refugees' mental health after they have been granted Leave to Remain (refugee status)

[Accepted Manuscript]

Abstract

There is existing evidence that suggests that refugees' mental health is often impaired by pre-migratory stress, by their experience of being asylum seekers and also by their resettlement adversities: however, little is known about the specific mental health issues of male refuges. The current research is set in this context and it aims to explore multiple level of stress that male refugees experience after they have been granted Leave to Remain (refugee status) in the UK. A total of nine male refugees took part in the study; they were interviewed individually and the interview transcripts were analysed by the use of Thematic Analysis. The overall findings indicated that being granted Leave to Remain worsened participants' mental health, as they had to face new challenges such as seeking employment and accommodation, as well as their general struggle to settle in the UK. Participants indicated that the type of support available to them was quite poor. These findings are relevant in order to support specific intervention strategies to promote male refugees' mental health.

Keywords: Male refugees, Leave to Remain, empowerment, mental health.

Introduction

Background

The 1951 Geneva Convention represents a milestone in defining refugee status and the rights and the legal obligations of states (UNGA, 195). In recent decades, European state members, including the United Kingdom, have committed themselves to this Convention, and their obligations have been renewed more recently by treaties and conventions; however its implementation has been poor and fragmented, with a general sense of evading responsibilities, and with significant variation among state members (Pirjola 2009; Karamanidou & Schuster

2011). This is having negative consequences, especially in light of the current refugee crisis in Europe (Amnesty International, 2015).

At present, asylum seekers who enter the UK have to attend a Home Office interview, where they are assessed for the credibility of their application, relevant information available, their political situation and, if applicable, medical evidence of torture and abuse (Home Office, 2015). While asylum seekers are waiting for their refugee status, they are provided with some financial support by the Home Office, and this ends within 28 days from when they get their Leave to Remain (i.e., refugee status). The Home Office holds responsibility for supporting refugees when they obtain Leave to Remain in claiming welfare benefits, in applying for a National Insurance number, linking with job centres, and finding suitable accommodations (Doyle, 2014). The Refugee Council (2004) stresses that the integration process should start as soon the person has been granted Leave to Remain. According to Pidd (2015) refugees find themselves homeless after they being granted leave to remain and do not have adequate time to get their National Insurance Number in order to sign on and claim job benefits. More investigation therefore is needed in order to verify specific stress factors that refugees experience after they receive their refugee status (Doyle, 2014).

Refugees' mental health

Refugees differ from other migrants because they are forced to leave their countries: as a result they might be more vulnerable to mental health problems, particularly to Post Traumatic Stress Disorders, depression and anxiety (Mann & Fazil, 2006; Bhugra, 2004; Burnett & Peel, 2001).

The exposure to prolonged traumatic events often leads to refugees experiencing pervasive personality changes, such feelings of hostility and angers towards others (Beltran, Llewellyn, and Silove, 2008). Furthermore, refugees often suffer from physical injuries, including head traumas, which can exacerbate their existing mental health conditions (Kinzie and Kinzie, 2010).

There are several factors associate to pre-migratory stress in refugees. Along with having being deprived of nutrition, health, education and other basic security needs, refugees are often survivors of the systematic infliction of mental and physical abuses such as torture, detention, destruction of their property and witnessing genocide (Burnett & Peel 2001; Stompe, Holzen and Friedmann, 2010). Both male and female refugees have often been exposed to gender-based violence; this could be inflicted by neighbors, members of paramilitary groups and/or from other

ethnic groups (Young and Chan, 2015) and is deliberately inflicted so as to break down their personal integrity (Johnson and Thomson, 2007). Refugees therefore differ from other vulnerable groups because they are exposed to events that are intentionally made to strip them of their identity; as Pathel indicates (2009) refugees are victims of political acts and not accidental traumas.

Refugees often lack protective factors such as family and social connections, as those might have been disrupted by the death of family members, and/or the systemic breakdown of family and communities, via rape, tortures and genocide (Stompe, Holzen and Friedmann, 2010).

The journey from their country of origin to a country where they hope to find sanctuary can further deteriorate the mental health of refugees, as they are often exposed to inhumane conditions, including fear of being discovered, and/or to physical and psychological abuses by their traffickers (Potter and Haslam, 2005; Tribe 2002; Watter, 1999).

These pre-migratory traumatic stressors can have lasting psychological effects on refugees' mental health, and they may also interfere with their resettlement (Mann & Fazil, 2006). For instance, depressive symptoms and fear-evoking situations can affect how refugees assimilate new rules and/or the way they deal with authority figures (Herrman, Kaplan and Szwarc, 2010). Cultural bereavement may also interfere with refugees' adjustment to the host country. This is defined by Eisenbruch (1990) as feeling guilt about surviving traumatic experiences, flash backs, and failure to hold positive images. Moreover, the multiple challenges that refugees experience in the new country can add further stress to their mental health. Social isolation and alienation is commons among refugees, as they are physically and culturally separated from their support systems (O'Mahony and Donnelly, 2010). Furthermore, they face practical challenges, such as living in temporary, crowded accommodation, sharing inadequate facilities and struggle to find employment (Correa-Velez, Spaaij and Upham, 2013; Jones and Gill, 1998; Mann and Fazil, 2006). The cumulative effects of these multiple and prolonged traumatic situations trigger and/or exacerbate complex psychiatric symptoms in refugees (Fazel, Wheeler and Danesh, 2005); this may explain high rates of suicide, substance misuse, interpersonal conflicts and aggression among them (Berry, 1991).

Refugees are also exposed to stressors associated with their gender (Craig, 2010). Pre-migratory stress in refugee women is often associated with being left without the protection of their family members and community, leaving them at great risk of violence (Mezey and Thachil, 2010). In addition, refugee women might be victims of gender-based violence, such as genocidal rape, rape in border crossings as a *price passage*, (Mezey and Thachil, 2010), sexual torture, genital mutilation, forced marriages, and forced prostitution (Heise, Ellsberg, & Goettmoeller, 1999; Oosterhoff, Zwanikken, & Ketting, 2004). Post migratory stress in refugee women is often associated with their over reliance on men (e.g., husbands, fathers and brothers) to obtain their status (Mezey and Thachil, 2010). This means that they are often reluctant to disclose any personal information to authorities, including abuses or domestic violence as they fear this will mean losing their status and/or other benefits (Wilson, Sanders & Dumper, 2007). In addition, refugee mothers often struggle with the fact that they migrated to more individualist societies, where there is little support from extended family and networks and little recognition of its importance (Oates et al. 2004). At this regard O'Mahony, and Donnelly (2010) indicate that refugee women can perceive the lack of extended social support as a personal failure to build new networks which can further impair their mental health.

Male refugees are also exposed to gender based stressors although these remain under explored compared to other categories, such as refugee women and children (Young and Chang, 2015). Male refugees are more likely than women to be persecuted in their own country in order to eliminate their ethno-cultural group (Carpenter, 2006). They may also have been victims of what Mezey and Thachill (2010) called *male trauma;* this is the result of dreadful psychological violence perpetrated by those in a position of authority with the aim of extorting information and in order to punish and disempower men and rob them of their masculinity. According to Mezey and Thachil, (2010), male trauma is defined by the specific methods used, such as *direct genital trauma* (e.g., kicking, or applying electroshock to the genitals) or *non-consensual trauma (*e.g., sexual assault, forced nakedness and sexual humiliation). Male trauma has prolonged detrimental effects on refugees' mental health. Male refugees fear being re-traumatized by situations that can

evoke their past; this might explain their reluctance to seek help from what they perceive as authority figures (Mezey and Thachil, 2010).

These are the stressors that male refugees experience when they are forced to leave their country. Often they arrive alone in the UK with the aim of getting their status and then reuniting the family (Herrman, Kaplan and Szwarc, 2010). Leaving family members behind increases male refugees' feelings of guilt and helpless, but also increases the severity of depression, anxiety and post-traumatic stress disorder (Rousseau, Mekki-Berrada et al. 2001; Lie, 2002). In this regard, a study conducted by Matsuoka & Sorenson in Canada (1999), indicated that male Eritrean refugees who had to leave elderly or vulnerable family members behind, experience high levels of anxiety as a result of not being able any longer to adhere to their culturally prescribed responsibilities. In addition, a study by Correa-Velez, Spaaij & Upham (2013) indicated that male refugees resettled in Australia often experience stress as a consequence of feeling particularly socially isolated. Furthermore, male refugees, over and above women and children, find it difficult to settle as they have limited access to housing, especially if they are single, or if they emigrated without their family (Correa-Velez, Spaaij & Upham's 2012). Male refugees also feel more disempowered than women during the resettlement process as they often experience a drop from their previous status of family providers (Mann & Fazil, 2006; Nakash, Wiesent-Brandsma, Reirst and Nagar, 2013). As Young and Chang (2015) indicate, male refugees often belonged to societies that associate financial security with masculinity. Being unemployed and depending on others for their needs therefore affects male refugees' identity and sense of self-worth (Jali, 2009). Refugee men struggle more than women with discrimination (Young and Chang, 2015). This might be due to the fact that they had a higher status than women in their societies, and therefore they see the discrimination in the host country as a reminder of the loss of their previous role (Te-Lindert, Korzilius, Van de Vijver, Kroon & Arends-Toth, 2008).

Furthermore, male refugees often struggle to adjust to their roles of fathers and husbands (Young and Chang, 2015). For instance in a qualitative study conducted by Este and Tachble (2009) with Sudanese refugee fathers in Canada, indicates that refugee fathers found it challenging to raise their children in the new country. This is in part due to the fact that refugee children acculturate more easily to the individualistic tendencies of their host country (Rousseau, Drapeau, & Platt, 2004); as a result, they develop attitudes and engage in behaviors that may conflict with a paternalistic culture (Deng & Marlowe, 2013). Male refugees might struggle with being forced to

be more involved with taking care of their children and the housework, since their wives are often more willing to take low pay jobs and they provide financially for their families. This can seem to be a threat to their masculinity (Khawaja & Milner, 2012).

Rationale for the study

The overall aim of the study is to provide support to the existing literature on male refugees' mental health promotion: specifically, it focuses on the particular challenges they face after getting their status. The need to explore this area is supported by the fact that the literature research studies of the mental health of refugees have concentrated mostly on the impact of past experience related to exposure to war, trauma and torture (e.g. Barrington and Shakespeare-Finch, 2013; Isakson and Jurkovic, 2013; Shannon, Wieling, Simmerlink-McCleary and Becher 2015). Little is known about their specific needs after they have been granted Leave to Remain and how these may impact on their mental health.

For the purpose of this study, the WHO definition of mental health will be used; this is described as 'a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses in life, can work productively and fruitfully and is able to contribute to his or her community' (WHO, 2001a: 1).

Method

Due to the exploratory nature of the research, a qualitative study design was employed: this enabled researchers to start with broad research questions, without any predefinition or anything taken for granted (Denzin and Linlon, 2000; Taylor and Bodgan, 1998). For the purpose of this research, semi-structured interviews were used in order to have a deep understanding of the participants' lived experience (Bruner, 1986). The interview process was underpinned by the principle that the interviews were contributing to the construction of knowledge in a situated manner rather than seeking universal knowledge (Kvale, 2007). The researchers therefore adopted a social constructionist position on the interviews; this means that knowledge is an interpretative approach (rather than objective explanation of the reality), where concepts and meanings are constructed, defined, negotiate and modified by the interaction with participants (Andrews, 2012; Schwandt 2003).

Qualitative methods are well suited to research with migrants and with refugees in particular, as they allow them to give their direct opinion, rather than this being filtered by stakeholders (Harrel-Bond and Voutira, 2007; Mazur, 1987). Listening to 'the refugee's voice' means in fact developing 'a refugee centred perspective' where the diverse narratives told by participants are organised to tell their direct collective story (Dona, 2007).

Material

This consists in the following order: an information sheet, a consent form, a bio-form, and the interview script. The interview questions were generic, as they aimed to foster participants' migratory past-experience and also of having being granted Leave to Remain. A digital recorder was used to record the interviews.

Ethical Considerations

Ethical approval was granted by the Ethics Committee at Bath Spa University. The ethical principles suggested by LoBiondo–Wood and Haber (2014) of *respect for persons* and *beneficence* were observed. This was approached by ensuring that there was a comprehensive approach to informed consent as proposed by Mauthner, Birch, and Jessop (2002). That is, prior to the interview, the overall process was explain to participants in great detail, including the research aims and objectives, the confidentiality of the study, the freedom not to answer any questions that they did not feel comfortable with, and of withdrawing at any time without any consequences.

Furthermore, when conducting research with refugees, specific ethical consideration must be undertaken as they are vulnerable individuals who were forced to migrate, and they are not in full control of their current situation (Eastmond, 2007). Refugees often have a sense of mistrust of officials within the UK, as they have often had interviews that were hostile in tone, from agencies such as Home Office immigration tribunals and appeal hearings, which felt similar to experiences that had led to fleeing their own country (Hynes, 2003). This mistrust might well be transferred to information given to researchers, as they cannot fully trust the good intent of the researchers in managing and using the information they provide; furthermore, these interview situations may recall traumatic memories of interrogations they could have had within their home countries and therefore can potentially re-traumatise them (Hynes, 2003).

The researchers needed therefore to be particularly sensitive in approaching potential participants, and in interviewing them (Mackenzie, McDowell and Pittaway, 2007). Because of these sensitivities and ethical considerations, traumatic memories were not asked about, and the authors were aware that aspects of the participants' mental health were likely not to fully emerge in the data. The mental health implications for those who may have been traumatised through the use of torture or through witnessing horrifying events, were therefore not approached in the study, although many refugees have experienced these kinds of traumatic events. In the light of these recommendations, participants who took part in the study were encouraged to seek as many clarifications as they needed about the overall research and the whole interview process. In addition, prior to starting the interviews, the first author (AV) gave participants detailed information about her role as researcher, and about her organisation. AV also provided detailed information on the other researcher involved in the study (JR), including the organisation where she worked.

Sampling

A non-probabilistic, purposive sampling was used for this study. The researchers were aware that this type of sampling might present specific saturation issues as they could only access a limited number of participants, however they felt that this was the best option for an explorative study in the field.

Selection criteria

Those were: being male, aged over 18, having been granted Leave to Remain within two years from the commencement of the research, having a level of English that could sustain a conversation and being capable of giving informed consent.

Procedures

All participants were recruited from those attending a non-profit organisation providing support to asylum seekers and refugees in the south west of England. The organisation offers English classes and an advocacy information desk. It also provides a welcome centre where migrants can gather together, play board games, make crafts, have coffee and snacks and a hot meal once a week. All individuals who fitted the criteria were invited to take part in the study. For

confidentiality reasons, the researchers did not directly access the database of individuals who fit these. Potential participants were identified and approached by the manager of the centre to ascertain if they were willing to take part in the study, and if they were, to arrange a meeting for the interviews. In order to facilitate this process, the researchers provided the manager with a leaflet containing some generic information on the study, along with the researchers' contact details. The overall process of recruiting participants was relatively difficult and time consuming. This is fairly normal when undertaking research with refugee populations (Harrell-Bond and Voutira, 2007). For this specific research in particular, the fact that the selection criteria were quite narrow and the refugees attended the Centre on a somewhat infrequent basis since they obtain Leave to Remain, recruitment was relatively difficult. Out of 11 refugees who were invited to participate on the study, nine agreed; the reason given for not taking part by the remaining two was lack of time.

Following the initial contact with the manager of the organisation, individuals who showed an interest in the research and who fitted the selection criteria, met the researcher on an individual basis for more detailed information about the study. The first author (AV) who had training and experience in qualitative data collection, conducted all the interviews. Participants were individually interviewed in a room free of distraction at the Welcome Centre. Prior to starting the interviews, participants were given the information sheet and were asked to sign the consent form. It was deemed important to help the interviewees talk freely about topics they raised, and additional questions were only asked to seek clarification, illustration, or further exploration (Parahoo, 1997). The interviews took approximately 45 minutes each and were audio-recoded with the participants' permission. The first author transcribed verbatim all the interviews: this was done in order to familiarise herself with the data, and to ensure that all verbal utterance was adequately reported (Poland, 2002). This was particularly important for this study, as participants did not have English as their first language. Meanings could be lost if the interviews were transcribed by an external individual who was not familiar with this specific population, as the transcripts would have been limited by mechanically putting the spoken sounds on paper (Lapadat and Lindsay, 1999).

Data Analysis

Interview transcripts were analysed thematically; this is a flexible method that enables researchers to generate a rich, detailed and complex interpretation of the data (Boyatzis, 1998; Brown and Clarke, 2006) and it situates the coding process in the realm of evidence, rather than regenerated ideas (Ragin and Amoroso, 2009).

Each transcript was read several times in order to be familiar with the data, to identify meanings and ideas expressed by participants and to try to capture the essence of what they stated. Two consecutive cycles of codes were then generated (Saldana, 2009). Firstly, for each transcript large segments of data capturing specific meanings were identified and labelled. These selected quotations gave the basis for further levels of analysis, as they were compared across the scripts, and extracts with similar meanings were grouped into structured codes: these codes described the link between data collection and evidence generated (Guest, Mc Queen and Namey, 2012). A structural codebook was developed to ensure consistent application of coding categories (Gibson and Brown, 2009). During this first cycle of coding, similar codes were merged, infrequent codes were assessed for their relevance, and some codes were dropped because they were either marginal or redundant after all the dataset was reviewed (Saldana, 2009). A second cycle of coding was then constructed; content codes describing the link between the evidence and its significance were generated (Guest, Mc Queen and Namey, 2012). Codes were then defined even further, and they were compared to ensure their uniqueness; from these, themes and sub-themes were generated. These themes and sub-themes were further redefined as data was compared across transcripts. Direct quotations were taken from the transcripts in order to exemplify each theme and sub-theme. The analysis was primarily conducted by the first author (AV); however, in order to ensure its trustworthiness and consistency, the second author (who has extensive experience in qualitative research methods, and also of working with refugees) independently analysed a sample of transcripts by using a coding template to ensure inter code agreement (Bernard and Ryan, 2010). There were not many differences between the analysis undertaken by the two authors, and they agreed on the final themes.

Findings

Overview of the Sample

The sample consisted of nine men aged from 29 to 62 years. Sampling inadequacy is often an issue in qualitative research; this particularly applies when undertaking research with refugee populations as they are hard to reach (Harrell-Bond and Voutira, 2007). This particularly applied to the current research, as the selection criteria were quite specific (i.e., being male, and have been granted Leave to Remain within the last two years from commencing the research). As it is possible to observe in Table 1, participants were either from the Middle East or from Africa. They were almost all married, most had either a second or third level education, and their professions were quite heterogeneous. The time spent as asylum seeker ranged from six months to 3.5 years; the time they were granted Leave to Remain ranged from five months to two years.

[INSERT TABLE 1 HERE]

Qualitative Analysis

Participants provided a rich description of their migration experience and the impact that this had on their mental health. Overall they indicated that their mental health was deteriorated by their past experience of being forced to leave their countries, and of being asylum seekers: having been granted Leave to Remain did not improve their circumstances. The new refugee status actually generated new types of challenges and they did not receive adequate support to address them: as a result their mental health seemed to worsen even further.

An overview of the main findings is provided in Figure 1; the themes are organised in a manner that could facilitate the understanding of participants' past and current struggles and how these impacted on their mental health. The final analysis contains both broad and more focused themes, and this is in line with the specific analytic method employed (Ryan and Bernard, 2003).

[INSERT FIGURE 1 HERE]

Theme 1: The effects of past traumatic events on participants' mental health

Participants' mental health was affected by the cumulative stress of being forced to leave their native country, an often traumatic journey and going through the asylum seeker process. They felt powerless in their country or origin, as they were completely deprived of their freedom. In this regard, P.8 stated:

> *When the war broke life was destroyed because of the civil war.*

P.5 indicated:

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It was absolutely terrifying. Not allowed to do anything.

P.3 said:

The government want to know what you hear, what you drink, what you think, what you hear, when you go, what you watch, everything inside your home. They are the decision makers of your life.

Going through the asylum seeker process further deteriorated participants' mental health, as they were confined in the detention centers, without adequate support to address their needs.

P.9 stated:

I was depression before I got the Leave to Remain.

P.2 indicated:

I felt I came to the wrong country.

They explained that, while they were waiting for their refugee status, they felt powerless as their life was 'on hold'.

For example, P.1 said:

They did not explain what is going next.

P.4 indicated:

You'll be waiting to hear the decisions, and you don't know when it will be, so it's really horrible until you get the paper.

They all felt that while they were waiting for their refugee status, they did not receive adequate support for dealing with practical issues, nor for their emotional state.

In this regard P.6 stated:

They treated me very badly, they kept me in a place in the hostel, and in detention.

P.4 said:

There isn't emotional support.

This was echoed by P.9 who stated:

They have to go in the procedures, and these procedure doesn't have emotions.

Furthermore, some of the participants indicated that they felt re-traumatized in the detention centers as, their living conditions brought back previous traumatic events, such as being tortured in their own country.

In this regard, P.2 indicated:

> *So, how come you are helping me and you put me on a cell of detention? And you know that when I had the same problems, and there were also tortures…You are thinking about your country, about the torture, about politics, about stuff like that.*

P.1 stated:

> *Flashbacks about killing me because I couldn't sleep for three weeks. I was crying.*

Theme 2: Feeling powerless after Leave to Remain

Despite the initial feeling of happiness about having been granted Leave to Remain, participants felt disempowered by their new status, since they did not have adequate support to progress with their lives, to find suitable employment and to integrate and feel themselves to be citizens in the UK. These sub-themes are described in detail below.

2.1. Initial feeling about the Leave to Remain

Participants indicated that they had high expectations about getting Leave to Remain, as they felt that they could finally having better living standards.

For instance, P.5 recalled:

> *I was very happy, I felt like the other human beings.*

P.8 said:

> *It was really feeling something behind my expectations…So it was the end of thinking of my asylum, and being feared of be deported.*

However, these initial feelings were following by disappointment, as participants did not see any immediate improvement in their circumstances.

In this regard P.1 indicated:

> *Nothing in the ground, nothing changed.*

P.5 said:

> *At the moment there is not change, but I hope in the future there will be change.*

P.7 stated:

When you get your refugee status your problem starts.

2.1. Lack of adequate support

One of the main challenges that participants experienced after Leave to Remain was not receiving adequate support to progress with their lives. This further deteriorated their mental health. In this regard, P.2 indicated:

When I was in my country I had torture and everything, but here I have mental torture, and I found this more hard.

And P.7 said:

Starting a new life causes to be depressed, for example stressed and hopeless.

In particular, participants felt powerless because they did not know where to seek practical information to settle in UK; this added further stress to their situation. For instance P.4 stated:

After they give you permission to stay they grant you, they will tell you have to leave, then you have to go for other organisation to help you, and they are not in due to help you.

This was echoed by P.7, who stated:

Well it is better they not give the refugee status because they have a lot, in fact more problems they have, in fact they have in their own country...They give us benefits, for years and years, without doing anything, without helping us to find out. I found out after three years what to do…They (the refugees) don't know what to do there is nobody to help them to find the right way.

The lack of adequate support meant that they were not able to seek adequate accommodation which further deteriorated their condition.

In this regard, P. 4 indicated that since his Leave to Remain, he had to move from one place to another, and sometime he did not have a place to stay:

You will settle for one month, in the other month you will be homeless. Sometime you go the police and they'll take you to some shelter, night shelter.

Furthermore, participants indicated that not having proper accommodation meant they did not have a space in which to feel safe and be able to rest, with the concomitant negative effect on their mental health. Again, this was well addressed by P.4 who said:

Somewhere to stay safely, you feel it's your place to stay, your place to relax, a place to get to think.

P.6 indicated:

I don't have a sitting room. Would you believe? I need a sitting room to relax, to have a coffee. I can't have a friend in the house because there is not sitting room.

P.1 stated:

I was about to lose my mind to be honest with you, and this is part of my depression, because you live in a small room, especially if you were used to big spaces.

2.2. Lack of employment

Not receiving adequate information about how to progress with their lives also meant that participants did not know how find employment (none of them was working at the time of the interviews). This disempowered them, as it represented a drop in the status that they had previously had in their own countries.

In this regard, P.1 indicated:

> *Well, my life (in my country) was brilliant, my life was so bright. I was successful and I loved my job. Stories, people, I loved my work.*

P.7 said:

I was a teacher, and I didn't have any problem.

P.3 stated:

My life was good, I have been work, and I've been study, and I had my job

The all felt humiliated by the fact they had to rely on benefits to survive; this well addressed by P.7, who indicated:

I go to the job centre to sign, I shouldn't go there. I don't like to get money from the government. I like to work and to earn my money. I don't like to beg money from them, you know.

In addition, because participants were unemployed, they were not eligible to apply for loans for training and courses that could strengthen their opportunities to find suitable jobs. Some of the participants also indicated that one of the main barriers to employment was related to the fact that they could not use the qualifications taken in their own country.

For instance, P.3 explained that when he escaped from Iran he did not think about bringing copies of his qualifications and, despite all his skills, he had to re-do his degree in the UK.

2.3. Lack of integration in the community

The lack of information on how to progress with their lives, including for finding employment, interfered with participants' ability to build new networks and to feel part of their new community.

In this regard, P.7 indicated:

It's like we come from another planet.

P.8 said:

At the moment, we got recently Leave to Remain, but we are not British, you know.

P.9 stated:

I was like, maybe they didn't accept me.

According to P.1 his lack of integration was due to the fact that he could not share with other people 'normal events'. He explained that he found it hard to relate to colleagues from the media organisation where he was volunteering:

They talk about things I never had experience of that. They talk about mother in laws. They talk about kitchen, because I don't have a kitchen! I don't have experience of normal things since I arrived in the UK.

Furthermore, P.1 felt that he could not share his current struggles with his colleagues:

So, they thought I am normal, because I can't tell anybody about me. I am not normal. I can't tell them what I have experience of, because they don't have; they are talking about normal things.

In addition, P.1 indicated that, because of their poor living conditions, male refugees find it hard to start a relationship with British women, as they have nothing to offer:

But what about singles? It's really hard for them, even if they got Leave to Remain. All men here feel isolated….They can't talk to a woman because they are not normal. If you want to meet a girl or a woman, she immediately think 'what can he offer me? Is he having a job? Is he going to secure me a future?...So we are not qualified to be normal.

Cultural barriers were also identified as one of the main reasons for not being able to socialise with British women.

P. 7 stated:

I mean in fact it is very difficult for me to find a relationship with females. I mean, it comes back to my own culture. If you go for example to a club, you cannot find a suitable person.

Theme 3: Lack of adequate mental health care

Participants did not receive adequate mental health care for the ongoing stress they were experiencing. The only form of support available to them was prescribed medications from their General Practitioners. They were concerned about the lack of adequate care, and they were well aware of the long term-side effects of medications.

For instance, P.2 indicated:

How come you (the General Practitioner) say 'I am trying to help you?' In which way are you helping me? You should offer me a better environment, not only medications. That's not enough for me, because you put all the pressure on me.

P.4 said:

I refuse to take that and I don't want any medication. This for long time will be harmful.

Theme 4: Developing opportunities to empower refugees

All participants indicated that male refugees should be provided with more opportunity to become active citizens after they have been granted Leave to Remain. For instance, based on their experience of volunteering for the organization from where they were recruited for the

study (as chefs, or interpreters or simply to provide assistance to other migrants), they suggested that male refugees should be provided with similar opportunities. They stated that volunteering could promote refugees' mental health as it represents a stepping stone to building new networks, share their experience and feel part of the broader society.

In this regard P.1 said:

Without X (name of the organisation) *I couldn't cope. Well, they may put me in a loony (i.e. in a psychiatric hospital).*

Two participants (P.1 and P.7) were also volunteering for organizations similar to the ones they were working in in their native countries; they both agreed that this was essential for their recovery as it could lead to employment opportunities. Specifically, P. 1 indicated:

I know it is part of my therapy. And I need to feel I am normal doing jobs, even if I don't get paid. This is part of my therapy, when my family comes, at least I can say in CV I have these skills.

Furthermore, participants suggested that male refugees should be provided with specific training to strengthen their previous employment skills. In this regard, P.8 suggested:

So I believe when a person is give status, there should be a charity that can be referred and they be trained on what they are experience, and how they want to contribute the wider community.

P.2 indicated:

More help to find a job, particularly if you are out of the family.

P.7 stated:

The government must for example create a special organisation to help the refugees to find the right route in their life. And they need to talk and see what qualifications they have, what they can do in this country.

Discussion

This study aimed to explore the specific challenges that male refugees experience after they granted Leave to Remain, with the aim of getting an insight into how to promote their mental health. The overall findings indicated that participants were initially positive about getting their status as they felt that they could finally integrate and become active citizens in the UK. However, being granted Leave to Remain added further stress as they had to face new challenges and they did not have adequate support to address them. As a result, participants' mental health, which was already weakened by past stressors, deteriorated even further.

The overall findings therefore support Doyle's view (2014) that, despite its responsibility, the Home Office does not support refugees after they have been granted their status. This is an issue that needs to be addressed. This in fact goes against the Refugee Council's recommendations (2004), which indicated that the resettlement process should start as soon refugees have been granted Leave to Remain. Individuals in fact cannot fully achieve their potential as citizens unless they can control and address factors that can affect their and mental health (WHO, 2009). In this regard, the findings indicated that participants felt disempowered by the fact that they could not address their basic needs, such as, for instance, having a place to stay. When talking about their housing situation, participants indicated that were forced to move from one place to another and, in some cases, they were homeless for short periods. These findings are in line with the evidence that male refugees have very limited access to housing, especially if they are single; this might be related to factors such low income or unemployment, high rental fees, and discrimination (Correa-Velez, Spaaij & Upham's 2012). Furthermore, the types of places available to participants were generally either small rooms in hostels or in shared crowed accommodation which added further distress. Being deprived of one's own space and routine is likely to lead to a sense of insecurity and lack of identity (Claphman, 2005; Kisson, 2010; Netto, 2011). In addition, the meaning that individuals give to places is particularly significant at time of difficulty, such as attempting to settle into the community, and/or when they feel detached from their previous networks (Hummon 1992; Low and Altman 1992). Much more therefore needs to be done to support male refugees in finding suitable accommodations, as this is essential to promote their mental health and wellbeing.

Another key finding is that participants did not have adequate support to seek employment. In line with Este and Tachble's findings (2009) participants indicated that being unemployed and depending on others for their needs affect their identity and sense of self-worth. Furthermore, in line with Young and Chang (2015), depending on unemployment benefits disempowered them, as they dropped their status as family providers that they had in their own country. Lack of suitable employment is therefore an important issue for male refugees, as they see their profession as one of their main pillars of their identity (Mesthenos and Ioannidi, 2002). This does not only impact on them financially, but also on their self-esteem and their mental health in general (Colic-Peisker and Tilbury 2003). This applies particularly to those who are highly qualified, as their skills and talents are often not encouraged to flourish in the new country, and in order to re-enter their profession, they need to follow longer and not always successful routes (Colic-Peisker and Tilbury 2007; Morrice, 2009; Phillimore and Goodson 2006; Shiferaw and Hagos, 2002). Participants therefore suggested that they would like to receive specific training on employment skills. In addition, the two participants who also volunteered with external organisations where they could use their professional skills stated that this was extremely beneficial to their mental health and that male refugees should be provided with similar opportunities. In order to support refugees to become fully part of society it is essential to listen to their voice which tells how to empower them by strengthening their employment skills. This will help them to connect with their past identity, and to build the skills and confidence necessary to find suitable employment (Hussain and Bagguley 2005; Song 2003). Working towards building their professional skills is if fact recognised as crucial for the effective integration of refugees and it has a positive effect on their wellbeing (e.g. Beiser and Hou, 2001; Bloch, 2002; Phillimore and Goodson, 2006). This is line with Taylor *et a.l' s* view. (2006) that promoting mental health at the individual level means developing opportunities where people feel valued and supported, so they can build hope for their future.

Furthermore, the lack of adequate support to progress with their lives after they gain Leave to Remain, meant that participants had little opportunity to integrate and to feel part of their new society. As one of the participants indicated, they were not equipped to 'be normal' and to build new relationships in the UK, including with women. Isolation represents a key issue in male refugees, particularly because, as Herrman, Kaplan and Szwarc (2010) indicate, they often arrive alone in the UK with the aim of getting their status and then to reunite the family. Much more

therefore needs to be done to support male refugees to build networks as these are essential in promoting and maintaining mental health (Berkman and Glass, 2000), as well as enhancing their sense of belonging, their confidence and self-esteem (Burnett and Peel 2001; Sales 2002; Zetter and Pearl 2000). In this regard, participants indicated that a step towards their integration into society was for them to volunteer in organization such as those from which they were recruited for this study, that male refugees should be provided similar opportunities. This supports the evidence that volunteering can promote the mental wellbeing of individuals, as it strengthens coping mechanisms, self-esteem, social support, the reconstruction of social networks and a sense of belonging (Braken, Giller and Summerfield, 1995; Casiday, Kinsman, Fisher and Bambra). Further research should be done therefore on how volunteering can promote male refugees' mental health.

Finally, participants stated that the new challenges related to having being granted refugee status further undermined their mental health, which was already compromised by their pre-migratory stress, and also by their experience of being asylum seekers. When talking about their past, participants stated that memories of the abuses they received in their countries were still raw, which supports the evidence that, the consequences of war and/or having had their human rights violated, can last many years after the ending of conflict (Teodoresco, Heir, Hauff, Wentzel-Larsen and Lien, 2012). It also supports the evidence that male refugees suffer from gender-based violence (Young and Chang, 2015).

Participants were also still working through their experience of being asylum seekers as they discussed the feelings of being humiliated and powerless at that time. The waiting for the decision of the asylum application is very detrimental for individuals, as they feel isolated, without their daily living having any purpose, and being totally dependent on welfare and welfare personnel (Iversen and Morken, 2004). In addition, some of the participants indicated that the overall interview process echoed the investigations and/or tortures they had received in their own country. Disclosure is an issue for torture survivors due to their difficulty in trusting authorities and their avoidance of painful memories (Bogher, Brewing and Herlihy, 2010). These findings therefore confirmed the existing literature that male refugees fear being re-traumatized by situations that can evoke their past (Mezey and Thachil, 2010; Peel, 2002).This is an issue that needs to be addressed.

Furthermore, participants indicated that, despite their mental health was deteriorated by pre and post migratory stress, the only type of support available was in the form of medication prescribed by their general practitioners. As some of them indicated, medication did not address their issues, and they were concerned about the short and long-term side effects of taking them. This support Patel's finding (2009) that accessing to appropriate health services in the UK is difficult for refugees. Medications per se cannot be the answer. Health professionals should take a holist approach in promoting the mental health of individuals and be sensitive to their psychological, social and cultural needs (WHO, 2009). Specifically this means that health professionals working with refugees should be able to provide interventions that are culturally sensitive and that are based on individual needs; this will promote individuals' mental health and it will help them became active citizens in the UK.

Limitations of the study

Because of the narrow selection criteria, the sample for this study was quite small. The findings from this research are limited as they are related solely on the experiences of the nine refugee men whose proficiency in English, educational level and length of time since they got their Leave to Remain varied and therefore they cannot be generalized.

Conclusions

There is a need to listen to male refugees' voice after they have been granted their status. This is a critical stage in their life as they are still struggling to deal with their past circumstances and they have been left alone to face new challenges attached to their new status. Much more needs to be done to promote their mental health and to help them to access psychological support as an alternative to medication to address their mental health needs. In addition, specific interventions should be designed to support their specific practical needs as these affect their mental health. For instance, specific intervention programmes should be designed to support refugees in finding adequate work immediately after they receive their status. These programmes should aim to empower refugees and therefore they should include training in employment skills, links with agencies which could help them find work experience, support in accrediting professionals' qualifications and their past work experience, and guidance in accessing language classes that can help refugees build their confidence. In addition, much more should be done to build

refugees' capacity to take part in social activities. This might include helping them to volunteer in organisations where they can use their skills. This will help them to build their self-esteem and this might represent a first step towards their integration into the community. It is hoped that the current findings will provide some input on specific intervention programs to promote male refugees' mental health.

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