

Healing Under Oath: Biopsychosocial Dimensions of the US Asylum System

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Abstract

This paper aims to understand the ecological impacts of the asylum system from the perspective of mental health and social service professionals in the United States. Fifteen professionals who provide mental health and psychosocial support services for asylum-seekers were interviewed about the ways in which the asylum regime interacts with treatment outcomes for their clients. Professionals emphasized the holistically detrimental impacts of the asylum system, citing long waits, resource scarcity, the inability to work, a legal timeline that may push applicants to disclose trauma before they are emotionally ready to do so, an atmosphere of uncertainty and confusion and a climate of criminalisation. Participants described how they provide support and advocacy for their clients in spite of these unfavorable conditions. This research demonstrates that mental health and psychosocial support professionals are an untapped resource for expert knowledge about the biopsychosocial features of the asylum regime, and argues that asylum-seeking creates a framework for applicants' lives that holds far-ranging psychological and social implications that stretch beyond legal proceedings.

Keywords

asylum, asylum-seekers, mental health, psychosocial support, social work, United States

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1. Introduction

Asylum in the United States (US) has been at the centre of the country's political discourse for the past several years. The current presidential administration has expressed anti-immigrant sentiment since the 2016 election campaign and has clearly stated their intent to "crack down" on immigration "loopholes", including the asylum system¹. Nevertheless, people continue to flee persecution in their countries and arrive in the United States seeking safety. Figures from FY2016, the most recent year for comprehensive government-issued asylum statistics, show the United States having received an estimated 115,399 affirmative asylum applications, representing a 39 per cent increase from the year before². The number of affirmative asylum applications filed has been increasing steadily each year for the past seven years of available statistics, and applications are currently at their highest rate since 1995³. Similarly, 65,218 defensive asylum applications were filed in FY2016, representing a 42 per cent increase from the year before. While applications have been increasing, denial rates for affirmative asylum have *also* been increasing, leading to long waits and backlogs in the court system⁴.

Unlike resettled refugees, who arrive in the country with their immigration documents and already assigned to a voluntary agency responsible for obtaining housing, schooling and public benefits for them, asylum-seekers arrive in the United States alone and must navigate complex and high-stakes bureaucratic and legal systems with no formal institutional support. Asylum-seekers in the United States are not entitled to any governmental assistance while they await the adjudication of their claims; many asylum-seekers live in homeless shelters or rely on community members to support them while they wait to obtain legal status⁵.

A somewhat contentious debate over both the technical and strategic use of the term "asylum-seeker" as opposed to "refugee" has waged over the past several years, as forced migration has risen to the forefront of politics worldwide⁶. In my research, I will distinguish between asylum-seekers, asylees and refugees, as this allows for greater clarity and precision about an individual's present situation. For the purposes of this study, asylum-seekers are defined as those individuals who file for asylum once in the United States, which requires them to show that they meet the definition of a refugee outlined in section 101(a) (42) of the Immigration and Nationality Act (INA). The INA definition is identical to the definition of a refugee in the 1951 United Nations Convention Relating to the Status of Refugees, someone who: "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country".

Once a person has been granted asylum, they are known as an *asylee*; this is always distinct from a refugee, a legal status that in the United States refers only to those who arrived in the country through the US refugee resettlement program⁷. Foreign-born populations themselves are very familiar with these distinctions and how they provide potential opportunities and hurdles in the United States⁸. "Winning" asylum and becoming an asylee is impactful both in terms of obtaining practical benefits attached to immigration status as well as a symbolic "public recognition of the asylum-seekers' credibility, of his/her not only 'true' suffering but also 'righteous' self-assertion as a political subject"⁹. For the purpose of this research, the difference between refugee, asylum-seeker and asylee populations lies not in the lived experience of persecution but in the lived experience of immigration proceedings.

While governmental assistance is unavailable to those seeking asylum in the United States, some asylum-seekers find support from independent mental health and psychosocial support (MHPSS) professionals. Doctors, social workers, psychologists, psychiatrists and case managers interface with asylum-seekers in settings ranging from health clinics to nonprofit housing programs. Many asylum-seekers who qualify as survivors of politically sanctioned torture receive

1 Sarah Lynch, 'U.S. Attorney General Sessions Urges Crackdown on Asylum Policies' *Reuters* (London, 2 October 2017) <<https://www.reuters.com/article/us-usa-justice-asylum/u-s-attorney-general-sessions-urges-crackdown-on-asylum-policies-idUSKBN1CH22J?il=0>>

2 United States Department of Justice Executive Office for Immigration Review, 'FY2017 Statistics Yearbook' (2017) <<https://www.justice.gov/eoir/page/file/fysb16/download>>

3 Jeanne Batalova, Brittany Blizzard & Jessiva Bolter, 'Frequently Requested Statistics on Immigrants and Immigration in the United States' (Migration Policy Institute, 14 February 2017) <<https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states>>.

4 United States Customs and Immigration Services, '2016 Yearbook of Immigration Statistics, Table 16: Individuals Granted Asylum Affirmatively Or Defensively: Fiscal Years 1990 To 2016' (8 January 2018) <<https://www.dhs.gov/immigration-statistics/yearbook/2016/table16>>

5 Sarah Conway, 'Seeking a Home, without a Country': *South Side Weekly, Immigration Interview Issue* (Chicago, 5 September 2017) <<https://southsideweekly.com/seeking-home-without-country/>>

6 Helen Crawley & Dimitris Skleparis, 'Refugees, Migrants, Neither, Both: Categorical Fetishism and the Politics of Bounding in Europe's 'Migration Crisis'' (2018) 44 *Journal of Ethnic and Migration Studies* 48.

7 Nadwa Mossaad & Ryan Baugh, 'Refugees and Asylees: 2016 Annual Flow Report' (January 2018) <https://www.dhs.gov/sites/default/files/publications/Refugees_Asylees_2016_0.pdf>

8 Bernadette Ludwig, 'Wiping the Refugee Dust from my Feet': Advantages and Burdens of Refugee Status and the Refugee Label' (2013) 54 *International Migration* 5.

9 Asa Wettergren & Hanna Wikstrom, 'Who is a Refugee? Political Subjectivity and the Categorization of Somali Asylum Seekers in Sweden' (2014) 40 *Journal of Ethnic and Migration Studies* 568.

treatment at one of the United States' torture treatment centres, which exist in over a dozen major cities¹⁰. Attorneys may also connect asylum-seeker clients to a MHPSS professional in order to assist them in processing their trauma before going into legal proceedings or they may find services through word-of-mouth in their communities.

While research on asylum-seekers has increased over the past decade, the expert perspectives of MHPSS professionals have rarely been included, despite the fact that they possess an intimate and unique vantage point into the asylum system and its impacts on the lives of applicants. In order to address this knowledge gap, this study set out to interview MHPSS professionals about the biopsychosocial aspects of the asylum process. The article begins with a brief description of the United States' asylum process followed by a literature review of extant research on the relationship between the asylum process and applicant mental health, as well as the role of MHPSS professionals working with asylum seeking populations. Following a description of the study's conceptual framework and methodology, findings from the interviews are then presented in the form of thematic codes that capture ecological dimensions of the asylum regime from the perspective of those professionals tasked with providing clinical accompaniment through this particular legal process.

10 Member Centers of the National Consortium of Torture Treatment Programs (NCTTP), 'Descriptive, Inferential, Functional Outcome Data on 9,025 Torture Survivors of Six Years in the United States' (2015) 25 Torture 34.

2. The Asylum Process in the United States

An individual who believes that they meet the definition of a refugee set out in the INA and wishes to apply for asylum from within in the United States can do so either affirmatively or defensively. *Affirmative* asylum proceedings are begun when an individual files an application to the United States Citizenship and Immigration Services (USCIS), housed within the Department of Homeland Security. The current deadline for affirmative filing is one year from arrival at a US Port of Entry, unless the applicant is able to show extraordinary circumstances for the delay in filing. *Defensive* asylum proceedings occur when an individual claims asylum in order to halt removal proceedings already under effect with the Executive Office for Immigration Review (EOIR), which is housed within the Department of Justice. These two procedures vary significantly from one another.

The first step in the affirmative asylum process is submitting an application for asylum and withholding of removal to the USCIS office by mail. This 18-page form is available for printing on the USCIS website and provides the government with the applicant's biographical information as well as preliminary information about why they are afraid to return to their country. In response to a backlog that has existed in affirmative asylum applications since 2014, USCIS announced a significant policy change on January 26th, 2018 on how it would now be processing affirmative asylum cases¹¹. The new USCIS policy prioritises the newest cases first and states that it will adjudicate them within 45 days, in a "last in, first out" system. This means that while new applications are treated in a timely manner, those whose applications have already been pending for several years are still waiting indefinitely.

Approximately two weeks before their interview, affirmative applicants receive a letter informing them of the interview date and inviting them to submit any additional evidence for review. The applicant can submit a personal statement in written form, and can also provide corroborating evidence in the form of letters or photographs from people familiar with their claim as well as evidence speaking to the political context of their home country. Since the passage of the Real ID Act in 2005, applicants are required to present any and all supplemental documentation that they may feasibly obtain to support their claim, although their interview remains the crucial piece of "evidence" in their application.

Affirmative asylum interviews are designed to be non-adversarial in nature, and take place in an office before an administrative official, not a judge. Despite the more administrative nature of the proceedings, applicants are still placed under oath and the questioning can be rigorous¹². The applicant can bring a lawyer with them to the interview, however the role of the lawyer in the interview is minimal; for those asylum-seekers who are represented in affirmative proceedings, the majority of the lawyer's work will be in the filing that is submitted to the asylum office before the interview, which can include a legal brief on the applicant's statutory eligibility for asylum. Applicants are required to provide their own interpreter for the affirmative interview if they are not fluent in English; a contracted telephonic interpreter monitors the interview to ensure accuracy.

The applicant does not find out the decision of the officer the day of the interview but must wait weeks, months or in some cases even years before receiving the decision by mail. The only person that can order a person removed from the United States after an unsuccessful asylum claim is an immigration judge. Therefore, if the asylum officer is unconvinced by the applicant's claim or does not believe that they fit the definition of a refugee, then the asylum officer can refer the claim to immigration court. At this point, the applicant formally enters removal proceedings and their case passes under the jurisdiction of the Department of Justice. The defensive asylum process is thus initiated.

As previously mentioned, in addition to an unsuccessful affirmative claim, a person can also enter defensive asylum proceedings when they apply for asylum as a defence to deportation. This is the case for individuals who are apprehended at the US border attempting to cross into the country without proper documentation, with the exception of unaccompanied children¹³. Even if an asylum-seeker immediately claims a fear of return upon arrival at a US border, they are still considered a defensive applicant and can be held in a detention facility until their claim is resolved. Over the past several years, the routine detention of asylum applicants at the US border has increased exponentially^{14,15}. While for many years it was typical for asylum-seekers to be paroled (released from detention) after passing an initial screening by a Customs and Border Patrol agent known as a "credible fear interview" at a port of entry, asylum-seekers are currently being kept in detention facilities for the duration of the defensive process.

11 United States Citizenship and Immigration Services, 'Affirmative Asylum Interview Scheduling' (26 January 2018) <<https://www.uscis.gov/affirmative-asylum-scheduling>>.

12 Jaya Ramji-Nogales, Aaron Ian Schoenholtz, & Philip G Scharg, *Refugee Roulette: Disparities in Asylum Adjudication and Proposals for Reform* (New York University Press 2009).

13 Unaccompanied children are allowed to seek asylum affirmatively before the asylum office while in removal proceedings per the 2008 William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA), which grants USCIS initial jurisdiction over their cases.

14 Sharon Healey, 'The Trend Towards the Criminalization and Detention of Asylum Seekers' (2004) Human Rights Brief 12 14 <<http://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1295&context=hrbrief>>

15 Human Rights First, 'Lifeline on Lockdown: Increased U.S. Detention of Asylum Seekers' (July 2016) <https://www.humanrightsfirst.org/sites/default/files/Lifeline-on-Lockdown_0.pdf>

Unlike the affirmative process, which takes place in an office setting, defensive asylum proceedings are adversarial in nature, meaning that they occur in a courtroom with both a judge and a government trial attorney whose role it is to argue why the asylum-seeker does not fit the criteria for asylum and should be returned to their country of origin. There is also a professional court interpreter present. Both sides can call witnesses, including people familiar with the asylum-seeker's individual claim as well as country conditions or mental health experts. The asylum seeker themselves is also asked to testify, where they will be cross-examined by the government attorney. As the rules of immigration court differ from those of criminal court, judges themselves may also question the asylum-seeker, particularly if they are appearing *pro se*¹⁶.

Also unlike criminal proceedings, in which all persons facing charges are entitled to a public defender if they cannot afford or do not wish to retain a lawyer, immigrants facing deportation are *not* entitled to legal counsel in the United States. Therefore, many asylum-seekers enter their court proceedings alone, facing a government lawyer without someone to defend their claim. Statistics on success rates for asylum-seekers with and without legal counsel are staggering; in FY2016, immigration judges denied 90 per cent of claims for unrepresented asylum-seekers, as opposed to 48 per cent for those with attorneys¹⁷. The judge typically issues their decision the same day as the individual hearing. Either side reserves the right to appeal an unfavorable decision to the Board of Immigration Appeals or eventually a regional circuit court of appeals, although appeals are rarely successful¹⁸.

If asylum is denied, there are two other forms of legal relief— withholding of removal and deferral of removal under the Convention against Torture (CAT)—which applicants may be granted instead. Unlike asylum, which is technically a discretionary grant, these other two forms of relief are mandatory if the judge finds that the applicant meets the criteria¹⁹. The important difference between these statuses and asylee status lies in the fact that while both withholding of removal and CAT allow the “failed” asylum-seeker to remain indefinitely in the country and hold a renewable employment authorization document, neither allow the holder to eventually receive lawful permanent residency or citizenship or to petition for family members to join them in the US. Those with withholding of removal or CAT are also ineligible for public benefits that depend on secure immigration status, such as food stamps, medical insurance or social security income. The person is allowed to remain lawfully in the United States and may not be deported back to real risk of torture or death, however they are denied the vast majority of the practical and symbolic benefits of being an asylee.

16 Stephen Paskey, 'Telling Refugee Stories: Trauma, Credibility and the Adversarial Adjudication of Claims for Asylum' (2016) 56 Santa Clara Law Review 457.

17 TRAC Immigration, 'Continued Rise in Asylum Denial Rates: Impact of Representation and Nationality' (13 December 2016) <<http://trac.syr.edu/immigration/reports/448/>>.

18 Ramji-Nogales (n 12).

19 United States Department of Justice Executive Office for Immigration Review, 'Fact Sheet: Asylum and Withholding of Removal Relief Convention Against Torture Protections' (15 January 2009) <www.justice.gov/sites/default/files/eoir/legacy/2009/01/23/AsylumWithholdingCAT-Protections.pdf>.

3. Literature Review

This study conducted a systematic literature review on the asylum system, applicant mental health, and the role of MHPSS professionals in the asylum process. In order to be considered for inclusion in this literature review, sources needed to focus on asylum-seekers specifically or compare asylum-seekers to other populations, such as refugees.

The literature review found that the majority of existing research on asylum-seeker mental health comes from a quantitative, psychiatric paradigm and focuses largely on the impact of past trauma on current psychiatric symptoms, although the role of post-migration environmental stressors is increasingly acknowledged by researchers²⁰²¹. The only comprehensive literature review on asylum-seeker mental health located was conducted nearly a decade ago and included primarily quantitative studies²². After reviewing twenty-three studies on asylum-seeker mental health worldwide, the authors concluded that while psychological distress cannot be eliminated from any situation in which one is awaiting a high-stakes legal outcome, the factors of family separation, confinement, financial strain, unemployment and long wait times inherent to the asylum process all contribute to the poor mental health of asylum-seekers.

Research shows that asylum-seekers suffer from high instances of pre-migration trauma and display high rates of mental health disorders such as Posttraumatic Stress Disorder (PTSD), depression and generalized anxiety²³²⁴. Mental health symptoms for asylum-seekers appear throughout the lifespan, impacting child, adolescent and adult asylum seekers²⁵. There does not appear to be any notable difference in frequency or severity of symptoms across countries of origin, although there may be variations in clinical presentation amongst groups depending on factors such as cultural understandings of health and illness, educational and socioeconomic background or religious beliefs²⁶²⁷

The insecure legal status of asylum-seekers is particularly correlated with poor mental health²⁸²⁹. Gaining secure immigration status has been shown to be *the strongest* correlate of clinical improvement for asylum seeking survivors of torture in the US³⁰. Similarly, the only asylum-seekers to show a decrease in clinical distress during a longitudinal study in Ireland were those who gained a secure legal status³¹. In two studies comparing a group of subjects who had won asylum to those whose claims were rejected, the group that had won asylum displayed marked decreases in psychological symptoms despite the two groups not differing on levels of pre-migration trauma³². The literature review yielded a minimal amount of research on the impact of immigration legal proceedings themselves on asylum applicants' mental health. Only one study set out to specifically study the impact of the asylum interview on mental health, finding an increase in intrusive PTSD symptoms and a decrease in avoidance symptoms immediately following the interview³³.

While the largest number of studies on asylum-seekers comes from a diagnostic bio-medical paradigm, some have questioned the bio-medical model's relevance for asylum-seeking populations, instead favoring of a perspective that

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- 20 Israel Bronstein, Paul Montgomery & Stephanie Dobrowolski, 'PTSD in Asylum-seeking Male Adolescents from Afghanistan' (2012) 25 *Journal of Traumatic Stress* 551.
- 21 Martina Heeren, Julia Mueller, Ulrike Ehlert, Ulrich Schnyder, Nadia Copierey & Thomas Meier, 'Mental Health of Asylum Seekers: A Cross-Sectional Study of Psychiatric Disorders' (2012) 12 *BMC Psychiatry* 114.
- 22 Dermot A. Ryan, Fiona E. Kelly, & Brendan D. Kelly, 'Mental Health Among Persons Awaiting an Asylum Outcome in Western Countries: A Literature Review' (2009) 38 *International Journal of Mental Health* 88.
- 23 Trine Filges, Edith Montgomery & Marianne Kastrup, 'The Impact of Detention on the Health of Asylum Seekers: A Systematic Review' (2016) 28 *Journal of Social Work Practice* 399.
- 24 Allen S Keller, Barry Rosenfeld, Chau Trihn-Shevrin, Chris Meserve, Emily Sachs, Jonathon A. Levis, Elizabeth Singer, Hawthorne Smith, John Wilkison, Glen Kim, Kathleen Allden & Douglas Ford, 'Mental Health of Detained Asylum Seekers' (2003) 362 *The Lancet* 1721.
- 25 Mina Fazel, Unni Karunakara & Elizabeth Newnham, 'Detention, Denial and Death: Migration Hazards for Refugee Children' (2014) 2 *The Lancet* 313.
- 26 Susan James & Isaac Prilleltensky, 'Cultural Diversity and Mental Health: Towards Integrative Practice' (2002) 22 *Clinical Psychology Review* 1133.
- 27 Miriam Potocky-Tripodi, *Best Practice for Social Work with Refugees and Immigrants* (Columbia University Press 2002)
- 28 Lin Piwowarczyk, 'Asylum Seekers Seeking Mental Health Services in the United States: Clinical and Legal Implications' (2007) 195 *Journal of Nervous and Mental Disease* 715.
- 29 Derrick Silove, Zachary Steel, Ina Susljik, Naomi Frommer, Celia Loneragan, Tien Chey, Robert Brooks, Dominique le Touze, Mariano Ceollo, Mitchell Smith, Elizabeth Harris & Richard Bryant, 'The Impact of the Refugee Decision on the Trajectory of PTSD, Anxiety, and Depressive Symptoms Among Asylum Seekers: A Longitudinal Study' (2007) 2 *American Journal of Disaster Medicine* 321.
- 30 Suimthra Raghavan, Andrew Rasmussen, Barry Rosenfeld & Allen S. Keller, 'Correlates of Symptom Reduction in Treatment-seeking Survivors of Torture' (2012) 5 *Psychological Trauma: Theory, Research, Practice and Policy* 377.
- 31 Dermot Ryan, Ciarán Benson & Barbara A Dooley, 'Psychological Distress and the Asylum Process: A Longitudinal Study of Forced Migrants in Ireland' (2008) 196 *The Journal of Nervous and Mental Disease* 37.
- 32 Marianne Jakobsen, Melinda Ashley Meyer DeMott, Tore Wentzel-Larsen & Trond Heir, 'The Impact of the Asylum Process on Mental Health: A Longitudinal Study of Unaccompanied Refugee Minors in Norway' (2017) 7 *British Medical Journal* <<https://bmjopen.bmj.com/content/7/6/e015157>>
- 33 Katrin Schock, Rita Rosner & Christine Knaevelsrud, 'Impact of Asylum Interviews on the Mental Health of Traumatized Asylum Seekers' (2015) 6 *European Journal of Psychotraumatology* <<https://www.tandfonline.com/doi/full/10.3402/ejpt.v6.26286>>

takes environmental factors into greater account³⁴. Herman posits that the use of PTSD diagnosis specifically is not accurately descriptive for groups such as asylum-seekers who have undergone sustained and severe persecution, as it does not account for the full range of psychobiological and social impairments that can result from complex trauma³⁵. Some commentators also question the accuracy of *any* psychological diagnosis to describe the sequelae of mental health symptoms for forced migrant populations, noting that the medical model's location of pathology in the individual rather than the political context of the violence done to them or the regime responsible for the harm can be both inaccurate and counterproductive to the treatment process³⁶.

In addition to psychiatric studies, the literature review also revealed a small body of research specifically documenting the link between the narrative aspects of the asylum process and asylum-seeker mental health. Much of this literature comes from the Centre for the Study of Emotion and Law in Britain and focuses on educating asylum adjudicators about the impacts of trauma on the brain, particularly in the areas of memory and recall function³⁷. This literature also examines the function of memory cross-culturally and how differing cultural understandings of memory may lead to "credibility issues" in the asylum process³⁸. Culturally based assumptions about credibility can feature heavily in asylum adjudication, as many applicants are suspected of fabricating their story after demonstrating "inconsistencies" between testimonies or by behaving in a way that is perceived to be "illogical" when judged by someone from a different background³⁹.

The literature review also revealed a small body of qualitative studies in which asylum-seekers discussed their lived experiences of the asylum process; these studies focused less on the legal and more on the environmental and social aspects of asylum seeking^{40,41,42}. Asylum-seekers spoke about the liminal quality of their lives while awaiting their case's outcome and largely described the process of awaiting an asylum outcome in negative terms^{43,44}. There was a gap in both quantitative and qualitative research in the utilization of key informants, including MHPSS professionals.

The existing literature on MHPSS professionals in the asylum system largely examines the practical ways that clinicians help to support asylum claims, such as writing psychological affidavits or conducting medical forensic exams and consulting with immigration attorneys about their clients' psychiatric symptoms^{45,46}. The goal of these evaluations is to provide another form of evidence for an applicant's case by documenting the physical and/or psychological consequences of their persecution⁴⁷. Some literature focused on professionals' motivations for work with asylum-seekers and how the work has impacted them^{48,49}. Several studies also focused on practitioner self-care and examined how frontline support staff cope with stress, burnout and compassion fatigue^{50,51}.

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- 34 Shepard Masocha & Murray K Simpson 'Developing Mental Health Social Work for Asylum Seekers: A Proposed Model for Practice' (2011) 12 *Journal of Social Work* 423.
- 35 Judith Herman, *Trauma and Recovery* (Basic Books 1997).
- 36 J David Kinzie, 'Psychotherapy for Massively Traumatized Refugees' (2001) 55 *American Journal of Psychotherapy* 475.
- 37 Jane Herlihy & Stuart Turner, 'Should Discrepant Accounts Given by Asylum-Seekers Be Taken as Proof of Deceit?' (2006) 16 *TORTURE* 81.
- 38 Jane Herlihy, Laura Jobson & Stuart Turner, 'Just Tell Us What Happened to You: Autobiographical Memory and Seeking Asylum' (2012) 26 *Applied Cognitive Psychology* 661.
- 39 Paskey (n 16).
- 40 Jan-Paul Brekke, 'While We Are Waiting: Uncertainty and Empowerment Among Asylum-Seekers in Sweden' (2004) Institute for Social Research Report <<http://www.temaasyl.se/Documents/Forskning/NTG/While%20we%20are%20waiting.pdf>>
- 41 Bridget M Haas, 'Citizens-in-Waiting, Deported-in-Waiting: Power, Temporality and Suffering in the U.S. Asylum System' (2017) 45 *ETHOS* 75.
- 42 Rebecca Rotter, 'Waiting in the Asylum Determination process: Just an Empty Interlude?' (2016) 25 *Time & Society* 80.
- 43 Melanie BE Griffiths, 'Out of Time: The Temporal Uncertainties of Refused Asylum-Seekers and Immigration Detainees' (2014) 40 *Journal of Ethnic and Migration Studies* 1991.
- 44 Lilja Ingvarsson, Snaefrídur Thóra Egilson, & Unnur Dís Sæmundargata, 'I Want a Normal Life Like Everyone Else': Daily Life of Asylum-Seekers in Iceland' (2016) 23 *Scandinavian Journal of Occupational Therapy* 1.
- 45 David Gangsei & Ana C Deutsch, 'Psychological Evaluation of Asylum-Seekers as a Therapeutic Process' (2007) 17 *TORTURE* 79.
- 46 Susan M Meffert, Karen Musalo, Dale E McNeil & Renée L Binder, 'The Role of Mental Health Professionals in Political Asylum Processing' (2010) 8 *The Journal of the American Academy of Psychiatry and the Law* 479.
- 47 Elizabeth Scruggs, Timothy C Guetterman, Anna C Meyer, Jamie VanArtsdalen & Michele Heisler, 'An Absolutely Necessary Piece: A Qualitative Study of Legal Perspectives on Medical Affidavits in the Asylum Process' (2016) 44 *Journal of Forensic and Legal Medicine* 72.
- 48 Kim A Baronowski, Melissa H Moses & Jasmine Sundri, 'Supporting Asylum-Seekers: Clinician Experiences of Documenting Human Rights Violations through Forensic Psychological Evaluation' (2018) 31 *Journal of Traumatic Stress* 391.
- 49 Ranit Mishori, Alisse Hannaford, Imran Mujawar, Hope Ferdowsian & Sarah Kureshi, 'Their Stories Have Changed my Life': Clinicians' Reflections on their Experience with and their Motivation to Conduct Asylum Evaluations' (2016) 18 *Journal of Immigrant and Minority Health* 210.
- 50 Rebecca Guhan & Helen Liebling-Kalifani, H, 'The Experiences of Staff Working with Refugees and Asylum-Seekers in the United Kingdom: A grounded theory exploration' (2011) 9 *Journal of Immigrant and Refugee Studies* 205.
- 51 Kim Robinson, 'Voices from the Front Line: Social Work with Refugees and Asylum-Seekers in Australia and the UK' (2013) 44 *British Journal of Social Work* 1602.

Studies found that professionals working with asylum-seekers suffer from high levels of vicarious traumatization and secondary traumatic stress⁵². More recent studies have also focused on the rewards and benefits of working with trauma survivors, particularly in the development of vicarious resilience⁵³. As professionals see clients grow and heal, they too can experience personal growth, healing and increased ability to tackle challenges in their personal lives⁵⁴.

None of the studies documenting the role of MHPSS professionals in the asylum process utilized MHPSS professionals in a key informant role to elucidate the asylum regime itself; while some practitioners leveled critiques of the political climate and noted asylum-seekers' struggles, existing literature focused primarily on how practice with asylum-seekers has shaped clinicians' own lives. There was also a lack of representation in the literature of the holistic, multi-faceted functions that MHPSS professionals play in the lives of asylum-seekers, as the majority of studies focused on specific interventions for the legal system, such as evaluations that can be completed in one session. MHPSS professionals who work regularly with asylum-seekers often provide a wide range of accompaniment services that may not always fit neatly within a typical "therapeutic frame", from advocating with clients' attorneys to helping clients meet their concrete needs for food and housing⁵⁵. Both the depth and the particularity of interventions provided to asylum-seekers by MHPSS professionals were not well represented in the literature.

In summary, the current research shows that asylum-seekers suffer from high rates of mental health disorders and that the asylum system contributes to compounding applicants' poor mental health. Greater inquiry into the variety of elements that comprise and characterise the asylum process is thus worthwhile if we wish to understand the contexts under which treatment outcomes can be reached for trauma-exposed populations undergoing asylum adjudication procedures.

3.1 Conceptual Framework

A biopsychosocial perspective⁵⁶ and ecological systems theory⁵⁷ guided and contextualized this research. The biopsychosocial model understands health as comprised of influences from biology, psychology and the social environment. This approach diverts from the dominant bio-medical approach, which places the locus of health or disease within individual physiology. Ecological systems theory, also called the person-in-environment perspective, is an inter-relational model that places an individual's life experience within the greater context of their external environment. An ecological approach contends that no person's concerns can be understood without looking at the larger social context of which they are a part, and identifies five ascending levels of influence: the microsystem, mesosystem, exosystem, macrosystem and chronosystem⁵⁸. According to this framework, both the immediate family system and the global epoch in which an individual is living should be considered when approaching their personal experience of health.

The operationalized definition of *healing* that best fit this conceptual framework captures the subjective and holistic nature of the term: "Healing may be operationally defined as the personal experience of the transcendence of suffering"⁵⁹. An individual's experience of healing will depend on which locations of suffering or wellness are most evocative, intelligible or culturally relevant to them⁶⁰. *Mental health* has been operationalized for this study using a definition from the World Health Organization. The WHO defines mental health as: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"⁶¹. The author's social work background informed the initial conceptualization of this study. Social workers are attuned to the "social course of illness" for a client and the ecological and biopsychosocial approach lies at the foundation of social work⁶².

While a biopsychosocial, ecological approach is favored across social work research and practice, there are unique factors that make research on mental health and psychosocial accompaniment with forced migrant populations par-

52 Teresa Puvimanasinghe, Linley A Denson, Martha Agoustinos & Daya Somasundaram, 'Vicarious Resilience and Vicarious Traumatization: Experiences of Working with Refugees and Asylum-Seekers in South Australia' (2015) 52 *Transcultural Psychiatry* 743.

53 Pilar Hernández, David Gangsei & David Engstrom, 'Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma' (2007) 46 *Family Process* 229.

54 Katherine C McKenzie & Arielle Thomas, 'Assisting Asylum-Seekers in a Time of Global Forced Displacement: Five Clinical Cases' (2017) 49 *Journal of Forensic and Legal Medicine* 37.

55 Mary Fabri, 'Reconstructing Safety: Adjustments to the Therapeutic Frame in the Treatment of Survivors of Political Torture' (2001) 32 *Professional Psychology: Research and Practice* 452.

56 George L Engel, 'The need for a New Medical Model: A Challenge for Biomedicine' (1977) 196 *Science* 129.

57 Urie Bronfenbrenner, 'Toward an Experimental Ecology of Human Development' (1997) 32 *American Psychologist* 513.

58 Bronfenbrenner (n 57).

59 Thomas R Egnew, 'The Meaning of Healing: Transcending Suffering' (2005) 3 *Annals of Family Medicine* 255.

60 BCH Kuo, 'Culture's Consequences on Coping: Theories, Evidences, and Dimensionalities' (2011) 42 *Journal of Cross-Cultural Psychology* 1084.

61 World Health Organization, 'Mental health: Strengthening our response' (30 March 2018) <http://www.who.int/features/factfiles/mental_health/en/>.

62 James & Prilleltensky (n 26).

particularly well suited to this framework⁶³. MHPSS professionals who work with asylum seekers must be knowledgeable not only about culturally responsive mental health practice, but also about human rights, international law and immigration policy, as these macro factors can lead to personal experiences of suffering in their clients' lives⁶⁴. Similarly, any research into the asylum system that is grounded in social work foundations must take into account not only an individual person's scores on a psychiatric test but also what is happening in their local community and in the broader political environment⁶⁵. Asylum seekers are exemplars of the importance of an integrated, biopsychosocial and ecological approach to healing, in that they often present with symptoms stemming from past trauma *and* are simultaneously reacting to high levels of current environmental stress⁶⁶.

Interview participants across professional backgrounds provided commentary on the financial, social and legal aspects of asylum seeking as well as its psychological consequences. Participants spoke to how these far-reaching, ecological impacts of the asylum process prompt them to design interventions to respond to their asylum-seeking clients along the spectrum of their needs. This perspective from interviewees is mirrored in the researcher's choice of conceptual framework.

63 Kenneth Miller & Lisa Rasco, *The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation* (Lawrence Elbaum 2004).

64 Mary Nash, John Wong & Andrew Trlin, 'Civic and Social Integration: A New Field of Social Work Practice with Immigrants, Refugees, and Asylum-Seekers' (2006) 49 *International Social Work* 345.

65 Masocha & Simpson (n 34).

66 *ibid.*

4. Methodology

After recognizing a gap in the literature, this study set out to better understand the biopsychosocial dimensions of the asylum process utilizing MHPSS professionals in a key informant role. An important ethical consideration that was taken into account in the research design was that interviewing only professionals could be seen as them “speaking for” the vulnerable population of asylum-seekers, thus further marginalising them. At times during the interviews, participants spoke about their clients’ experiences but emphasised that this was not intended to stand in for the voices of asylum-seekers themselves and stressed that every person has a unique healing trajectory. One reason for not interviewing asylum applicants or former applicants themselves was to avoid a potentially extractive relationship with an already over-interviewed group, yet the resulting lack of asylum-seeker representation is a limitation of this research methodology.

The research method consisted of semi-structured qualitative interviews. I utilized a loose interview guide however asked different follow-up questions at each interview given the direction of the dialogue. Participants were asked about a wide variety of topics relating to both healing and the asylum system and how they navigated challenges between the two processes in their work with clients.

4.1 Sampling

I employed a purposive sampling technique consisting of participants who could best speak to the research question, all of whom could be classified as key informants⁶⁷. The recruitment of participants was based off of my professional network and constituted non-random and availability sampling; this may have given a personal bias to my sample. In April 2018, I sent a recruitment email to members of my professional network. This initial recruitment email list consisted of approximately 30 medical, mental health and social service professionals working with asylum-seekers in the Chicagoland area. I received responses from 20 individuals stating that they would like to participate in the research and ultimately scheduled and completed 15 interviews. The remaining 5 respondents were difficult to schedule and as saturation was reached before their interview dates were selected, they were not pursued further. A final sample size of 15 falls within best practices guidelines for interview-based qualitative research⁶⁸.

The professional backgrounds and/or job titles of the 15 research participants were:

Psychologist (n=4)

Program director (n=4)

Social worker (n=2)

Case manager (n=2)

Occupational therapist (n=1)

Psychiatrist (n=1)

Physician

(n=1)

The gender identity of the participants was:

Women (n=8)

Men (n=7)

Years of professional experience working with asylum-seekers ranged from n=9 months to n=31 years. The participants had an average of n=13 years of professional experience with asylum-seeker populations.

4.2 Data collection and analysis

The 15 interviews were all conducted in May and June of 2018. The research consisted of a one-time, cross-sectional study. Responses were not monitored over time and every participant was interviewed once for 50-90 minutes. Participants were given a copy of the informed consent form prior to the interview. They were told during the informed consent process that they could refuse to answer any or all questions or withdraw from the study at any time. All participants consented to the recording of their interview. Audio data was stored on my password-encrypted personal computer. Only pseudonyms were used for all handwritten notes as well as audio files. All interviews were deleted

67 Stephen Kisley & Elizabeth Kendall, ‘Critically Appraising Qualitative research: A Guide for Clinicians More Familiar with Quantitative Techniques’ (2011) 19 *Australasian Psychiatry* 364.

68 Mira Crouch & Heather McKenzie, ‘The Logic of Small Samples in Interview-Based Qualitative Research’ (2006) 45 *Social Science Information* 483.

from the recorder after being transferred to my computer.

Following data collection, the interviews were analysed according to thematic analysis. Thematic analysis is primarily an inductive process that allows for “meaning to emerge from the data”⁶⁹. The initial coding phase involved carefully listening to each interview, pausing to take detailed notes, and transcribing sections of the interview that appeared noteworthy, aiming for “prolonged and substantial engagement” with the data⁷⁰.

I followed the initial coding phase by reviewing each interview for both implicit and explicit patterns that provide “summary markers for later analysis”⁷¹. At this stage the criteria for inclusion was words, phrases and segments that appeared salient and recurring. I then moved on to the focused coding phase, where these initial codes were be tested against the larger body of data in order to determine the resiliency of the initial codes and look for repeated themes or patterns *across* interviews. From here, I developed my final results, which consisted of six data-driven thematic codes.

This data analysis method privileged exploring the richness of the data at hand over transferability. In pursuit of trustworthiness of the data, participant responses were triangulated with the existing literature on the asylum process and asylum-seeker mental health. The majority of themes that emerged in the interviews are themes that have been reflected elsewhere in the literature and there were no major contradictions found between this data and prior research on asylum-seekers. This data contributes to the existing literature by providing the unique perspective of MHPSS professionals and offering a level of depth and specificity about the current US asylum context and its interaction with asylum-seekers’ holistic wellbeing from experts’ perspective.

69 Kisley & Kendall (n 67) 364.

70 Donna Mertens, *Research and Evaluation in Education and Psychology: Integrating Diversity with Quantitative, Qualitative, and Mixed methods* (3rd edition, Sage Publications 2010).

71 Greg Guest, Kathleen MacQueen & Emily Namey, *Applied Thematic Analysis*. (Sage Publications 2011).

5. Findings and Discussion

An analysis of the findings shows that the asylum process: i) is characterised by waiting ii) is characterised by a lack of resources, iii) creates barriers to work iv) has a legal timeline for narrative disclosure that works against trauma recovery v) breeds uncertainty and confusion and vi) criminalizes applicants.

I will now elaborate on each of these codes and provide relevant excerpts from the data and existing literature, as well as discuss how these findings provide new insights into the manner in which various elements of the asylum system shape mental health and social service provision for asylum-seekers.

5.1 The asylum process is characterised by waiting

The theme of waiting featured heavily across interviews, with participants characterising waiting as both a feature inherent to the asylum process and an overarching frame for asylum-seekers' lives. Participants noted that adjudicative wait times have lengthened exponentially in recent years, and emphasized the detrimental impact of long waits on applicants' mental health. As one participant stated:

I think that if the system were able to provide a number for people, like it's going to take you five years to see a judge, or ten years, at least it puts a frame on it. And people could decide. Like, 'ok so I'm just going to get married and have kids now'. It would allow people to make decisions in a more planful way.

This participant then paused for a moment, shook her head and continued:

Now I am having another thought-there is no reason it needs to take ten years to determine that someone is eligible for asylum. That's ridiculous. People are coming for safety and rebuilding their lives and recognition that they have a right for that. It's just so wrong to even say, 'even if it's ten years from now'. It's really pathetic" (R11, social worker).

In addition to describing their clients' experiences, MHPSS providers also expressed their own feelings of helplessness witnessing the egregious wait times:

It has been painful to watch the length of time that the asylum process takes. It's been hard-it's a helpless feeling. A parallel process of helplessness for me and the client, and my supervisors and the lawyers, they say there's not much we can do right now, and that's hard. Every week people come in and want me to save them from their helplessness or do something tangible to fix their feeling of helplessness...but in this situation it's really a matter of sitting with that helplessness because it's a lot bigger than all of us (R4, psychology extern).

The omnipresence of waiting is reflected in the pre-existing literature on asylum-seekers⁷². While wait times in the legal process vary between countries, the experience of waiting has emerged as something that asylum-seekers across continents have described as shaping a unique sense of liminal temporality that finds them occupying a space of constant existential limbo. Overall, the process of awaiting the response to one's asylum claim is associated with poor mental health^{73,74}. Longer waits in the asylum process have shown significant correlations to increased mental health distress⁷⁵.

Waits in the asylum process can also have an impact on applicant's ability to testify consistently and thus appear credible in their legal proceedings. A 2006 study found that within a group of 39 research participants, each one changed their account of the same story in some way between two different tellings and that inconsistencies—particularly in peripheral detail—were higher when retelling traumatic events. They found that for participants suffering from high levels of PTSD, these inconsistencies *doubled* with an increased delay between the two interviews⁷⁶.

The MHPSS professionals interviewed in this study emphasized that waiting in the asylum process refers not only to waiting for the decision on one's asylum case, but also waiting for parallel processes such as family reunification, the ability to work, and the ability to be self-sufficient, all of which hinge on one's legal status. The professionals described the limitations of providing supportive services in a context where wait times are out of the control of both the MHPSS professionals and asylum-seekers themselves.

72 Alison Mountz, 'Where Asylum-Seekers wait: Feminist Counter-Topographies of Sites Between States' (2011) 18 *Gender, Place & Culture* 381.

73 Anne Douglas, 'Identities in Transition: Living as an Asylum-Seeker' (2010) 16 *Advances in Psychiatric Treatment* 238.

74 Derrick Silove, Zachary Steel, Patrick McGorry & P Mohan, 'Trauma Exposure, Post-migration stressors, and Symptoms of Anxiety, Depression and Post-Traumatic Stress in Tamil Asylum-Seekers: Comparison with Refugees and Immigrants' (1998) 97 *Acta Psychiatrica Scandinavia* 75.

75 Cornelius Laban, Hajo Gernaat, Ivan H Komproe, Bettine Schreuders & Joop De Jong, 'Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum-seekers in The Netherlands' (2004) 192 *Journal of Nervous and Mental Disease* 843.

76 Herlihy & Turner (n 37).

5.2 The asylum process is characterised by a lack of resources

All of the participants interviewed reflected on the difficulties faced in providing services to a population for whom there are few available governmental or non-governmental resources, as eligibility for the majority of public assistance programs in the United States depends on immigration status. They emphasized the differences between refugees and asylum-seekers and the barriers that asylum-seekers face when trying to access services before their asylum grant. Participants agreed that while resources for refugees are minimal and could certainly be improved there are significant concrete advantages for refugees, who enter the United States already assigned to a resettlement agency. One participant compared her work with asylum-seekers to her previous role working in refugee resettlement:

All documentation was prepared and ready to go. Refugees' SNAP benefits [food stamps], everything, was ready to go. They just needed to sign on the dotted line. They were scheduled for their medical checkups... they were being run through a pretty structured process, that wasn't super responsive to their needs always but at least it was there...whereas for asylum-seekers the entire process is backwards. They have to do all of that for themselves, and they only get help after folks have been here for months or years" (R1, social work intern).

Another participant reflecting on this theme stated:

Coming as a refugee, that's a long, difficult process as well. But when they are finally granted refugee status and arrive in the US they have a host organization and are set up with an apartment, cash assistance, medical card, job training. It's not ideal but they are surrounded by people willing to help (R14, program director).

These findings support the importance of understanding the distinction between refugees and asylum-seekers, a distinction that is not always emphasized in the literature⁷⁷. Existing studies show that while asylum-seekers and refugees do not typically differ in their profiles of pre-migration trauma, asylum-seekers consistently score higher on measures of post-migration stress⁷⁸. A 2005 report on six years' worth of outcome data in the United States, surveying over nine thousand torture survivors over time, found that asylum seeking survivors of torture show significantly higher rates of PTSD and major depressive disorder (MDD) than refugee survivors of torture⁷⁹. Similarly, a comprehensive literature review on asylum seeker mental health over a twenty-year period found that asylum-seekers reported more acute psychiatric distress than refugees⁸⁰. The findings suggest that immigration status and post-migration stress is an important factor to be taken into account when approaching mental health treatment with forced migrant populations.

Participants focused particularly on how the denial of public benefits contributes to asylum-seekers' feelings of "not belonging" in the United States: "A lot of our clients just want to feel like they belong and those systems make them feel like they don't belong." Reflecting on the role of her agency in mitigating this, this participant added: "That's something I love about where I work, we make people feel like they belong to try and minimise their rejection" (R3, case manager).

For MHPSS professionals, ineligibility for public assistance sends a strong message to asylum-seekers that they are unwanted by American society. The various ways in which the structure of the asylum process causes a lack of belonging for applicants has been noted in existing literature⁸¹. The practical and symbolic impact of receiving public assistance, however, has largely not been discussed in previous studies; this is a component of the asylum system that varies across country contexts and could warrant further investigation and comparison.

Multiple participants expressed dismay that many service providers—even those working in social service settings that encounter large numbers of immigrants—are either unaware of or unfamiliar with asylum-seekers, and that this leads them to receive conflicting information about whether or not their asylum-seeker clients can access a particular program. Participants stated that even when clients are in fact statutorily eligible for a particular service they are often told that they are not by an individual worker or are issued an unjust denial by an agency due to their immigration status. One participant emphasized his frustration in getting varied responses depending on the individual worker encountered within a given bureaucratic or government agency.

Every bureaucratic institution is at the very least unfamiliar [with asylum-seekers]. Some in the process be-

⁷⁷ Derrick Silove, Zachary Steel & Charles Watters, 'Policies of Deterrence and the Mental Health of Asylum-Seekers' (2000) *Journal of the American Medical Association*. Vol. 284(5), pp. 604–611.

⁷⁸ Annette Gerritsen, Inge Bramsen, Walter Deville, Loes H M Van Willigen, Johannes E Hovens & Henk M van Der Ploeg, 'Physical and Mental health of Afghan, Iranian and Somali Asylum-Seekers and Refugees Living in the Netherlands' (2006) 41 *Social Psychiatry and Psychiatric Epidemiology* 18.

⁷⁹ Member Centers, NCTTP (n 10).

⁸⁰ Ryan et al (n 22).

⁸¹ Nicole Burchett & Ruth Matheson, 'The need for Belonging: The Impact of Restrictions on Working on the Wellbeing of an Asylum-Seeker' (2010) 17 *Journal of Occupational Science* 85.

come somewhat hostile, which is a really strange reaction. Sometimes I've even seen instances of in-fighting within the bureaucratic systems. I have seen a manager and an employee standing in front of me yelling about whether or not a client is to be awarded identification (R6, case manager).

Overall, MHPSS professionals described lack of eligibility and lack of familiarity as blocking asylum-seekers from access to concrete resources that could aid in their healing, including medical services, identity documents and food. They also described an atmosphere in which this lack of resources leads asylum-seekers to feel they are unwanted in the United States. Newfound benefits eligibility may be an important contributing factor in the improvement in mental health symptoms following an asylum grant given the practical and symbolic benefits of public assistance endorsed by MHPSS professionals.

5.3 Work is healing, and the asylum process creates barriers to work

Each of the participants interviewed emphasized the importance of employment for asylum-seekers' ability to heal. Participants reflected on the multi-level significance of work for asylum-seekers, and the myriad consequences of being denied the right to work.

Employment has shown to be a protective factor for asylum-seekers' mental health, with entry into the workforce increasing a sense of personal agency as well as ameliorating PTSD symptoms⁸². Participants highlighted that any type of occupation is supportive of mental health, even when it is not in the asylum-seeker's preferred professional field: "Any job at all prevents people from spending all day ruminating about the past or worrying about the future" (R5, program director).

One practitioner reflected on the improvement that she sees in her patients following the receipt of their work permit:

The ability to work seems really, really important in a therapeutic sense. Even though work can be stressful [...] once people are bringing in money and better able to support themselves it seems like there's a sense of just being more independent, self-sufficient, less powerless, less helpless, it just seems like work generally has a big therapeutic benefit (R8, psychiatrist).

Participants repeatedly emphasized the detrimental impacts of the wait to obtain a work permit. In the United States, asylum applicants are eligible for work authorisation 150 days after filing their asylum applications, which are often filed close to a year after arriving in the United States⁸³. This ostensibly means that if one is still waiting for an outcome to their case 6 months after filing an asylum application, they can begin to work. There is, however, a calculus known as the "asylum clock" which restarts back to zero whenever common changes are made in an asylum case, such as a change of venue or a continuance. The wait for work authorisation can thus take much longer than 6 months. Speaking to the wait for the work permit, one participant stated:

There's this 6-month period where they are not allowed to do anything, really. What it is meant to do is hold their work authorisation for 6 months; what it actually does is hold *everything* for 6 months. So they can't get a social security card, they can't get a state ID, which means they can't take English classes at the college, can't file for medical benefits, they have access to absolutely nothing other than non-profit agencies which are very limited. You have to just sit on your hands for 6 months (R7, program director).

Participants spoke about the work permit as a symbolic document that connotes more than just employment authorisation. As the work permit serves not only to authorise employment but also as legal identification in the United States, it allows asylum-seekers to participate in other meaningful, time filling pursuits such as schooling, the importance of which has been documented⁸⁴. Previous research shows a correlation between "lack of meaningful activity" and PTSD diagnosis for asylum-seekers⁸⁵. Morville & Erlandsson (2013) noted that such "occupational deprivation" was not only painful for asylum-seekers due to finding themselves with unoccupied time but also because it reminded them of the disruption to daily activities experienced in their home countries following persecution⁸⁶.

In reflecting on the period in which asylum-seekers are ineligible for work authorisation, one participant stated: "it's often really hard for clients adapting to not being a productive member of society, they feel like coming to the U.S. is kind of like being in a [refugee] camp" (R3, case manager). Participants described the inability to work for many

82 Debbie Hocking, Gerard A Kennedy & Suresh Sundram, 'Mental Disorders in Asylum- Seekers: The Role of the Refugee Determination Process and Employment' (2015) 203 *The Journal of Nervous and Mental Disease* 28.

83 United States Citizenship and Immigration Services, 'The 180-Day Asylum EAD Clock Notice' (2017) <https://www.uscis.gov/sites/default/files/USCIS/Humanitarian/Refugees%20%26%20Asylum/Asylum/Asylum_Clock_Joint_Notice_-_revised_05-10-2017.pdf>

84 Ingvarsson et al. (n 44).

85 Derrick Silove, Ingrid Sinnerbrink, Annette Field, Vijaya Manicavasagar & Zachary Steel, 'Anxiety, Depression and PTSD in Asylum-Seekers: Associations with Pre-Migration Trauma and Post-Migration Stressors' (1997) 170 *British Journal of Psychiatry* 351.

86 Anne-Le Morville & Lena-Karin Erlandsson, 'The Experience of Occupational Deprivation in an Asylum Center: The Narratives of Three Men' (2013) 20 *Journal of Occupational Science* 212.

asylum-seekers as a “loss of the ordinary” or as a time where they have “nothing to do” which is damaging for their self-image as productive, contributory members of society⁸⁷. Inability to work was seen by participants as a marker of social exclusion, whereas employment was seen as integral to the social integration of asylum-seekers⁸⁸.

MHPSS providers also highlighted the theme of dependency and the ways in which asylum-seekers struggle with their reliance on others before they are authorised to work, stating that this dependency can lead to low self-esteem and feelings of indebtedness. As one participant stated, “without the work permit, they are dependent, which is not healthy for any adult” (R10, retired program director).

Several participants emphasized the ways in which the asylum process can continue to impede asylum-seekers’ ability to earn money and maintain independence even after they have work authorisation. They noted that having an initial work permit, which is valid for two years, does not guarantee one’s ability to get it renewed, as there have been growing backlogs in renewals. Participants also noted the ways in which the constant demands of the asylum process can disrupt clients’ ability to obtain and retain employment:

You have to renew your work authorisation, so you have to keep paying your lawyer for years. If people want a psychological affidavit, you have to come to therapy. It requires all this advocacy on the part of the person through multiple systems, most of which require a lot of money and all of which require time. If you do all these things perfectly you end up someone who has slept two hours a night for the past year (R1, social work intern).

Asylum-seekers in the United States are largely excluded from both the employment marketplace and from any form of governmental assistance, placing them in a uniquely vulnerable position where they must depend completely on members of their community or the limited number of underfunded non-profit organizations that have the ability to serve people without immigration status. MHPSS professionals contended that work authorisation for asylum-seekers holds meaning outside of the ability to provide for oneself financially. Work holds healing potential alongside financial gain and represents an important step in moving away from dependency and towards self-sufficiency as a contributing member of a new society. In contrast, being denied the ability to work negatively impacts asylum-seekers across all aspects of their lives and stalls the healing process.

5.4 The legal timeline for narrative disclosure works against trauma recovery

Participants consistently focused on the conflict between the imposed timeline of the legal process and the ideal timing of the therapeutic process for telling one’s trauma narrative. According to MHPSS professionals, both narrative timelines that are too cursory and those that are too lengthy can be harmful to asylum-seekers’ mental health. MHPSS professionals emphasized the important distinction between *having* to tell and *wanting* to tell one’s story and how the asylum process often forces clients to narrativize their trauma before they are emotionally ready to do so, or in circumstances that are inherently unsupportive of trauma recovery. As one participant stated:

The whole asylum process is based on people being able to tell their story in great detail. The re-visiting, for so many people, to go through the trauma is so re-activating for them and triggers so much of the PTSD symptoms. So often you see someone who has been doing well who will suddenly start to have lots of symptoms again due to the fact that they have to revisit and go over every detail of their story with the interview or court hearing (R8, psychiatrist).

Participants reflected on the structure of the asylum process and how it works against many asylum-seekers’ individual therapeutic trajectories:

The last thing that somebody wants to do is think about what happened to them, much less to say it over and over again. The [asylum] timing isn’t a clinical one; it’s a legal one. Before they are ready, they have to tell their story including the most terrible parts. That’s part of the frustration of the work, actually. If it weren’t for the asylum requirements, we could work with each client on their own schedule, when they wanted to tell the story, when they felt secure. I’ve had clients who took five years to feel secure enough to recount. But unfortunately with the legal requirements they have to submit their story maybe before they are ready (R2, psychologist).

For MHPSS professionals, healing from trauma involves the creation of safety and trust and the building of a therapeutic relationship within which the client feels empowered to share their story⁸⁹. For survivors of political violence in particular, who may have been interrogated or forced to disclose information as part of their persecution, allowing

87 Amy Shuman & Carol Bohmer, ‘The Stigmatized Vernacular: Political Asylum and the Politics of Visibility/Recognition’ (2012) 49 Journal of Folklore Research 199.

88 Gaby Atfield, Kavita Brahmabhatt & Therese O’Toole, ‘Refugees’ Experiences of Integration’ (2007) Refugee Council and University of Birmingham <<https://www.bl.uk/collection-items/refugees-experiences-of-integration>>

89 Dick Blackwell, ‘Psychotherapy, Politics and Trauma: Working with Survivors of Torture and Organized Violence’ (2005) 38 Group Analysis 307.

the client feel in control of the therapeutic session by taking a non-directive, flexible approach is of paramount importance⁹⁰. These best practices are directly contradictory to the legal system, which MHPSS professionals state forces clients to tell their stories according to bureaucratic timing, not when they themselves feel safe and empowered to do so.

Participants noted how the demands of the legal timeline lead to personal struggles with their dual goals as care provider and asylum advocate. MHPSS professionals know that helping their asylum seeking clients be able to narrativize their trauma will aid their goal of winning asylum and that this legal security will help lead to conditions of material safety so that they may in fact begin to heal. They also acknowledge the pressure to disclose according to the legal system's timeline and not the client's personal process runs counter to best practices of trauma therapy⁹¹:

If it were regular paced therapy, there would be time to cushion it and draw the story out in a way that wasn't going to be so paralyzing for people. But when you have the external demand of it being ready for court, to demand people to do it before they're ready, especially when memory can be so tricky and they are going to ask for details and potentially trip you up about those details, the whole thing is just (sigh). It's meeting the demands of the court which will hopefully give people a good decision, but it's not how you would otherwise go with the pace of what someone's ready for, no matter what kind of approach you're using (R13, occupational therapist).

Participants repeatedly contrasted their role to that of clients' attorneys, while underscoring that they must work together with the attorney in order to support the asylum-seeker and put forth the best legal case possible. They were largely complimentary of their clients' attorneys but noted that they are often navigating competing expectations between their attorney, the client and their own professional ethics:

It's completely hypocritical for me to be encouraging someone to talk about their trauma while knowing that they are being sent into a setting where when they do it could be very unsafe for them, so I'm put in multiple roles that don't really go well together. So I am saying 'this is for the case' and 'I know you're not ready to talk about it but we have to because the lawyer needs it by this date' and that can be very damaging for people who've been interrogated. So in an ideal world, therapy would not be so entwined in the case and in the legal piece. People would be able to talk about things in their own time when they are ready and in a supportive environment where people believed them (R4, psychology extern).

Despite this ongoing tension between therapeutic best practices and the timeline of the legal process, MHPSS professionals emphasized the steps that they take to follow clinical recommendations for trauma recovery as closely as possible in their practice. Kinzie (2001) describes the job of the therapist being to "listen, stay, receive and believe"; participants in this study largely agreed with this characterisation of their work, particularly in contrast to the adjudicatory environment where a client is often not believed. Participants characterised their narrative facilitation in a therapeutic setting as wholly different than asylum-seekers' re-tellings in the legal setting, a process that Shuman & Bohmer describe as "an emotional struggle comparable to the experience of persecution"⁹².

MHPSS professionals maintained that one of their most important roles is to give their clients an experience of narrativizing their trauma in a setting in which they were responded to in an empathic way, which can strengthen their ability to withstand telling it again in a legal setting:

I feel like one can do it in a therapeutic way, like one can gather the information about their trauma story in as therapeutic and sensitive way as possible [...] it sometimes feels like you have to reconstruct the trauma narrative before things feel particularly safe to do so, or maybe a little earlier than would be ideal, and go over all the info, and sometimes that triggers people and they have to re-live stuff. But sometimes we can sort of help them to contain it (R12, psychologist).

There is a robust focus in the existing literature on how trauma impacts one's ability to present a complete, coherent and linear account of one's experiences during the asylum process⁹³. Participants emphasized that while re-visiting a trauma narrative too soon is never ideal, asylum-seekers who do not have the support of MHPSS professional often go in for their asylum proceedings even less prepared to revisit their story and can thus appear to lack credibility due to PTSD avoidance symptoms.

I was unable to find any literature on the tension between therapeutic work and narrative preparation for an asylum hearing from the perspective of MHPSS professionals; this may be due to the fact that most studies on the experiences of MHPSS professionals involved in asylum case preparation drew samples largely from volunteers who performed one-time forensic evaluations, not ongoing psychotherapy, as detailed in the literature review. This is thus a notable

90 Herman (n 35); Kinzie (n 36).

91 Blackwell (n 89); Herman (n 35); Kinzie (n 36).

92 Amy Shuman & Carol Bohmer, 'Representing Trauma: Political Asylum Narrative' (2004) 117 *The Journal of American Folklore* 394.

93 Herlihy & Turner, 2006 (n 36); Herlihy et al (n 37); Paskey (n 16).

area for further research.

5.5 The asylum process breeds uncertainty and confusion for all involved

MHPSS professionals characterised the asylum system as inherently confusing and generating of uncertainty for both asylum-seekers and practitioners. Over half of participants used the specific phrase “a mess” to refer to the current asylum process. Elements of the system that were seen as generating confusion and uncertainty included: court dates being changed or cancelled, asylum-seekers being sent letters with other peoples’ names on them, policies and procedures changing overnight with no explanation, being told conflicting information by different immigration officials, not having a timeline for when they would be called for an interview or court date, and waiting indefinitely-sometimes years-for responses after asylum interviews.

Existing literature describes uncertainty as one of the most salient and universal aspects of the asylum process, and largely one its most negative features⁹⁴. Some researchers have noted that it is not the experience of uncertainty and lack of a fixed legal timeframe in and of itself that is distressing for asylum-seekers but rather the anticipation or fear of a negative outcome such as deportation, which forms a “dual temporal uncertainty” in which asylum-seekers simultaneously desire the case outcome to arrive *and* wish to stave off a potential undesirable outcome⁹⁵. The MHPSS professionals interviewed in this study differed slightly from this viewpoint as they linked the distressing aspect of uncertainty in the asylum process not to anticipation but to *confusion*, as they witnessed policies be applied inconsistently or change rapidly without explanation.

MHPSS professionals reflected on the omnipresence of uncertainty and confusion in the current political climate, especially given recent, counterintuitive changes to USCIS policy on case processing times. Participants echoed Richards & Rotter (2013)’s description of asylum-seekers as experiencing “a profound knowledge deficit in relation to this legal-bureaucratic process” (p. 5):

The current climate towards asylum-seekers? A huge amount of confusion about what’s happening and why it’s happening. It’s hard for people to understand because it doesn’t make any sense. There’s a huge amount of confusion on what’s legally changing, and what’s functionally changing. So there’s no *law* that says you have to wait two years to hear back for your affirmative interview, but you do (R1, social work intern).

The struggle now is that [clients] are being prevented from getting their cases heard. People will often say ‘I feel like I’m being tortured’. People feel helpless, sometimes hopeless. It’s also just very confusing like, ‘why is this happening?’ And now that they’ve implemented a new policy of the new applicants being processed in a timely fashion it’s *very* confusing for people (R11, social worker).

Participants also described how this uncertainty and confusion for asylum-seekers hinders their ability to feel secure enough to make agentic decisions about their futures and integrate into American society:

When people are waiting for asylum I think of it as purgatory, you don’t know where you are going to go, so no one feels safe, that deep sense of safety is not there. That’s a theme I’ve seen across all my clients. I see it in lack of trust in humanity or individual relationships with others, difficulty engaging in community and lack of motivation to do so, ambivalent feelings about getting jobs or going back to school-is this something worth putting all my effort into, is it something that’s going to work out for me? (R4, psychology extern)

Existing literature has established the ability to view the past as the past and “move on” with one’s life as integral to establishing safety and healing from trauma⁹⁶. MHPSS professionals discussed the uncertainty and confusion inherent to the asylum process as one such barrier to their clients’ ability to “move on” with their lives. MHPSS professionals spoke to difficulty in “emplotting” one’s life and making commitments in the United States in the face of this uncertainty, while noting that some asylum-seekers do inevitably cope by living “as if” their futures are certain⁹⁷.

Participants noted that the “open-endedness” of the asylum timeline causes their clients particular distress⁹⁸. Absent from the practitioner responses was any discussion of their clients seriously considering what their lives would be like if they were returned to their country of origin, as has been discussed in previous literature, although practitioners did note that a large portion of their clients’ time is spent anxiously anticipating and worrying about possible future outcomes⁹⁹.

94 Brekke (n 40); Douglas (n 73).

95 Naomi Richards & Rebecca Rotter, ‘Desperately Seeking Certainty? The Case of Asylum Applicants and People Planning an Assisted Suicide at dignitas’ (2013) 18 *Sociological Research Online* <<http://www.socresonline.org.uk/18/4/26.html>>

96 Brian L Isakson & Gregory J Jurkovic, ‘Healing After Torture: The Role of Moving On’ (2013) 23 *Qualitative Health Research* 749.

97 Richards & Rotter (n 95).

98 Brekke (n 40).

99 Rotter (n 42).

Participants also discussed their own parallel experiences of uncertainty and confusion, especially since the change in presidential administration. Participants described asylum-seekers as trying—often unsuccessfully—to inform themselves about what was happening with asylum policy and with their case and turning to MHPSS professionals to demystify or clarify bureaucratic changes that they themselves find equally confusing. Participants spoke to how they mitigate their own confusion as well as that of their clients through predictability and transparency in their communication:

Being honest, transparent, lowering the level of unpredictability. We weave that in in as many ways we can in our work with clients. In regards to the asylum process I try to validate as much as possible, 'no wonder you are confused, there is no rhyme or reason to this' and then sharing everything I know about the situation, with particular emphasis on the fact that it's not just happening to them, that's it's happening system-wide because I think that's oftentimes one of the first places that people go with their fear and anxiety and it just bears repetition (R11, social worker).

MHPSS professionals emphasized the importance of de-personalizing the confusion and uncertainty that clients feel by reassuring them that these are systemic problems and not specific to their particular case or indicative that the client did something wrong. Participants also stated how important it is for them to be honest and straightforward in their answers to clients' questions, even when this is not easy:

We can't tell them 'it's all going to be alright, everything will work out,' we can't tell them 'don't worry, you'll win your case' because we don't know any of that. And if you do and they lose their case they come to you and they say 'I thought you said'. It's not giving them false hope...and yet being supportive of them (R14, program director).

Overall, participants described the uncertainty and confusion generated by the asylum process as paralyzing to asylum-seekers, and one of the system's most harmful features. All participants notably endorsed increased confusion and unpredictability since the Trump administration took office in January 2017. MHPSS professionals highlighted the importance of practicing honesty and transparency around "not knowing" in their communication with clients in order to maintain a safe and trusting relationship within an overarching political climate of obfuscation and fear.

5.6 The asylum process criminalises applicants

MHPSS professionals viewed the asylum process as constructing asylum-seekers as criminals and lamented that the asylum system mirrors the criminal justice system rather than being an independent humanitarian process. Participants offered myriad examples of witnessing "inhumane" treatment of their clients throughout the asylum process and spoke to the ways that an assumption of criminality, guilt and dishonesty is embedded throughout the asylum regime and produces negative impacts on asylum-seekers' mental health.

While participants unanimously agreed that the affirmative asylum interview was a less criminalised and less stressful encounter for their clients than courtroom proceedings, practitioners were also quick to note that the "non-adversarial" questioning of an asylum officer can still be suspicious and accusatory in nature. MHPSS professionals stated that "one of the fundamental fears experienced [by survivors] is that their stories will not be comprehended or worse still, their testimony will not be believed"¹⁰⁰ and how adjudicative questioning of asylum-seekers with the presumption of dishonesty runs fundamentally counter to this principal of trauma healing.

The importance of not reproducing an interrogation session, both in the style of questioning as well in the physical set up of the room, has been noted in literature on therapeutic work with asylum-seekers¹⁰¹. Several participants noted that while they take care to follow these principles in their own work, the asylum adjudication process often mirrors criminal prosecution for their clients and can reproduce the same feelings of powerlessness that clients may have felt during their past persecution:

They really rush. Rush with questioning, rush for the answer, don't allow for pauses, don't allow for their reflection, the pausing, the thinking, the interpreter having to rush to get her interpretation. They are being judged, the asylum-seeker feeling embarrassed that they have to ask for a repeat of the interpretation or using different language, they don't feel that they, especially because they've come through persecution, many of them have come through persecution in their judicial system in their country of origin, that they may not know that they have the right to have a language or question clarification" (R15, physician).

Commenting on courtroom asylum proceedings, participants expressed particular frustration towards a perceived lack of professionalism that they felt would be disallowed in another type of courtroom, echoing legal commentators who highlight the divergent standards between immigration court and other US court systems as well as the inconsis-

100 Derrick Silove, Ruth Tarn, Robin Bowles & Janice Reid, 'Psychosocial Needs of Torture Survivors' (1991) 25 *Australian and New Zealand Journal of Psychiatry* 484.

101 Blackwell (n 89); Fabri (n 55); Kinzie (n 36).

tent and subjective nature of asylum decisions¹⁰². According to MHPSS professionals, proceedings demonstrate a lack of respect for asylum applicants and amount to the message that because they are “criminals” they do not deserve due process:

Immigration court is the only part of the legal system in this country where you are guilty and you have to prove innocent. It's backwards, if you analyse how the legal system works, you are innocent until proven guilty in the rest of the legal processes in this country. It's re-traumatizing and de-humanizing” (R9, psychologist).

Some of the questioning and the evidence they are using makes no sense and I think in another court of law would just be kicked out [...] There was one case where I was sitting behind the trial attorney and she had Wikipedia up on her screen and was drawing from Wikipedia about the country for country information. She was asking questions that if she was informed about the country you would never ask [...] It seemed sloppy to me and ugly for the client” (R13, occupational therapist).

Detention was another feature of a criminalised asylum process that MHPSS professionals repeatedly critiqued during their interviews. Participants spoke strongly about the negative impact that detention has on clients’ mental health and used the interviews as a platform to express their own ideological disagreement with the practice of detaining asylum seekers. Participants expressed dismay that many Americans are uninformed about the routine practice of incarcerating immigrants:

“There should not be any type of detention. You can still be accountable to the immigration system without being in the detention system. So do away with putting people in jail. Why don't we go back to putting what's supposed to be in the USCIS statement, that we are a country of immigrants¹⁰³” (R13, occupational therapist).

“When people arrive at a port of entry and are seeking asylum, we arrest them. Most people do not know that. And detention is in jail and that sometimes they are not kept in a separate area, it's with criminals. That's a huge thing, an awareness that needs to be out there” (R7, program director).

One of the most robust areas in the literature on asylum seekers focuses on the negative impact of detention on applicant mental health. Researchers found that detention can be particularly re-traumatizing for applicants who have been victims of political imprisonment in their home countries¹⁰⁴¹⁰⁵. Detention of asylum seekers can result in long-term mental health difficulties even post-release¹⁰⁶¹⁰⁷. Upon release, formerly detained asylum seekers’ psychological symptoms markedly decreased, however their mental health was still more distressed than asylum seekers who had never been detained¹⁰⁸. MHPSS professionals endorsed the findings that detention is profoundly detrimental for asylum seekers’ mental health and that a key component of this is the emotional impact of “being treated like a criminal”.

Finally, participants spoke to the paradox that throughout the asylum process, asylum-seekers are treated like criminals while simultaneously being asked to construct themselves as victims in order to be granted protection¹⁰⁹¹¹⁰. A key foundation of therapeutic work is the strengths perspective¹¹¹ and resiliency enhancement¹¹². One of the most important roles of MHPSS professionals is to remind clients of their internal reserves of strength and resilience in order to better help them cope with current challenges.

Various MHPSS professionals spoke to the tension between their clinical goals of bolstering asylum-seekers’ strengths and their forensic responsibility to document one’s suffering for their asylum case when writing a psychological affidavit:

102 Deborah Anker, ‘Determining Asylum Claims in the United States: A Case Study on the Implementation of Legal Norms in an Unstructured Adjudicatory Environment’ (1991) 19 NYU Journal of Law & Social Change 433.

103 The mission statement of USCIS was changed by the current administration earlier this year. The previous version referred to the US as a “nation of immigrants”; this was removed in February 2018 and the mission statement rewritten with a national security focus (see www.uscis.gov/aboutus for the current statement).

104 Guy J Coffey, Ida Kaplan, Robyn Sampson & Maria Montagna Tucci, ‘The Meaning and Mental Health Consequences of Long-Term Immigration Detention for People Seeking Asylum’ (2010) 70 Social Science & Medicine 2070.

105 Zachary Steel & Derrick Silove, ‘The Mental Health Implications of Detaining Asylum-Seekers’ (2001) 175 Medical Journal of Australia 5896.

106 Katy Robjant, Rita Hassan & Cornelius Katona, ‘Mental Health Implications of Detaining Asylum-Seekers: A Systematic Review’ (2009) 194 The British Journal of Psychiatry 306.

107 Zachary Steel, Derrick Silove, Robert Brooks, Shakeh Momartin, Bushra Alzuhairi & Ina Susjik, ‘Impact of Immigration Detention and Temporary Protection on the Mental Health of Refugees’ (2006) 188 British Journal of Psychiatry 58.

108 Coffey et al (n 104).

109 Jessica Mayo, ‘Court Mandated Story-Time: The Victim Narrative in US Asylum Law’ (2012) 89 Washington University Law Review 1485.

110 Michelle McKinley, M. ‘Life Stories, Disclosure and the Law’ (1997) 20 Political and Legal Anthropology Review 70.

111 Dennis Saleebey, *The Strengths Perspective in Social Work Practice* (5th edition, Pearson, 2009).

112 Elaine Norman, *Resiliency Enhancement: Putting the Strengths Perspective into Social Work Practice* (Columbia University Press 2000).

Part of our job therapeutically is to help remind them of what their resilience is. Sometimes the lawyers have a different role and don't think in those terms. The lawyer only wants to show everything bad and how damaged the client is. I want to also show the strengths that the client has going for them.[...]The court will be best served if I can point out the pain of the client, not the strengths of the client. But I tell the client 'I am going to talk about you as a diagnosis, but that's not the only thing about you. I want you to know that I see a lot of strengths, but when I'm talking about you to the court, I'm going to be talking about the negative side. It's what the lawyer wants me to tell the court about.' [...] The lawyer wants us to focus on the brokenness of it. I say to the client I think it's important that you know that the brokenness isn't all of it (R2, psychologist).

The painful paradox of asylum-seekers being simultaneously treated as criminals and victims has not been a focus of existing literature, nor has the tension of being a strengths-based MHPSS professional tasked with an evaluation that portrays how asylum-seekers' trauma has negatively impacted them; this finding is notable and warrants further inquiry, particularly into the differing foci of MHPSS professionals and asylum-seekers' attorneys.

6. Conclusion

This study set out to better understand the biopsychosocial dimensions of the asylum process in the United States, and did so through a thematic analysis of qualitative interviews with mental health and psychosocial support professionals serving asylum-seekers. MHPSS professionals contended that the asylum system is a harmful institution that works against asylum seekers' ability to heal from trauma and achieve a state of wellbeing. The grant of asylum was described as the lynchpin for a host of practical and symbolic benefits that allow asylees to access a level of participation in American society and promotes the ability to heal.

MHPSS professionals used biopsychosocial and ecological language to describe the totality of the asylum system. Rather than speaking about the "asylum process" as referring specifically to legal proceedings, participants emphasized the ways in which the act of seeking asylum creates an entire lived ecology for the asylum-seeker. Participants spoke about the various ways that the macrosystem¹¹³ of the US political climate impacts the individual lived experiences of asylum-seekers, and emphasized the inter-relational nature of the asylum system's influence on the biological, psychological and social functioning of applicants.

MHPSS professionals described the experience of waiting as undergirding the asylum process, which supports previous findings from the literature that waiting is a prominent feature of asylum seeking. Participants noted a lack of infrastructure to support asylum seekers in the United States, including their denial of public benefits. Their emphasis on the symbolic meaning of public assistance for asylum seekers has not been previously covered in the literature. The asylum process being characterised by the inability to work has been previously covered in research with asylum-seekers, but this is the first study to document the views of MHPSS professionals on the mental health consequences of asylum-seekers' inability to work.

Participants in this study noted the difficulty in achieving therapeutic goals while working within timelines imposed by the legal system. This is the first known study to document the expert views of MHPSS professionals on the "psychological conflict between the desire to forget and the necessity to recount" (R9, psychologist) in the asylum process, and how MHPSS professionals help asylum-seekers navigate this recounting.

MHPSS professionals also spoke of the asylum process as characterised by uncertainty and confusion. While previous studies have documented the theme of uncertainty as a key element of asylum seeking, this study is unique in its focus on the inseparability of uncertainty to confusion and how this aspect of the process creates distress for applicants as well as support professionals. Finally, MHPSS professionals noted the criminalisation of asylum applicants and how this criminalisation emerges throughout all areas of the asylum system. This study is also the first of its kind to raise the professional paradox of strengths-based practitioners' need to emphasize asylum-seekers' deficits in their forensic reports.

These findings show that MHPSS professionals are an untapped source of knowledge and practical expertise about the ecological reach of the asylum system and its biopsychosocial impacts. Asylum-seekers themselves, due to their marginalised position, may not be in a position to speak candidly to the level of injustice that they are experiencing or have experienced; it is possible that MHPSS professionals viewed their position of relative power and privilege as allowing them to speak more strongly to the injustices faced by a vulnerable population. A follow up study in which asylees speak to the same questions would provide valuable context and nuance to this research.

The root of the word healing is "to make whole"¹¹⁴. Asylum-seekers are people who have survived traumas that, for many, have destroyed their sense of personal wholeness; it is the work of healing professionals to help guide their clients back towards whatever being whole means for them. MHPSS professionals spoke of the asylum system as operating in direct opposition to the goal of healing or making whole, instead highlighting the process' insistence on "the brokenness of things" (R2, psychologist). Participants endorsed the description of "the asylum system itself as responsible for both the continuation of pain and the production of new forms of profound distress"¹¹⁵.

The findings ultimately present the US asylum system as a harmful governmental institution that oppresses those who have been previously oppressed in their own countries. The findings also show that, from the perspective of key informants, the asylum system is influenced by partisan political power and the anti-immigrant viewpoint of the current presidential administration, as opposed to operating as an independent humanitarian process. MHPSS professionals who provide accompaniment through the asylum system in the United States contend that the current asylum regime is holistically harmful to asylum-seekers and that it impedes their ability to experience healing.

113 Urie Bronfenbrenner, 'Toward an Experimental Ecology of Human Development' (1997) 32 *American Psychologist* 513.

114 Thomas Egnew, 'The Meaning of Healing: Transcending Suffering' (2005) 3 *Annals of Family Medicine* 255.

115 Haas (n 41) 93.

7. Recommendations

Several practice recommendations emerged from these research findings. They are briefly outlined below.

Recommendations for the US immigration system:

- a) Increase predictability by having respected timelines for processing cases
- b) Issue public statements before new policies go into effect and implement policies consistently
- c) Give asylum-seekers access to means-tested benefits
- d) Decrease the wait time for obtaining work authorisation
- e) Shift to solely non-adversarial legal proceedings
- f) Eliminate the routine use of detention for asylum-seekers

Recommendations for mental health and social support professionals:

- a) Gain familiarity with the legal categories of refugees, asylees and asylum-seekers and their eligibility for programs and public benefits
- b) Be prepared to zealously advocate for clients' access to services
- c) Remember the heterogeneity of responses to treatment approaches and that healing is an individual process
- d) Practise consistency and transparency in communication with asylum-seekers in order to build trust and provide an alternative relational experience to the obfuscation of the asylum system
- e) Decrease dependency for asylum-seekers within the helping relationship and focus on interventions that support empowerment and self-actualization
- f) Emphasize a biopsychosocial, person-in-environment approach that is rooted in present-day experience when working with asylum-seekers. Address current needs and do not assume that past trauma will be the primary presenting concern