



# The politics of exhaustion and its impact on mental health among people seeking asylum in the UK: A service provider perspective

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## ABSTRACT

People fleeing war and violence often face complex asylum procedures in host countries which have been described as 'exhausting by design'. This study explored service providers' perspectives on how the UK asylum process gives rise to exhaustion, and the ways in which exhaustion affects the mental health of people seeking asylum. Eighteen semi-structured interviews were conducted with individuals providing social, legal, medical or mental health services to people seeking asylum in the UK. Results demonstrate that the UK asylum process seemingly exhausts those seeking asylum through the intersection of policies and practices that create conditions of hostility, discrimination and deprivation. The resultant exhaustion contributes to, and is exacerbated by, poor mental health, creating a vicious cycle of psychological harm. Based on these findings, we argue that the 'politics of exhaustion' embedded within the UK asylum process is a form of structural violence that harms mental health and wellbeing by fundamentally undermining the resilience of people seeking asylum to cope with continued adversity in the UK.

## 1. Introduction

Seeking asylum in the UK can be a long, complex and difficult process shaped by tough immigration policies (Canning, 2017; Jannesari et al., 2019; Jones et al., 2022; Kienzler, 2024; Phillimore et al., 2007). Political arguments to 'control' migration are based on increasing numbers of asylum applications made to the UK in recent years. The government department responsible for immigration in the UK, the Home Office (2025), reported that 108,000 people claimed asylum in the UK in 2024, of which 47% were granted protection (i.e., refugee status). People seeking asylum in the UK in 2024 were mostly from Iran, Afghanistan, Iraq and Pakistan. Additionally, 79,000 people were offered protection via regular routes, predominantly from Ukraine, Hong Kong and Afghanistan. The UK ranks 19th amongst European countries for the number of refugees it accepts relative to its population (Home Office, 2025).

Asylum policies are specifically designed to deter people seeking asylum and settling in the UK (Commission on the Integration of Refugees, 2024). The UK toughened its immigration policy substantially with the introduction of the Nationality and Borders Act on April 28, 2022 and the Illegal Migration Act on July 20, 2023. The Nationality and

Borders Act established a 'two-tier' asylum process, allowing the Home Office to distinguish between people seeking asylum based on their mode of arrival in the UK (UK Parliament, 2022). The legislation stipulates that those who arrive through 'irregular routes' – such as small boats or lorries, or who overstay their visas – are only granted temporary stay and have fewer rights to welfare and family reunion compared to those who arrive via 'regular routes'. The subsequent Illegal Migration Act further reinforced this approach by criminalising people seeking asylum who arrive through irregular routes, enabling their detention and removal from the country (UK Parliament, 2024). In January 2025, the newly elected Labour government announced a new Border Security, Asylum and Immigration Bill, which repeals sections of the Illegal Migration Act 2023 including the duty to remove people from the UK (UK Parliament, 2025). Although the Bill proposes to restore the right to asylum for those arriving by dangerous journeys, they will never have a route to citizenship. Such policies aim to deter people making perilous journeys in small boats or through other irregular means, while also freeing up resources to support those seeking asylum who enter the UK via regular routes (UK Parliament, 2024).

The asylum process is marked by a significant backlog of applications, resulting in extensive delays and waiting times. It is also

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characterised by uncertainty and a poor quality of life (see below). These conditions can be considered forms of structural violence—systemic social, political, and economic inequalities that harm people seeking asylum both directly and indirectly (Canning, 2017; Gawayed, 2022). They stem from entrenched systems and power structures that limit access to resources and opportunities, contributing to poor health and mental health outcomes among those seeking asylum (Galtung, 1969; Farmer, 2004; Kienzler, 2024). In this article, we examine such structural violence in the asylum process through the theoretical lens of a ‘politics of exhaustion’, with a particular focus on mental health. A politics of exhaustion refers to how exhaustion is used ‘as a tool of governance and control’ and how it is both endured and resisted by people forced to move (or prevented from moving) and those working in solidarity with them (Ansems de Vries and Welander, 2021). This concept highlights not only direct and physical violence, but also more subtle forms of structural violence, such as neglect and abandonment by the state (see also Ansems de Vries and Guild, 2018; Jaspars, 2021; Vandevoordt, 2020; Welander, 2020). Information, however, is lacking on the ways a ‘politics of exhaustion’ manifests in the UK asylum process, how it is experienced, and how it affects the health and wellbeing of people seeking asylum. Gaps also remain in our understanding of how people seeking asylum confront and cope with institutional practices that are designed to exhaust them, and what it would take to develop humane and effective asylum policies that allow for meaningful integration and belonging in host country contexts. This article seeks to address these gaps in knowledge from the perspective of service providers.

In the following, we first provide context on seeking asylum in the UK, the mental health challenges faced by people seeking asylum, and the concept of the ‘politics of exhaustion’ in migration research. We then outline our qualitative study methodology and present the findings, which explore service providers’ perspectives on how the asylum process contributes to exhaustion; how people seeking asylum experience this exhaustion; and how exhaustion is perceived to impact their mental health. In the discussion, we highlight the asylum process as structurally violent, arguing that it harms, rather than supports, the health of people seeking asylum, preventing them from rebuilding their lives and thriving. In sum, we argue that the UK asylum system enacts a ‘politics of exhaustion’ through disempowering policies and violent practices, systematically damaging the mental health and well-being of people seeking asylum.

### 1.1. Asylum and mental health in the UK

This research is particularly timely given the UK’s recent tightening of immigration legislation, aimed at addressing longstanding criticisms of the asylum system, which has been widely regarded as ‘broken’ across the political spectrum (ECRE, 2022; Patel, 2020; UNHCR, 2023). Views differ in terms of what makes the asylum system broken: while some critics argue that the system fails to control migration and prevent dangerous crossings of the English Channel in small boats, others condemn its hostile, inhumane and exclusionary politics (ECRE, 2022; Canning, 2017; Commission on the Integration of Refugees, 2024; Goodfellow, 2019).

At the time of carrying out this research, before the new legislation was introduced, the asylum process required those seeking protection in the UK to declare their intention to seek asylum upon arrival. This was followed by a screening interview, submission of supporting documentation, and a substantive interview during which people seeking asylum detail their persecution (Home Office, 2021). The Home Office would then review the claim and decide whether to grant the person protection or not. In the case of rejection, the claim can be appealed in a court of law. In practice, the process is much more convoluted. Asylum decisions are frequently appealed, and between 2017 and 2019, 44% of appeals against Home Office decisions were successful, resulting in the applicants being granted protection (Migration Observatory, 2022).

Compounding this issue is a record-high backlog of unprocessed asylum claims, with over 175,000 people still waiting for an initial decision on their claim as of June 2023 (Home Office, 2025; Walker, 2023). Furthermore, the guidance document A British National Refugee Policy highlights that applicants face a ‘20-week wait to even register an asylum claim’ (Betts et al., 2022, p.19). People, thus, experience lengthy waiting times (Betts et al., 2022; Phillimore and Cheung, 2021), with almost 140,000 remaining in the system for longer than the target six months, regardless of the new legislation (Home Office, 2025).

Whilst people seeking asylum await an outcome, additional policies restrict their rights related to work, mainstream welfare benefits, private rental, education and vocational training, acquiring bank accounts and driving licenses, and accessing specialised healthcare (Asif and Kienzler, 2022; Canning, 2017; Goodfellow, 2019; Kienzler, 2024). Such policies take away their control and have been criticised for leading to discrimination, stigmatisation, poverty, unemployment, sub-standard accommodation and poor access to services, including health services (Commission on the Integration of Refugees, 2024; ECRE, 2022; UNHCR, 2023). Nevertheless, there is some government help during this time, including financial support, accommodation, limited legal support, additional discretionary payments (e.g., maternity grant), language interpretation, access to primary healthcare, education for children, and the advice phone line known as Migrant Help (Home Office, 2024a). However, the support provided is often inadequate and fragmented. When this research was carried out, people seeking asylum were supported with £39.63 per week – less than £6 per day (Home Office, 2022). Although this was increased to £49.18 per week in January 2024 due to rising inflation (Home Office, 2024a), it is half the minimum welfare benefit UK citizens receive (£393.45 per month for a single adult over 25) (Department for Work and Pensions, 2022). Accommodation provided tends to be undesirable, including dilapidated hotels and squalid house shares, as well as more controversial accommodation including disused military barracks and the Bibby Stockholm barge (Davidson, 2023; Helen Bamber Foundation, 2024; Home Office, 2024b). For example, the Bibby Stockholm barge, used to house 135 people seeking asylum, was criticised for overcrowding, increased risk of respiratory infections and mental health problems, and at least one death by suicide (Clair, 2023; Looi, 2023; Taylor, 2024).

Experiences of socioeconomic disadvantage have been further linked to food insecurity and the breakdown of social support networks (Ermansons et al., 2023; Jannesari et al., 2019; Kirkbride et al., 2024; Miller and Rasmussen, 2017; Murphy et al., 2021; Phillimore et al., 2007; Silove et al., 2000). Meanwhile, uncertainty threatens personal safety with a “deleterious effect on wellbeing” (Brun, 2015; Hvidfelt et al., 2020; Phillimore and Cheung, 2021, p.2). These challenges are also associated with increased exposure to violence and abuse (Allsopp et al., 2014; Jannesari et al., 2020), as well as dependence, fear, isolation, and chronic stress (Carswell et al., 2011; Morgan et al., 2017; Mayblin and James, 2019; Stewart and Sanders, 2023). In addition, they contribute to poor mental health outcomes, including suicidal ideation, self-harm (Pinter, 2012), depression, anxiety, and post-traumatic stress disorder (PTSD) (Blackmore et al., 2020; Bogic et al., 2012; Jannesari et al., 2020; Morgan et al., 2017; Silove et al., 2000). Overall, in the UK, people seeking asylum are five times more likely to have mental health needs than the general population, and 61% experience severe mental distress (Eaton et al., 2011).

Whilst these challenges posed by the asylum process can be individually harmful, we argue that they do not exist in isolation. They form part of a broader, cumulative experience of seeking asylum which has been shaped by a broader politics of exhaustion.

### 1.2. Conceptual framework: a politics of exhaustion

The cumulative experiences of harm that people seeking asylum and refugees face are deliberately driven by what researchers have called a ‘politics of exhaustion’. Marta Welander (2020) explains that ‘politics of

exhaustion' refers to the convergence of punitive migration practices designed to wear down the resilience of those seeking asylum by making their lives as difficult as possible. As such, it is a 'tool of governance and control' to deter settlement (Welander and Ansems de Vries, 2016; Welander, 2020). Similarly, Ansems de Vries and Guild (2018), consider the notion of politics of exhaustion as 'the felt effects of the stretching over time of a combination of fractured mobility, daily violence and fundamental uncertainty' (p. 2157). The authors further highlight the concept's subjective dimension considering that it affects the quality of life, wellbeing and health of people seeking asylum (Ansems de Vries and Guild, 2018; Ansems de Vries et al., 2017). Such 'politics of exhaustion' subject people seeking asylum to 'slow', 'structural' forms of violence (Davies et al., 2017; Vandevoordt, 2020) in that social structures and arrangements perpetuate inequities and prevent people from meeting their basic needs and potentials (Galtung, 1969; Farmer, 2004).

The ways in which a 'politics of exhaustion' manifests in the context of asylum have been researched in several European locations. For example, in Calais, Welander (2020) documented processes of exhaustion enacted through ritualised forms of violence, including police brutality, dispossession through regular destruction of camps and living spaces, and forced mobility and immobility as people are detained and routes blocked or lengthened. Such practices produced and exacerbated experiences of vulnerability, uncertainty and threat for people seeking asylum. In Belgium, Vandevoordt (2020) highlighted how exhaustion is enacted through frequent raids on camps and makeshift living spaces, the confiscation of personal belongings, police violence, humiliation, detention, deportation, and restrictions on the flow of aid. Similarly, Ansems de Vries and Guild (2018) showed that spaces of transit across Europe (e.g., railway stations, parks, informal camps) can be sites where a 'politics of exhaustion' can manifest through the deliberate fracturing of journeys, blocking safe routes of passage, denying visas, detaining migrants and forcing registrations. Whilst violent, these practices do not reduce people seeking asylum to passive victims. Rather, they draw on their networks of friends and families, skills and experiences, and dreams of building their future lives to continue moving to and across Europe.

Although the above scholarship on 'politics of exhaustion' has explored the relationship between mobility, migration management and violence, we lack information on how it manifests in the UK asylum system, how it affects the quality of life and mental health of people seeking asylum, and what it would take to counter such practices and develop humane and effective policies that are welcoming and allow for meaningful integration and belonging.

## 2. Methods

A qualitative research design was used to explore whether and how a 'politics of exhaustion' is practiced in the UK asylum process from the perspective of service providers. The study also explored how this 'politics of exhaustion' was perceived to affect the mental health of people seeking asylum. The six-week study was carried out between June and July 2021. Semi-structured interviews were conducted with 18 third-sector service providers across England and Wales, all of whom worked either on a paid or voluntary basis. Of the participants, five provided legal and advocacy services, four offered mental health support, and nine delivered social and administrative assistance. Participants had been in their current role for between 18 months and ten years, working with a diverse range of people, including young people, women, those in immigration detention, and people with no recourse to public funds. Two participants were former asylum seekers with leave to remain in the UK (see Table 1 for descriptive characteristics of participants and Table 2 for summary statistics of participant characteristics).

Participants were sampled using purposive and snowball sampling. Fifteen participants were recruited via an online search for service providers, while two were recruited through snowballing and one via LinkedIn. All provided informed consent before participating in the

**Table 1**

Descriptive characteristics of participants.

Participant	Gender	Role	Client Profile of People Seeking Asylum	Time at Organisation (years)	Refugee Status
P1	M	Asylum charity director	General	7	Yes
P2	M	Social support volunteer	General	1.5	Yes
P3	F	Legal support provider	Appeal rights exhausted	2.5	No
P4	F	Lawyer	General	2.5	No
P5	F	Social support provider	General	1.5	No
P6	F	Lawyer	Detainees	2	No
P7	F	Lawyer	Appeal rights exhausted	5	No
P8	F	Social worker	Young people	2	No
P9	F	Caseworker	Detainees	8	No
P10	F	Mental health provider	Young people	8	No
P11	M	Doctor	Detainees	4	No
P12	F	Caseworker	Detainees	3.5	No
P13	F	Psychiatrist	Detainees	5	No
P14	M	Psychiatrist	General	10	No
P15	M	Social support volunteer	General	4	No
P16	F	Advocacy and policy	Women	5	No
P17	F	Asylum charity director	General	5	No
P18	F	Asylum charity manager	General	2	No

**Table 2**

Summary statistics of participant characteristics.

	N	%
<b>Gender</b>		
Male	5	27.8
Female	13	72.2
<b>Service provided</b>		
Legal and advocacy services	5	27.8
Mental health and medical services	4	22.2
Social and administrative services	9	50
<b>Client profile of people seeking asylum</b>		
General	8	44.4
Women	1	5.6
Young people	2	11.1
People in immigration detention	5	27.8
Appeal rights exhausted	2	11.1
<b>Time at organisation</b>		
<1 year	0	0
1–3 years	7	38.9
3–5 years	3	16.7
5–7 years	4	22.2
7–10 years	3	16.7
>10 years	1	5.6
<b>Refugee status</b>		
Yes	2	11.1
Not applicable	16	88.9

interviews.

Semi-structured interviews were carried out in English by the first author, using Zoom for private videocalls. The interviews were organised into four broad sections. Initially, service providers were asked to describe their work with people seeking asylum and share their views on the asylum process based on their experience supporting individuals through it. Probing questions followed, exploring any challenges they identified within the process. The second part of the interview focused on exhaustion, with service providers asked whether they had ever observed signs of exhaustion among people seeking asylum and, if so, what they believed caused it, and how it manifested. The third section focused on the mental health and wellbeing of people seeking asylum, with participants asked to identify any aspects of the asylum process they felt were connected to these issues. If exhaustion had been observed by service providers, it was further explored in relation to mental health and its impact. The fourth and final section explored service providers' hopes for reform within the asylum system. Each interview lasted between 60 and 90 min and, with participant permission, was audio recorded and transcribed.

The data were analysed thematically by the first author following Braun and Clarke's (2006) approach and using NVIVO 12 software. Open coding on three randomly selected transcripts led to the generation of codes, which were carefully revised and refined whilst inductively coding the remaining transcripts. Codes were then organised into categories pertaining to asylum policies and practices, experiences and manifestations of exhaustion, and mental health and wellbeing. Next, categories were arranged into thematic networks to explore relationships between categories and make visible how themes emerged from the data (Attride-Stirling, 2001; Braun and Clarke, 2006). Three key themes were identified: the exhausting nature of the asylum process, the impact of exhaustion on daily life, and the impact of exhaustion on mental health and wellbeing. These themes will structure the following results section.

This study was granted ethical approval by the King's College London Research Ethics Committee before recruitment began (MRSU-20/21-23628).

### 3. Findings

All service providers included in this study considered the asylum process very exhausting for people seeking asylum. Discriminatory practices were seen as structural mechanisms of exhaustion that accumulated and stretched over time during a protracted asylum process, impacting on socio-economic factors such as housing, employment, and education, subsequently diminishing the quality of life of those seeking asylum. Feelings of exhaustion were linked to mental health problems such as distress, depression and anxiety.

#### 3.1. The exhausting nature of the asylum process

With service providers, we explored what 'exhaustion' means and how it was perceived to arise from the asylum process. Service providers understood exhaustion as both a process and a state of depleted physical, mental and emotional energy. When referring to exhaustion as a process, they used terms such as 'wearing down', 'grinding down', and 'tiring' to reflect a diminishing capacity over time to cope with both the demands of the asylum process and with daily life. As a state, service providers described exhaustion as being completely used up and overwhelmed. A social support provider characterised it as being 'stressed, tired, and just exasperated ... like when you try and try and it's still not enough' (P5). Three components of the asylum process were consistently identified by all service providers as being particularly exhausting: the practice of disbelieving people seeking asylum, excessive delays in processing claims, and maintaining people in deprivation.

*The Practice of Disbelief:* Presenting a convincing asylum case to the Home Office was considered exhausting because the institution was

perceived to routinely disbelieve experiences of persecution, making it difficult for those seeking asylum to legitimise their suffering. A lawyer explained: 'If you're constantly saying, "I don't believe you" "I don't believe you", no matter what they do to produce evidence ... eventually it tires them out, they think "well what can I do to get you to believe me?"' (P7). Service providers explained that questions could be deliberately complex and interrogative, to elicit inconsistencies to undermine credibility. A psychiatrist said: 'If [immigration officials] can find one or two facts which are questionable, they can say "this person is not a believable person, and therefore we can disregard the rest of the story"' (P14). They also reported examples of immigration officials disbelieving people seeking asylum based on false assumptions, such as certain countries being safe: 'They say go back, Kabul is safe ... are you honestly telling me Baghdad and Kabul are safe?' (P7, lawyer). Service providers argued that the burden of proof for asylum claims was often too high, starting with the premise, 'why we shouldn't give this person asylum' (P8, social worker), and treating people seeking asylum as 'guilty until proven otherwise' (P5, social support provider). Such institutionally engrained suspicion and hostility was seen to wear down people seeking asylum.

*Excessive Delays in Processing Asylum Claims:* Service providers explained it was common for claims to take several years to process. This was especially true for people seeking asylum who went through the appeals process. One mental health provider recounted a story in which he shared a photo of him and his granddaughter celebrating her 10th birthday with a close asylum-seeking friend, who was former social worker helping children to escape slavery. Excited to share this special memory, he was met with a sombre response, 'It was lovely to see you, but it made me very sad because I realised that when I had first been refused asylum she was still inside her mummy's tummy. And now 10 years later, I'm still waiting for a decision' (P14). The waiting, with no information or end-date, was considered fundamentally exhausting and unsafe, maintaining people seeking asylum in a situation of heightened anxiety. A mental health provider stated: 'The waiting without any answer or information, that is exhausting ... having this question in your mind, "what is going to happen to my life?"' (P10). Service providers said the Home Office does not provide status updates on individual asylum claims, leaving people 'stuck in limbo endlessly' (P9, case-worker), with little to do other than ruminate on their situation.

*Maintaining People in Deprivation:* While waiting for their claim to be processed, people seeking asylum tend to live in conditions of deprivation driven by discriminatory policies, which were perceived as exhausting. For example, the combination of limited financial support and not being allowed to work was seen to make everyday activities, such as eating, socialising, and taking public transport, into a challenge or a trade-off. A lawyer explained: 'Where do you socialise? You can't pay for that when you have to ration your money' (P6). Deciding how to ration money was perceived as a constant struggle weighing on people's minds: 'The lack of money is always quite exhausting, always having to think about it' (P13, psychiatrist). Enduring an inadequate and inappropriate standard of asylum accommodation was further perceived as exhausting. Service providers reported that accommodation was frequently overcrowded, uncomfortable and dehumanising: 'It's crowded, you don't have any privacy ... there are cracked windows ... the kitchens are disgusting, there are bad smells' (P17, asylum charity director). Living conditions could be isolating and potentially dangerous because people seeking asylum were forced to live with people who may be 'diametrically opposed religiously, politically, and by sexual orientation ... so an individual might continue their persecution' (P14, psychiatrist).

Whilst service providers identified the disbelief, claim-delays and deprivation as major sources of exhaustion, they also emphasised that these were not experienced in isolation. Rather, they formed part of a messy, all-encompassing experience of the asylum process in which different challenges intersected and relentlessly compounded one another, contributing to a pervasive undercurrent of threat and



vulnerability. This was perceived to gradually exhaust people seeking asylum over the course of a protracted process.

The delays, and the difficulties and the hostilities. It grinds people down ... sometimes it's years before a case is resolved, and all that time someone has been in a situation where they haven't been able to work, they haven't been able to make plans or get on with their life. They've had this constant threat hanging over them ... I think a lot of people come to the end of the asylum process feeling completely exhausted by it and just having had all those difficulties and having had it go on for so long (P9, caseworker).

### 3.2. *The impact of exhaustion on daily life*

The effects of exhaustion were manifested in the daily lives of those seeking asylum as waning energy, motivation and enthusiasm for life. In their interactions and conversations with people seeking asylum, service providers indicated that people were worn out and struggling. Most service providers heard verbal expressions like: 'I'm tired ... I don't know if I'll have the energy for that' (P9, caseworker), whilst others shared more concerning expressions, such as 'I'm a zombie' (P7, lawyer). This was further reflected in physical appearance and body language. Eight service providers highlighted that people seeking asylum could appear tired and lacklustre. A social support volunteer stated: 'over five years of the asylum process people age like 20 years' (P15). A third of providers noted that exhaustion could impact the ability of people seeking asylum to concentrate and function well day to day, including whilst studying or supporting casework for their asylum claim. Exhaustion made it difficult for a people to remember appointments and carry out tasks: 'They start losing track of time, not being sure about the day of the week ... they know that something is wrong ... and then they'll say, "I'm not well, I'm exhausted, I just can't deal with it"' (P12, caseworker).

Exhaustion also played out in social life, with some people gradually withdrawing into themselves and becoming isolated. Thirteen service providers highlighted social isolation as a problem: 'Most isolate themselves ... they shut down' (P2, social support volunteer). Service providers explained that whilst most normal social activities were inaccessible for people seeking asylum due to their costs, there were free activities available, such as youth or art clubs, provided by charity and voluntary organisations. Service providers noted that such activities were usually well attended, but that people seeking asylum could disengage over time and withdraw into themselves. A social worker recounted the changes she noted in a particularly sociable young person: 'I contact him, and he hasn't been to any [group events], you know ... "Why? Why haven't you been to any?" "Oh, I'm just sleeping, I'm tired"' (P8). Service providers explained that not only did people not have the energy to socialise, but they also found it difficult to find motivation to invest in relationships with their uncertain future: 'People have been delighted to join these groups, but then either because of the demands of the Home Office or something else happens ... they are ground down and eventually unable to continue because they are exhausted by the demands' (P14, psychiatrist).

### 3.3. *The impact of exhaustion on mental health and wellbeing*

All service providers considered an exhausting asylum process to have negative consequences for mental health and wellbeing. One caseworker said: '... it definitely impacts on people's mental health' (P9). Service providers perceived exhaustion to impact mental health and wellbeing by wearing down resilience to cope with the asylum process and daily life, damaging self-worth and hope, and exacerbating pre-existing trauma and mental health issues in a cycle of psychological harm.

Service providers explained that people seeking asylum who had become exhausted often lacked the mental resilience and physical

energy to continue with the process and daily life. Many people they knew had reached a point where they 'can't deal with it' (P12, caseworker), 'can't cope anymore' (P8, social worker), and 'just don't have any fight left' (P13, psychiatrist). This state of exhaustion was perceived as psychologically unsafe, as people could turn to unhealthy coping mechanisms including self-harm, drugs and alcohol: 'We do get a lot of suicidal ideation and disclosure of self-harm because they can't cope anymore' (P12, caseworker). A mental health worker added that 'a lot of them do turn to drugs and alcohol' (P13, psychiatrist), although religion could act as a protective factor against this.

Exhaustion was also perceived to play out by damaging self-esteem and self-worth: 'The first thing people say to us is that they don't feel human' (P7, lawyer). Service providers explained that wearing people down and exhausting them could lead them to internalise and believe the message that they are not wanted in the UK. This was made worse by the restrictions preventing people seeking asylum from working or engaging in meaningful activities that would provide a sense of purpose. A social support worker recalled: '[during the Covid-19 pandemic] they were saying to me, "I was a doctor", "I was a nurse in my country, and I could contribute now, why aren't they letting me help?"' (P5). Another charity worker, a former asylum seeker himself, said that people seeking asylum are made to feel 'there is no value in their life' (P1, asylum charity director). This was perceived as inherently damaging to mental health and wellbeing: 'There's an erosion of your personal image and your defence mechanisms ... its effect is to weaken you mentally' (P14, psychiatrist).

This wearing down of people's resolve was further reflected in accounts of waning hopes about the future. Several service providers indicated that people seeking asylum arrived in the UK feeling relieved to have reached safety and hopeful for the future, but that hopelessness gradually increased throughout the asylum process and they gradually gave up caring about their future:

They come with so much hope and ambition ... many will tell me that the way they've been treated here has been the most damaging ... they put so much on it and then when they get here, people don't believe them, they're not treated with respect, they're excluded ... all those hopes and dreams slowly begin to go ... I think the system eventually wears them down (P8, social worker)

Grinding down resilience, hope, and self-worth were perceived to manifest in a range of mental health problems and symptoms: 'They're so tired, they can't get up ... it spirals into depression because it's really hard to force yourself to do things' (P18, asylum charity manager). Insomnia and excessive sleeping were all common and perceived to contribute to further exhaustion. A mental health provider said: 'they're not able to sleep because they are thinking repeatedly [about the asylum process] ... then they're exhausted from not sleeping ... it's difficult to put their mind to rest whilst they're going through a process like this' (P10). Formal diagnoses of depression, anxiety and PTSD were also commonly reported, and service providers highlighted a range of distress symptoms including low mood, crying, violent outbursts, fear, panic attacks, auditory hallucinations, self-harm, social isolation, and erratic speech and behaviour. A lawyer recalled the distress of a woman seeking asylum who intentionally broke a plate: 'She smashed it on the floor, stared at it and said ... "nobody touches that plate ... it's broken because I'm broken"' (P7). Service providers added that mental health problems were generally widespread amongst those they supported seeking asylum: 'Pretty much everyone we're referred has some sort of mental health issue' (P5, social support provider).

Whilst the asylum system and its deliberate exhaustive practices were understood to harm mental health, service providers also emphasised that people seeking asylum tended to have pre-existing mental health problems due to negative experiences during their persecution, flight, or in the UK. Thus, they recognised that mental health is complex, and exhaustion is just one contributing factor. For this reason, three service providers explicitly cautioned making causal

inferences: 'They are coming from a lot of trauma, they are in poverty, it's hard to say what is causing [mental health issues] ... it's just all of it' (P3, lawyer). What service providers did agree on, however, was that mental distress itself could contribute to, or exacerbate, feelings of exhaustion. For example, trauma was understood to occupy significant mental resources, whilst PTSD-related nightmares significantly disrupted sleep duration and quality, resulting in tiredness and irregular schedules:

One of the physiological reasons for the exhaustion is not only the Home Office delaying a resolution of this, but the brain is also trying to make sense of everything that's happened to them before that in their country, on the journey, the trauma they've had since they've come here, the way people are treating them ... they're mentally exhausted because all these messages are going backwards and forwards (P14, psychiatrist).

The interaction between exhaustion and mental health was therefore seen to play out in a cycle of psychological harm. Indeed, exhaustion and mental health problems were further seen to prevent people seeking asylum from engaging with support provided by charities and civil society organisations, exacerbating this negative cycle:

I think all mental health problems would be exacerbated by exhaustion ... you make yourself more vulnerable if you're not able to use coping strategies that are helpful ... I would already be vulnerable to schizophrenia and depression, but if I had a bit of social support or I could find activities to do to boost my self-esteem, I would be less likely to show symptoms of it. But if I'm exhausted and apathetic, I won't seek out things to do and I won't seek out help if I need it (P13, psychiatrist).

When asking service providers what they thought needed to change in the asylum process to improve mental health and wellbeing of those seeking asylum, they emphasised a fairer process – one that removed unnecessary barriers, including those which were perceived to contribute to exhaustion (i.e., disbelief, deprivation and delay). Service providers called for an asylum process that was 'accountable to asylum seekers themselves' (P2, social support volunteer) as well as the government and the public, interactions with the Home Office that treated people with 'dignity and respect' (P1, asylum charity director), improved living conditions, financial support, and a process that was sped up, for example, by automating parts of the process and providing better communication. Despite such practical and feasible solutions, most service providers were not optimistic because 'that's not the attitude of the government' (P3, legal support provider) and 'they design a system to serve their own way of looking at politics and their own ideologies' (P1, asylum charity director). By linking the asylum process to exhaustion and revealing a novel perspective on how it harms mental health, we advocate for a fairer asylum process that prioritises wellbeing.

#### 4. Discussion

Our findings show that a 'politics of exhaustion' emerges from asylum procedures designed in ways that cause significant strain and health-related harms. This framework provides a new lens through which to examine structural violence and its associated social and health-related harms. It also highlights the need for upstream interventions that address the political, social, economic, and physical contexts contributing to poor quality of life and health outcomes among people seeking asylum (Ansems de Vries and Welander, 2021). Similar to previous work, our research shows that a 'politics of exhaustion' is enacted through the convergence of multiple harmful practices engrained within the bureaucratic machinery of the process through structures, policies and political choices which aim to maintain a tough stance on migration (Ansems de Vries and Guild, 2018; Ansems de Vries and Welander, 2021; Vandevoordt, 2020; Welander, 2020).

In line with the framework, all service providers in this study perceived asylum processes as a form of structural violence in that they prevented those seeking asylum from meeting their basic needs and rights through structural mechanisms of exhaustion rooted in discriminatory practices. Such practices manifested in excessive delays in processing asylum claims, a culture of disbelief leading to a negative decision-making environment, maintaining people seeking asylum in deprivation and poverty by limiting their right to work, education, and healthcare and public services, and limiting their opportunities for belonging and social integration (see also Kienzler, 2024; Kirkbride et al., 2024; Marmot, 2021). Service providers considered exhaustion as a process of wearing people down and a state of drained resilience and motivation, described to manifest through a gradual disengagement from the asylum process and social life.

Furthermore, our findings highlight that preventing people seeking asylum from meeting their basic needs and reaching their full potential places a significant strain on both their functional and social capacities. Consistent with other research (Ager and Strang, 2008; Helen Bamber Foundation, 2024; Porter and Haslam, 2005), we found that inadequate and temporary housing compromises the personal safety of people seeking asylum and undermines their integration. Moreover, the prohibition on working disempowers individuals, preventing them from achieving a better quality of life and putting them at risk of homelessness and destitution. This lack of autonomy contributes to chronic uncertainty and stress, exacerbating the overall psychological and social toll (Allsopp et al., 2014; Canning, 2017; Goodfellow, 2019; Kienzler, 2024; Kirkbride et al., 2024). Service providers linked such experiences to worse mental health outcomes including distress, depression, and anxiety, which, in turn, could further exacerbate feelings of social isolation, marginalisation and exclusion from society. They considered such psychological consequences to interact with pre-existing mental health problems often caused by violence and hardship which people seeking asylum had experienced in their home countries and during perilous journeys, exacerbating psychological harm (see also Asif and Kienzler, 2022; Kirkbride et al., 2024).

In contrast, service providers emphasised that people who received support and practical assistance with seeking asylum in the UK – typically through third sector organisations – often coped more effectively with the asylum process than those who did not. Building a trusted social support network – with service providers, other people seeking asylum and refugees, and broader communities – supported them to better navigate the system. Other research supports the critical role of social support networks for people seeking asylum (Ermansons et al., 2023; Kienzler, 2024; Phillimore et al., 2007; Phillimore et al., 2021). These social links have been shown to enhance quality of life, belonging, agency, security, and resilience, facilitating bonds with fellow refugees, family, and religious or diaspora communities. By sharing common experiences and characteristics, individuals can relate to one another, and these friendships and positive reciprocal exchanges help people seeking asylum integrate more successfully into the host society (Ndofo-Tah et al., 2019; Kienzler, 2024; Kirkbride et al., 2024). Importantly, service providers also described that the effects of such protective factors could wane over the course of a protracted asylum process, with its accumulating challenges, suggesting that no amount of agency or resilience is adequate in the face of a system that fundamentally undermines such capacities.

To address the structural violence inherent in the 'politics of exhaustion' and improve the quality of life and mental health among people seeking asylum, service providers advocated for reform. At the upstream level, they ambitiously called for a comprehensive overhaul of the asylum process, with policies and practices that prioritise dignity and respect, genuinely support integration rather than criminalising people seeking asylum, and ensure accountability to them. However, service providers expressed scepticism about the likelihood of large-scale reform, given the entrenched hostility towards immigration. As a result, they focused on more immediate, practical solutions that they

believed were feasible to implement. These included improving housing and living conditions, increasing financial support, and automating aspects of the asylum process to enhance efficiency and reduce processing times.

Their suggestions chime with the landmark report by the [Commission on the Integration of Refugees \(2024\)](#), which critically assesses the current system and its negative effects on the quality of life and health, including mental health, of people seeking asylum. To support people seeking asylum, the report advocates for a 'New Settlement for Refugees' – a systematic and devolved model in which local integration partnerships assume responsibility for supporting and facilitating integration, while improving quality of life and enhancing health outcomes. These partnerships aim to create a welcoming and empowering environment through community hubs, alongside the provision of safe, appropriate housing, access to employment and education, and equitable healthcare, in collaboration with national and local governments, third-sector organisations, and faith communities. The report suggests that these recommendations will not only improve the quality of life, social outcomes, and health for people seeking asylum and refugees, but will also generate significant economic benefits. For example, one reform model is projected to contribute over £1.2 billion in net income to the UK economy within five years ([Commission on the Integration of Refugees, 2024](#)).

Building on these findings, we are making the following key recommendations to counter the 'politics of exhaustion' across up-, mid-, and downstream levels: (1) A comprehensive reform of the asylum process is needed that prioritises human rights, dignity, respect, and genuine support for integration. (2) Living conditions should be improved by ensuring that people seeking asylum are provided with safe, appropriate, and stable housing, reducing the risk of homelessness, enhancing personal safety, and facilitating integration into society, which has direct implications for mental and physical health. (3) The time taken to process claims should be expedited, and transparency improved by allowing people seeking asylum to track the progress of their claim, thereby reducing uncertainty and distress while awaiting a decision. (4) People seeking asylum should have the right to work and receive increased financial support to meet their basic needs, alleviating poverty, reducing uncertainty, and empowering individuals to build a better quality of life while awaiting asylum outcomes. (5) Enhanced access to health and social services is crucial, with improvements in access to timely, culturally appropriate health and psychiatric care for people seeking asylum, to address the psychological and social challenges they face, reducing mental health strain and improving overall well-being. Finally, (6) the development of local integration partnerships should be promoted, facilitating the provision of support through community hubs, ensuring access to housing, education and language courses, employment, and healthcare. These partnerships would also foster a sense of belonging, security, and empowerment, contributing to improved social and health outcomes. These recommendations aim to address systemic issues within the asylum system, improving quality of life, mental health, and integration outcomes for those seeking asylum.

## 5. Limitations

There are several limitations to this study. Firstly, it explores experiences of people seeking asylum through the perspectives of service providers, rather than rebalancing power by speaking to people seeking asylum themselves ([Jull et al., 2017](#)), therefore, insights into the lived experience of those most affected are missing. Nevertheless, a focus on specialists' perceptions allows an exploration of the utility of exhaustion as a concept in asylum research, without causing people seeking asylum unnecessary distress. Service providers are also well positioned to understand the systematic influence of the asylum process. Secondly, since service providers worked with particularly vulnerable people, they might also be biased towards emphasising negative experiences over positive ones. Thirdly, this study had a relatively small sample size due

to demands on the charity sector, making participants time-poor. However, strong 'informational power' within the results justifies the sample ([Malterud et al., 2016](#)).

## 6. Conclusion

In successive attempts to 'control migration', claiming asylum in the UK is becoming tougher than ever. Asylum policy and practice create conditions which restrict the rights of those seeking asylum so severely that they are frequently forced into deprivation and destitution, are routinely treated with suspicion stemming from a deeply rooted culture of refusal in the Home Office, and can be left precariously in limbo for many years due to long processing times. Such practices persist, intersect, and compound to exhaust people seeking asylum, with the aim that they become fed up and leave of their own accord. A 'politics of exhaustion' is enacted here because exhaustion arises as an invisible mechanism of harm through convergent and persistent structurally violent policies. Practices of exhaustion are powerfully engrained, seemingly justified as part of the bureaucratic machinery of the asylum process. There is little political will to improve it.

We were able to show that a 'politics of exhaustion' contributes to, and exacerbates, poor mental health by grinding down the resilience of people seeking asylum to cope with continued adversity in the UK. By illustrating this pathway from practices of exhaustion to poor mental health, it can be argued the asylum process is designed in a way that makes people seeking asylum mentally unwell, thereby highlighting the need for upstream interventions that address the political, social, economic, and physical contexts contributing to poor quality of life and health outcomes among people seeking asylum. Exposing such injustices is crucial to create and maintain pressure on governments globally, to treat people seeking asylum with respect and dignity.

## CRedit authorship contribution statement

**Tianne Haggar:** Writing – review & editing, Writing – original draft, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Hanna Kienzler:** Writing – review & editing, Supervision.

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## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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