The development of Migrants' Perception of Public Attitudes Scale (MPPAS)

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Thesis overview

Global migration has increased markedly in recent years due to the elevated numbers of people having to forcibly leave their countries due to unforeseen situations and others choosing to migrate for employment purposes (UNHCR, 2020). The term 'migrant' includes economic migrants, refugees and asylum seekers. Whist migrants chose to move to another country to access a better quality of life, refugees and asylum seekers flee their countries to seek safety due to persecution or conflict in their home country (UNHCR, 2016). An asylum seeker is a person who has fled to another country but has not yet been granted an appeal for refugee status (UNHCR, 2017). When they enter another country and await their claim for asylum to be processed, asylum seekers may be denied important opportunities including the ability to study, access jobs and housing, leaving them forced to live in detention centres which are often undignified, punishing and cruel (Pickering & Weber, 2014; Crawley, Jones, McMahon, Duvell & Sigona, 2016). The global migratory flow is determined and impacted by political, social and economic factors (Mavroudi & Nagel, 2016; Korobkov, 2007; Portes, 2010).

Economic migrants are considered a vulnerable population (Sargeant & Tucke, 2009; Yanar, Kosny & Smith, 2018), with acquired job roles often being a poor fit in terms of their academic attainment and employment experience (Warman, Sweetman & Goldmann, 2015; Galarneau & Morissette, 2009; Boyd, 2013), working in poor conditions (Cayuela, Martínez, Ronda, Delclos & Conway, 2018) and are often paid lesser salaries (Kaushal, Lu, Denier, Wang & Trejo, 2016; Hum, & Simpson, 2004). Economic migrants are also vulnerable within the workplace due to having poor understanding and inability to enforce their rights, differences in language and unsatisfactory occupational health and organisational policies (Yanar, Kosny & Smith, 2018; Moyce & Schenker, 2018). Initial beliefs relating to how host countries' will enhance their life is not always experienced (de Jong, Chamratrithirong &

Tran, 2002; Hendriks, 2015). This can result in poor wellbeing in economic migrants who reside in such environments (Arpino & de Valk, 2018; de Vroome & Hooghe, 2014).

The process of forced migration has been classified into pre-migration, the migratory journey and the post-migration stages (Murray, Davidson & Schweitzer, 2010). Although the majority of asylum seekers and refugees do not experience mental health difficulties, each of these stages brings specific risk factors which have been shown to increase the risk of specific mental health difficulties (Henkelmann, de Best, Deckers, Jensen, Shahab, Elzinga & Molendijk, 2020; White & Van der Boor, 2021). This is due to the heightened risk of experiencing trauma, stress and disadvantage within forced migrant populations (Miller & Rasmussen, 2010). The traumatic situations that refugees' and asylum seekers may face include grief, parting from loved ones, suffering dangerous journeys to seek protection and complications with acculturation within their host countries (Beiser, 2006; Porter & Haslam, 2005). However, a person's socio-economic situation and social support can buffer against the impact of these experiences (Siriwardhana & Stewart, 2013; Mels, Derluyn, Broekaert & Rosseel, 2010).

Migrant mental health is an important area to research, given the implications that this could have for their integration in their host country. Developing accessible assessment measures that promote the exploration of migrants' experiences and their needs, will be important for informing support structures required to help these populations. This thesis will both explore the experiences of adult migrants living in the UK and those who support them psychologically.

The systematic review (chapter one) explores therapists' experiences of working with asylum seekers and refugees across the world in providing psychological input. This meta ethnography gives voice to psychotherapists in relation to how they experience working with

this population in the therapeutic space and psychotherapists' required support needs to engage with this work. The authors' interpretation lends itself to the generation of clinical recommendations for professionals when embarking on this work and outlines the specific barriers and opportunities that come with working with this population.

The empirical study (chapter two) outlines the generation of a novel assessment instrument called the Migrants' Perception of Public Attitudes Scale (MPPAS). This instrument will draw upon the key themes from the focus group discussion relating to how migrants feel they are perceived by the general population in the UK. It is important to have an assessment measure that focusses on this, as clinical work and research can shed light on how living in the UK within host populations can impact on migrants' mental health. This study employs a mixed-method design, across three phases. Phase one, is a qualitative exploration of economic migrants' and refugees' views of how they feel that they're perceived by the general population in the UK through focus group discussion. Phase two, this data is used to generate an item pool for an initial version of the MPPAS. In Phase three, an exploratory factor analysis, assessment of the internal consistency of the MPPAS is conducted.

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Chapter one: The experience of psychotherapists' providing psychological interventions to adult refugees and asylum seekers: A systematic review

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Abstract

Purpose:

Psychotherapists' play an important role in supporting the forcibly displaced population psychologically, given their evaluated risk of experiencing mental health difficulties. This review aimed to synthesised research that has investigated the experiences of psychotherapists' working with asylum seekers and/or refugees.

Method:

Four databases (PsychInfo, CINHAL, Web of Science and Medline) were systematically searched. Fifteen eligible papers were identified through the search or via reference chaining. A meta ethnography synthesis was employed to analyse this data.

Results:

The synthesis generated six key concepts and a line of argument synthesis from the themes and concepts outlined in the papers. The main concepts were the magnitude of stressors impacting asylum seekers and/or refugee clients, adaptation to therapy, personal and professional identities, support needs of the psychotherapist, organisational context and socio-political landscape. There were 16 identified themes generated from these six key concepts.

Conclusion:

This review identified specific adaptations to therapy and support needs for psychotherapists when working therapeutically with asylum seekers and refugees, given their trauma and mental health difficulties, socio-political injustices, and cultural differences

Keywords: Refugee; asylum seeker; mental health; delivering therapy; psychotherapist experiences; meta ethnography.

Introduction

Internationally, the number of asylum seekers and refugees has grown steadily in recent years (United Nations High Commissioner for Refugees, 2020). An 'asylum seeker' is described as a person seeking international safety whose appeal for asylum has still to be assessed. Article 1A of the UN Convention Relating to the Status of Refugees (1951) states that a 'refugee' is an individual who is removed from their home country due to conflict, persecution, human right violation, or violence due to their personal characteristics and beliefs and is fearful or unwilling to return to their country. It is important to outline that not every asylum seeker is granted refugee status (United Nations for Migrants and Refugees, 2019). Collectively, asylum-seekers and refugees can be referred to as 'forcibly-displaced people'.

The United Nations High Commissioner for Refugees (UNHCR, 2020) report that around 82.4 million individuals worldwide have been forcibly displaced from their households, which constitutes around 1 in every 95th person living globally. Refugees and asylum seekers may experience traumatic events that are linked to the nature of forced migration (Beiser, 2006; Porter & Haslam, 2005). These events include being neglected and ignored by the host country, experiencing socio-economic difficulties, lack of social connections and acculturation, loss of culture, travel restrictions due to disease outbreaks, heat exposure whilst on their migratory journey, observing deaths and having their lives endangered in their country of origin (Eisenbruch, 1998; Epstein, Goedecke, Yu, Morris, Wagener & Bobashev, 2007; Sapkota, Kohl, Gilchrist, McAuliffe & Parks, 2006; White & Van der Boor, 2021; Sinnerbrink, Silove, Field, Steel & Manicavasagar, 1997).

Although the majority of refugees and asylum seekers do not experience mental health difficulties, there have been several meta-analyses highlighting the impact of forced

migration on mental health. It is important to address that research with such populations are impacted on by practical barriers such as geography, language, and culture (Hjern, Angel & Jeppson, 1998). However, in a recent review, Blackmore et al. (2020) concluded that depression, anxiety, psychosis, and post-traumatic stress disorder (PTSD) have a high incidence within refugee and asylum-seeking populations and further proposed that mental health support exceeding initial post-migration phase is required. This is particularly important when research highlights that a proportion of refugees and asylum seekers can experience mental health difficulties that persist for years post-settlement (Bogic, Njoku & Priebe, 2015).

The prevalence of mental health difficulties experienced by forcibly displaced people in comparison to the host populations has been investigated. Fazel, Wheeler and Danesh (2005) found that refugees who have migrated to western states were approximately ten times more likely to experience PTSD than age-matched individuals in the same states, when reviewing the literature between 1986–2004. Refugee populations were seen to be twenty times more likely to experience major depression and twenty-five times more likely to experience generalised anxiety. The main limitation of the studies involved in this review included the use of unrepresentative samples i.e., some studies exclusively recruited those who had mental health difficulties. It is imperative that accurate figures are obtained to avoid over the over-estimation of levels of mental health difficulties and associated stigmatization in these populations (Summerfield, 1999; Steel, Silove, Phan & Bauman, 2002; De Jong & Komproe, 2002).

There has been important research conducted to explore the use of psychological interventions with asylum seekers and refugees across the lifespan. Turrini et al. (2019) found that psychological interventions, particularly Cognitive Behavioural Therapy (CBT) with a trauma-focused element, had a positive impact on PTSD, depression and anxiety symptoms,

and results were maintained at least one-month post-intervention. This meta-analysis highlighted the need for such interventions to be readily accessible to these populations. A National Institute for Health and Care Excellence (NICE, 2018) guideline (NG116) has been published for PTSD assessment and treatment in the UK. Although the guidelines included some specific advice for the screening of refugees and asylum seekers, there is a need for specialised guidelines to be established to support these individuals more broadly in terms of the populations needs psychologically and how to make therapy accessible.

Mental health service utilisation for asylum seekers and refugees has been widely researched. There are specific barriers for asylum seekers and refugees to access mental health support including stigma relating to mental health, navigating and grasping novel health care systems and nervousness relating to involvement with government services (Lamb & Smith, 2002; Majumder et al., 2015). Satinsky, Fuhr, Woodward, Sondorp and Roberts (2019) showed through a systematic review of 27 studies, mental health services in European counties are under-used in comparison to the need that asylum seekers and refugees have for these services due potentially, for example, to lack of cultural adaptation within these organisations. The results highlighted the need for further cultural awareness training to promote more accessible mental health services.

Globally, mental health professionals including psychologists, counsellors, therapists, psychological wellbeing practitioners and psychiatrists deliver psychotherapeutic support to refugees and asylum seekers to improve psychological wellbeing in various settings. There are many aspects to a psychotherapist's role including assessment, formulation, providing interventions (one to one, group work and family therapy), engaging with clinical supervision (formal and informal; individual and group), and continued professional development (British Psychological Society, 2017). Formulation offers an alternative to psychiatric diagnosis (Johnstone, 2018) and allows clients to "take back authorship of their own stories" (Dillon &

May, 2003, p. 16). Given that psychotherapists are open to their clients' trauma narratives, there has been a considerable amount of research exploring the 'cost of caring' on mental health professionals by the way of burnout, compassion fatigue, vicarious traumatization and secondary traumatic stress (Sabin-Farrell & Turpin, 2003).

The British Psychological Society (2018) outline the code of ethics and conduct in the UK, stating that barriers to professional's ability to practise must be identified and professionals should access the appropriate support as needed. Clinical supervision allows a space for therapists to consider and evaluate on their clinical work, with the overall aim of professional development (Carroll, 2007). Additionally, Scaife and Walsh (2001) reported that supervision also offers an opportunity for managing work relationships, organisational difficulties and issues experienced out of work, which supports therapists' wellbeing and reduces stress. The Health and Care Professionals Council (2018) in the UK outline how continued professional development is vital to professionals ongoing development and learning, to ensure safe and effective practice. The British Psychological Society (2018) released guidance to support therapists to provide safe, legal, accessible, and ethical practice to refugees and asylum seekers in the UK and outlines the specific difficulties that this population face when they enter the therapy room. This guidance provides basic information and acts as a resource to therapists globally, however, more comprehensive guidelines are needed to inform practice.

To date, there have been no published systematic reviews that synthesise research evidence that has explored psychotherapists' experiences of providing psychotherapy to asylum seekers and refugees. A review of this type is required to identify novel understandings and clinical implications for the support and guidance offered to psychotherapists' who provide psychological input to asylum seekers and refugees.

Review aims

This systematic review aims to understand the key themes relating to the challenges and opportunities that psychotherapists identified in qualitative accounts of their work with asylum seekers and/or refugees. This information will help to develop good practice including the identification of guidelines and resources that psychotherapists' find helpful for this work. Specifically, the current review aims to determine firstly what types of methodology/analysis have been used in the qualitative research that has investigated the experiences of psychotherapists working with asylum seekers and/or refugees; secondly, what are the key experiences and adaptations that psychotherapists make when working with refugees and/or asylum seekers and lastly, what psychotherapists say that they need by way of additional resources and support to complete this work.

Method

A review protocol was registered with the PROSPERO database for systematic reviews (registration number CRD42021252904). Initially, a systematic review of the literature was completed, followed by a critical appraisal and lastly synthesis of the data using meta-ethnography (Noblit & Hare, 1988). This systematic review utilised the PRISMA-S checklist for reporting literature searches in systematic reviews (Rethlefsenet al. 2020).

Search strategy

The following databases were searched: CINAHL, PsychInfo, MEDLINE and Web of Science. Google Scholar and PROSPERO were examined to identify any current or awaited relevant reviews. Efforts to find grey literature were made by searching the EThoS database. Search terms were made utilizing the SPIDER tool (Cooke, Smith & Booth, 2012; see Appendices B). The five clusters within the SPIDER tool related to the who the sample was, what the phenomenon of interest was, the designs used, the form of evaluation and the

research type. The five clusters of the search terms were linked using either the 'AND' or 'OR' Boolean logic terms. Different controlled vocabulary terms were identified for all four databases. There were no limiters used in the searches. Reference chaining was employed to identify relevant papers to include in the review. The literature searches took place in July to August 2021.

Inclusion and exclusion criteria

The following inclusion criteria was applied; (a) papers that recruited adult psychotherapists (i.e. mental health practitioners including delivering psychotherapeutic interventions) working with adult refugees and/or asylum seekers; (b) papers that explored psychotherapists' experiences of working directly with refugees and/or asylum seekers; (c) papers that focused on any aspect of psychotherapy work (e.g., supervision received or reflective practice); and (d) papers that included primary qualitative research data, including mixed methods, providing the qualitative findings are clearly defined.

The following exclusion criteria was applied; (a) papers that are focused on economic migrants who leave their country as they wish to seek employment; (b) papers where participants (psychotherapists) clients are under the age of 18 years; (c) purely quantitative studies (without qualitative component), narrative reviews, letters, commentaries and editorials, conference proceedings, books and book reviews and (d) papers published in languages other than English.

Data extraction

Following the search, the results were uploaded to Zotero[2], where duplicates were removed. The papers were screened through the titles and abstracts. The full text was screened against the inclusion and exclusion criteria for the papers that are initially deemed

[2] Zotero is a reference management tool that organises research material

suitable for the review. A second reviewer (LT) screened 25% of the total titles and abstracts, and 25% of the full text papers. Disagreements were resolved through discussion between the two reviewers (JD and LT), and when necessary, with a third reviewer, although this was not needed for this stage as disagreements were resolved.

Quality assessment

The use of critical appraisal for qualitative research has been debated as some researchers argue that there is a subjective judgement that impedes the assessment of quality (Dixon-Woods, Booth & Sutton, 2007), while other researchers argue that quality appraisal offers some credibility of the comprised studies (Sattar, Lawton, Panagioti & Johnson, 2021). This review utilised the Critical Appraisal Assessing Skills Programme (CASP, 2017) to assess quality, which is a tool that is most widely used in health and social care qualitative reviews (Hannes & Macaitis, 2012; Dalton, Booth, Noyes & Sowden, 2017). The CASP tool is deemed suitable for beginner qualitative researchers as it is deemed to be an accessible tool and is recognised by the World Health Organisation and Cochrane (Noyes et al., 2019; Hannes & Macaitis, 2012; Hannes & Bennett, 2017). The Oxford Centre for Evidence Medicine 'Critical Appraisal of a Case Study' was used to quality assess one of the papers which employed a case study design. This tool assesses quality through 10 questions, answers range from 'yes', 'no' and 'can't tell', which fits the same format as the CASP quality assessment tool. The quality assessment was conducted by the primary researcher (JD) and 25% of the papers were completed by an independent reviewer (LT). Any disagreements were agreed upon jointly. The quality assessment outcomes from all fifteen of the papers can be found in Appendices C. Studies were not excluded on the basis of poor methodological quality.

Data synthesis

A meta-ethnography synthesis set out by Noblit and Hare (1988) was employed. This type of synthesis requires processes of induction and interpretation which reflects the qualitative methods of the studies included in the review (Britten, Campbell, Pope, Donovan, Morgan & Pill, 2002). This involved the extraction of each paper's findings, key concepts, metaphors and themes to determine how the studies were related to one another, and to develop descriptive codes and concepts, as detailed in the seven stages outlined by Noblit and Hare. The seven stages are: getting started; deciding what is relevant to the initial interest; reading the studies; determining how the studies are related; translating the studies into one another; synthesising translations; and expressing the synthesis.

This review followed Sattar, Lawton, Panagioti & Johnson (2021) who illustrates the seven stages proposed by Noblit and Hare through a step-by-step guide to completing this synthesis. In this synthesis, *first order constructs* are described as primary data from participants, *second order constructs* as the primary authors interpretation of the primary data and the *third order constructs* which relates to the higher order interpretations of the first and second order constructs by the author of the current review (Schutz, 1962). Initially the studies are read repeatedly to allow for familiarisation of the key concepts from the relevant papers. Then, the extraction of the first and second order constructs were taken verbatim, along with the study characteristics (see table 1). Here, the extraction tables suggested by Sattar, Lawton, Panagioti & Johnson (2021) were utilised.

The next stage involved determining how the studies were related. Here, a list of the key themes and concepts were taken from each of the papers (see Appendices D) and common concepts were clustered into descriptive categories. This stage allowed for third order interpretations to be generated. Third order constructs can be in line with the initial findings or can expand further (Britten, Campbell, Pope, Donovan, Morgan, & Pill, 2002). Sattar, Lawton, Panagioti & Johnson (2021) describe the importance of holding onto the

context of each study, i.e., the location and objectives, as well as the verbatim primary data that feeds into each theme. Translating the studies into one another involves 'comparing the metaphors and concepts in one account with the metaphors and concepts in others' (Noblit and Hare, 1988). The translational process was undertaken to synthesise the findings using *reciprocal* (what was similar), *refutational* (what was different) and *line of argument* (identify different aspects of the topic, that can be drawn together) analysis to create new interpretations.

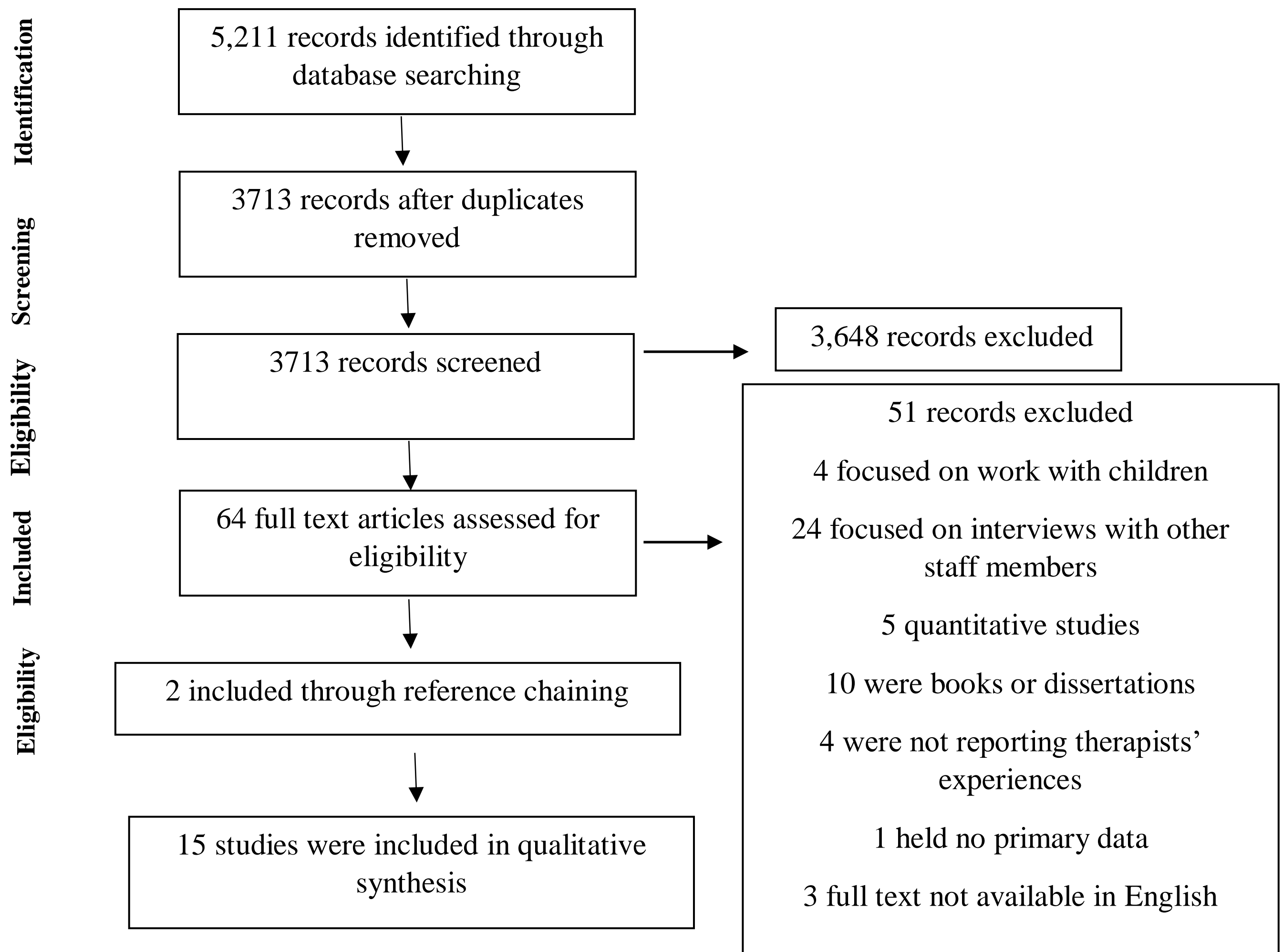
Results

Selected papers

Fifteen papers from thirteen studies were deemed suitable to be included in this review. Two papers were included following reference searching through the originally selected studies. A total of 232 psychotherapists across four countries (Australia, UK, Brazil and USA) were included. The selected papers were published between 1994 to 2021. An array of qualitative methodologies were used in the studies including thematic analysis (which was the most frequently used), discourse analysis, grounded theory, case study design and consensual qualitative research approach. Two of the papers employed a mixed-method approach, where the qualitative data was attained through free-text responses to written questions. There were a range of organisational contexts in which the therapists were working from with the most to least frequent setting being Non-Government Organisations (NGO), then the National Health Service (NHS), charity organisations, torture treatment centre, refugee centres, rehabilitation agencies, university sector, community outreach, primary care and non- profit organisations.

The PRISMA flow chart (see Figure 1) will be used to document the number of papers retained and excluded at each stage of the process.

Figure 1. *Flow diagram of the systematic search process following PRISMA guidelines* (Moher, Liberati, Telzlaff & Altman, 2010).



Study characteristics

Table 1 summarises the characteristics of the 15 studies included in this review.

Table 1: Study characteristics

No	Study Citation	Country	Sample Size	Context	Method of Analysis	Professional groups	Study Aims
1	Apostolidou, 2018*c	Australia	9	Public sector/Non-profit organisations	Thematic Analysis	7 specialist psychologists, 1 provisional psychologist, 1 community development worker	To examine how the existing legislations and practices in Australia informs practitioners therapeutic work with Asylum Seekers
2	Posselt, 2019*a	Australia	38	Rehabilitation agencies	Thematic Analysis (Mixed-Method)	Individuals aged 18 and over, who work therapeutically with refugees and asylum seeker survivors of torture and trauma	To explore the impact of working therapeutically with Refugee and Asylum Seekers on the psychological wellbeing of Australian clinicians
3	Apostolidou, 2016*b	London	8	NHS/ Charitable organisations	Discourse analysis	3 clinical psychologists, 3 psychotherapists, 2 counselling psychologists	To examine how notions of risk and meaning are formulated in the context of psychotherapeutic work by practitioners who work with them
4	Roberts, 2018	Australia	9	Non-profit refugee trauma agency/NGO	Thematic Analysis	7 counsellor advocates, 1 caseworker, 1 psychologist	To identify the factors that counsellors working with Refugee and Asylum Seekers in Australia consider influence their wellbeing and effectiveness
5	Posselt, 2020*a	Australia	39	Rehabilitation agencies	Thematic Analysis (Mixed-Method)	People who work therapeutically with refugee and asylum seeker survivors of torture and trauma	To identify and explore factors associated with mental health and wellbeing among workers, with a particular focus on clinical supervision
6	Apostolidou, 2015*b	London	8	NHS/ Charitable organisations	Discourse Analysis	3 clinical psychologists, 2 counselling psychologists, 3 psychotherapists	To address the experience of working with Asylum Seekers and Refugees and the manner in which

							this experience informed the way in which practitioners perceived their professional role
7	Apostolidou, 2017*c	Australia	9	Public sector/Non-profit organisations	Thematic Analysis	7 specialist psychologists, 1 provisional psychologist, 1 community development worker	To explore practitioners' perspectives on the use of clinical supervision in their therapeutic work with Asylum Seekers and Refugees
8	Duden, 2021	Brazil	14	NGO/Community outreach/Voluntar y	Thematic Analysis	14 psychologists (undergraduate degree needed to work psychologically)	To explore the perspectives of psychologists working in settings in Brazil
9	Duden, 2021	Brazil	18	NGO/University and Voluntary sector	Thematic Analysis	18 psychotherapists	To focus on the experience of psychotherapists' who work with Refugee patients in Brazil. What psychologists perceive as supportive and hindering elements of their work
10	Century, 2007	London	13	Primary care	Thematic Analysis	Counsellors, counselling psychologists, clinical psychologists or psychotherapists	To explore the counsellors' perspective on work with such clients in primary care settings
11	Schweitzer, 2015	Australia	12	NGO	Thematic Analysis	4 psychologist, 5 counsellor, 3 social worker (working therapeutically with refugees)	To use qualitative techniques to empirically examine therapists' conceptions of therapeutic practice and experiences of working therapeutically with Refugee clients
12	Hernandez-Wolfe, 2014	USA	13	Torture Treatment Programmes	Grounded Theory	psychologists, social workers, and marriage and family therapists	To examine the coexistence of vicarious resilience and vicarious trauma and explores the inclusion of intersectional identities in trauma work with torture survivors in specialized programs

13	Boritz-Wintz, 1994	USA	2	Refugee centre	Case Study	Nurse- therapist	To highlight the issues facing refugees when they have resided in the host country for more than a decade and the difficulties faced by therapists' as they attempt to assist these individuals
14	Duden, 2021	Brazil	32	NGO	Consensual Qualitative	Psychologists (who hold university degree and 6 months experience working with refugees)	To investigate the experiences of psychologists regarding their Refugee patients' psychological suffering
15	Apostolidou, 2016*b	London	8	NHS/ Charitable organisations	Discourse Analysis	2 clinical psychologists, 2 counselling psychologists and 4 psychotherapists.	To explore practitioners' perspective on the impact of clinical supervision on their work as well as the impact of their working organisational context on the way they experience their professional identity.

*a/*b/*c represent the linked studies

Synthesizing translations

According to Noblit and Hare (1988), meta-ethnography involves "making the whole into something more than parts alone imply" (p. 28). By doing this, it is possible to create a framework from the findings of the studies included in the review. This part of the process involves deciding whether the studies are alike in their findings (reciprocal) or different (refutational). Through familiarisation with the data, it was clear that the concepts from each study corresponded well with one another, and so, it was possible to generate a reciprocal translation with a line of argument synthesis. A line of argument synthesis refers to the understanding of the connection between themes, which can be concealed within each study to make sense of all the studies put together (Noblit and Hare, 1988).

The analysis recognized six key concepts, which are summarised in table 2; 'The magnitude of stressors impacting asylum seekers and/or refugee clients' (across five of the studies); 'adaptation to therapy' (across nine studies); 'personal and professional identities' (across eight studies); 'support needs of the psychotherapist' (across seven studies); 'organisational context' (across six studies) and 'socio-political landscape' (across six studies). There were 16 identified themes generated from these six key concepts.

The magnitude of stressor's impacting asylum seekers and/or refugee clients represents the way in which psychotherapists report are the main factors impacting their clients. Psychotherapists described the unsettled and precarious situation circulating refugees and asylum seekers in terms of pre- and post-migration. Many psychotherapists voiced that their clients had experienced traumatic situations prior to migrating to another country to seek safety, such as witnessing a war, surviving an earthquake, and witnessing the death of another person. This excerpt from Duden, de Smet and Martins-Borges (2021, p.13) is an example of the experiences endured by their clients *"She entered the Amazon Forest and spent days on a*

boat in a river with crocodiles and with others who assaulted her…”. Psychotherapists described that the situation in their client’s country of origin impacted on their wellbeing. A number of clients reported feeling guilty for surviving and leaving others behind. Clients were impacted by having to leave their countries involuntarily, which often lead to the experience of existential crisis and feelings of grief and loss for their home country.

Psychotherapists reported that their clients experienced ongoing difficulties when resident in their post-migration country. Feelings of isolation was commonly described along with feelings of not belonging in their host country and feeling bereft because they were separated from their families. Refugee clients were seen to have ‘fragile networks’ in their new homeland. In addition to this, participants described that client’s struggle to adapt culturally in their host countries, experiencing cultural shocks and conflicted with cultures experienced in their country of origin. Clients frequently described experiencing homesickness, which further fed into feelings of isolation.

The system surrounding asylum seeker and refugee clients was highlighted as a cause of further instability, which informed much of the therapeutic work. The precarious situation of homelessness, hunger, financial, political, social, and legal issues affecting this population and often hindered the therapeutic process. In an excerpt from Roberts, Won-Yee Ong and Raftery (2018, p.4) one psychotherapist reported *“… that level of oppression, desperation, hopelessness is ever present in the room… it is difficult to offer any form of hope…”.* Often the uncertainty around their clients’ visa status impacted the type of therapy used to address issues experienced. When clients were without a visa, psychotherapists reported feeling guilty and inadequate with regards to the change that they can made within the therapeutic space. Psychotherapists described that the basic needs of this population were not met, thus maintaining difficulties in mental health. Common mental health difficulties reported across

the studies included depressive symptoms, anxiety difficulties, PTSD, somatic symptoms, psychotic disorders, severe stress, sleep disturbance and substance abuse.

There were reports of discrimination and prejudice that impacted asylum seekers and refugees. Xenophobia, racism, phobia based on LGBTQ status were described by clients. In an excerpt by Duden, de Smet and Martins-Borges (2021, p.11) one psychotherapist reported *"… we have many refugees here who are black, who come from African countries or Haiti. Blacks suffer a lot of racism…".* Further to this, clients reported experiencing human rights violations such as physical abuse and slavery work.

Adaptation to therapy represents the changes that were made for therapy to be an accessible and safe environment for refugees, asylum seekers and psychotherapists. Improving accessibility and adapting the psychotherapist role was seen to be vital in engaging this client group. The use of an integrative therapeutic approach that is multi-modal and person-centred were reported to be helpful when considering the complexity of the client experience. Typical therapeutic approaches included were humanistic, cognitive behavioural, psychodynamic and non-verbal therapies included art therapy and bodywork. Psychotherapists described an urge to help clients with difficulties immediately to meet the contextual challenges faced through psychosocial work and found that providing psychoeducation, working on the 'here and now', taking a listening approach and co-constructing the process to support autonomy and shared problem solving were important features in therapy. In an excerpt from Duden and Martins-Borges (2021, p.410), one psychotherapist explained *"Many psychologists here have the idea that 'in every therapy we treat emotions, affections and feelings. Everything that is outside- housing conditions, education or social oppression- is not clinical. All that is for politics.' We believe in the contrary…".*

Psychotherapists explained that avoiding pathologizing clients' distress was important in reducing stigma and that instead normalisation and holding the client's context in awareness impacted positively on client's wellbeing. They described needing to stay up to date with political and legislative changes. The need for a social perspective to therapy was considered vital, meaning that therapists highlighted the importance of working within multidisciplinary systems of professionals, communities, with families and in group settings, which was seen to create alliances, build confidence, and trust and gain multiple perspectives. Psychotherapists felt that exploring intersectionality, diversity, privilege and marginalisation within therapy was challenging and important in highlighting the injustice that clients experience. In an excerpt from Hernandez-Wolfe, Killian, Engstrom and Gangsei (2014, p.13) a psychotherapist reported *"... skin colour differences- it's a racist place. So, you have to constantly acknowledge it out loud makes it possible to have a conversation about it…".*

Given the mistrust experienced by refugees and asylum seekers, their cultural background and personal beliefs about mental health and the novel concept of therapy, psychotherapists recognised the importance of having a warm interpersonal style which incorporated the use of listening, showing empathy and holding space for client's narrative. Psychotherapists discussed the importance of being open and flexibly minded about the client's country of origin and cultural beliefs. Fatigue was reported and is described in an excerpt by Duden and Martins-Borges (2021, p.13), where one psychotherapist explained *"If you don't have your own limit, your personal limit, if you don't learn how to maintain that you get into a fatigue….".* Boundaries with caseloads and within therapy were considered important as the intensity of the personal closeness within the relationship between psychotherapist and client was recognised. Other psychotherapists reported that the risk of becoming over-involved and over-identifying due to client's vulnerability can lead to a dependency bond. Holding clear boundaries and a flexible understanding of the relationship

was also deemed important. In Schweitzer, van Wyk and Murray (2015, p113) one psychotherapist described *"You have to be flexible enough to recognise that these people see you as part of their lives and it would be incredibly hurtful to them for them to invite you to something and you to say no…"* The relational experience was considered more important than therapeutic technique and boundaries were used in the best interests of the clients.

Personal and professional identities represent how therapeutic work with this population changes how psychotherapists view themselves personally and professionally. Being open to client narratives left participants feeling emotionally impacted through empathising with clients' experiences and the recognising the lack of resources to provide satisfactory care. In an excerpt by Century, Leavey and Payne (2007, p.34) one psychotherapist described *"Sometimes it's really profound, agonising! The torture- going into details; things I've not heard of before- never imagined!"* One study reported that the impact of hearing client's stories seemed to lessen over time. Clients sharing their narrative was also seen to be an opportunity for participants to create a sense of restored meaning making for clients, through connecting past and current experiences which becomes dislocated due to existential trauma. Psychotherapists reflected on the inspiration and resilience from hearing clients' stories. Other psychotherapists explained that this part of providing therapy was less effective than the need to address political and institutional factors, as demonstrated in this excerpt Posselt, Deans, Baker and Procter (2019, p.420) *"... more impacted by the organisational demands and political climate than ... client's presentation and stories"*.

Growth and learning took place as it was widely observed that psychotherapists felt that through interacting with this population, their cultural understanding and capacity to gain new perspectives through studying new languages and valuing differences increased. Being able to observe the growth, resilience and acceptance through their work with clients felt

important in protecting psychotherapists' wellbeing. Psychotherapists learned to moderate their expectations over time, which was demonstrated in this excerpt by Roberts, Won-Yee Ong and Raftery (2018, p.6) *"I came in believing that I was going to change the world… I can't do that…".*

The impact of this work on psychotherapists' sense of self was an important aspect of this work. For example, participants were open to challenging their sense of identity both in terms of belonging to a country that holds certain policies that feel unfair towards their clients and in terms of seeing their personal identities, privileges and good fortune. As exemplified by a psychotherapist in Roberts, Won-Yee Ong and Raftery (2018, p.5*) "I feel like I'm not part of Australian society anymore…"* psychotherapists felt alienated and distanced from the general public and found that they only shared close relationships with others that held similar values and experiences outside of work. Holding a strong political grounding was said to counteract against feelings of helplessness and powerlessness, as one psychotherapist in Apostolidou (2015, p.496) explained *"Being a nice white middle class male who is kind of sheltered from awful things… working with refugees and asylum seekers, you are forced to confront what's really going on…".* Psychotherapists felt that not only were they open to vicarious growth, but also traumatisation and burnout. This in turn stimulated personal changes such as appreciation for their situation and a deeper awareness of existential and global issues.

Support needs of the psychotherapist represents the specific help that psychotherapists need to provide therapy to refugees and asylum seekers given their complex psychosocial presentations. Supervision that is regular and high-quality was deemed to be important in supporting psychotherapists' wellbeing, preventing burnout and maintaining satisfaction in their work. A space that provides validation and can support knowledge and understanding was crucial. Supervision could be one to one or within a peer supervision

format. Supervision that provided a cultural frame of reference and allowed psychotherapists to deconstruct their assumptions about their client's culture was felt to be important. Psychotherapists discussed the need to utilise the supervisory space to think about culturally appropriate ways to adapt mainstream therapy using creative methods.

Among psychotherapists more generally, supervision was seen to be an important space where personal reactions and emotions, reflecting on boundaries, managing uncertainty and reflecting on the 'bigger picture' i.e., the socio-political frameworks that this population face. As an excerpt from Schweitzer, van Wyk and Murray (2015, p.115) exemplifies *"Being held, understood, emotionally and psychologically by a professional I had a sense of trust in, and who I felt could support me to process my own responses and my clinical thinking in relation to clients."* Teamwork allowed for comradery, emotional support, provide debrief, having shared values and ethical stance and informal connection.

A strong work-life balance meant that psychotherapists maintained boundaries around workloads and hold an identity outside of work. This is demonstrated in Posselt, Baker, Deans and Procter (2020, p.1663) where one psychotherapist described *"Clear boundaries and expectations around my capacity and current caseload is integral."* The importance of self- care practices included having support outside of work from friends and family and having physical and emotional strategies including exercise, meditation and yoga. Psychotherapists described the importance of faith and spirituality as maintaining wellbeing.

Further training opportunities were considered important for wellbeing, both within a formal and informal setting. Learning and professional development, as well as interdisciplinary learning within local networks, were described as vital when providing therapy to refugees and asylum seekers, as well as further cultural education.

Psychotherapists providing learning opportunities (e.g., anti-discrimination education) for others was deemed important within public institutions.

Organisational context represents the structures in which psychotherapists work within to support refugees and asylum seekers. Offering appropriate services was impeded by high caseloads, unrealistic pressures, paperwork, regular changes in management which further feeds into burnout. Psychotherapists described feeling isolated in their work and that some worked on a volunteer basis. Limitations in the available resources in service delivery (such as being restricted in the number of sessions that could be offered) were highlighted as an obstacle for making meaningful change. This was exemplified by Century, Leavey and Payne (2007, p.29) where one psychotherapist described *"It's not that I think that short-term work is irrelevant or unhelpful, but it can be painful to finish and ... leaving people who are desperate for help."* Psychotherapists discussed that there was a lack of available structures and mental health services available for this population. Psychotherapists in the studies voiced a desire for the organisation they work in hold the same values and they hold psychosocial values that fight against injustice, human rights violations and challenge legislation around health rights.

Organisations operate best when there is good communication between staff and other agencies. This is particularly important when considering the use of interpreters within services, as this is vital in improving accessibility to mental health services. Having access to good interpreting services reduces the need to rely on friends and family to offer this support. This was exemplified in Century, Leavey and Payne (2007, p.30), when one psychotherapist described the challenges already experienced using an interpreter *"Counselling through an interpreter is tremendously difficult and takes forever and as a counsellor you find yourself working in the most peculiar way."* The lack of clear guidelines added to feelings of ambiguity and incompetency within their positions, which was exemplified by a

psychotherapist in Roberts, Won-Yee Ong and Raftery (2018, p.5) *"... any lack of clarity in internal policies and procedures… about transparency is really not good…"*

The socio-political landscape represents the wider context that impacts the psychological work with refugees and asylum seekers. The systemic injustice experienced by this population and the powerlessness felt by psychotherapists was evident throughout the included studies. Psychotherapists expressed that the political discourse permeated asylum seekers mental health, led to feelings of frustration and powerlessness and this impacted on the therapeutic relationship through a 'them 'and 'us' dynamic. This placed the psychotherapist in a position of 'feeling part of the system'. The external and political systems were described as feeling unfair, rigid, ever-changing, and punishing towards asylum seekers. As reported by a psychotherapist in Roberts, Won-Yee Ong and Raftery (2018, p.4) *"It's harder to adjust to a constantly moving target…. Makes it difficult for clients as well because... if things are constantly changing, you can't plan anything…".* Further to this, media reports fed into misinformation about legislation, which was deemed to be unhelpful.

The lack of structures and adequate public policies in place to support refugees with housing, employment, and social integration was seen to be an issue in accepting the arrival of this population into the country. Funding and communication within mental health systems was reported to be poor, as described in Duden and Martins-Borges (2021, p.408) *"... I felt myself hitting walls, everywhere I ran there was a wall […] so it's very tiring…"* Psychotherapists found a way to advocate for clients which improved clinicians' sense of integrity, wellbeing, relationship building, sense of doing justice and giving voice to disempowered populations. One psychotherapist in Posselt, Baker, Deans and Procter (2020, p.1662) reported *"... I engage in some political action, participation in marches and protests…".*

Line of argument synthesis

From the synthesis and translations outlined above, it is possible to see that from the perspective of psychotherapists, refugees and asylum seekers are likely to experience trauma based on pre- and post- migration and the discrimination and prejudice encountered, which contributes to mental health difficulties. This is further compounded by the systemic injustice within the host countries and the lack of support to integrate members of this population. This means that the psychological support provided requires adaptation to improve accessibility, as well as specialised therapeutic skills such as holding flexible boundaries and effective interpersonal abilities. The impact of this work on psychotherapists' personal and professional identities is profound. Through hearing distressing client narratives, clinicians experience an adjusted sense of self and growth and learning that occurs within therapeutic spaces. The support needs for psychotherapists include consistent and high-quality supervision and teamwork, strong work-life balance and self-care routines and the need for opportunities to access and provide training. Organisations must provide appropriate support to this population and the psychotherapists that work within them, with good multi-agency working and clear guidelines.

Table 2: Developing third order constructs

Third Order Constructs		
Key Concepts ***(Studies that include 2nd order constructs)***	**Themes**	**Example of First Order Concepts**
Key issues impacting Asylum Seekers/Refugee clients *(Included in papers 4,8,9,11,14)*	Pre- and post-migration stressors	*"… if people were feeling guilty because they had food on the table but they knew their family in Kenya [refugee camp] were starving and they couldn't reconcile the two, it's a real existential crisis."* (Schweitzer, 2015; p.113) Papers include: 4,8 9, 11 and 14
	Discrimination and prejudice	*"… we have many R's here who are black, who come from African countries or Haiti. Blacks suffer a lot of racism…"* (Duden, 2021; p.11) Papers include: 14
	Mental health	*"…There are a lot of cases of alcoholism in women too."* (Duden, 2021; p.21) Papers include: 14
Adaptation to therapy *(Included in papers 3, 4,6,8,9,10,11,12,13)*	Accessibility and adjusted therapist role	*"Many psychologists here have the idea that 'in every therapy we treat emotions, affections and feelings. Everything that is outside- housing conditions, education or social oppression- is not clinical. All that is for politics.' We believe in the contrary…"* (Duden, 2021; p.410) Papers include: 4, 6, 8, 9, 10 and 13
	Boundaries and interpersonal effectiveness	*"You have to be flexible enough to recognise that these people see you as part of their lives and it would be incredibly hurtful to them for them to invite you to something and you to say no…"* (Schweitzer, 2015; p.113) Papers include: 3, 8, 9, 10 and 11
Personal and professional identities *(Included in papers 2,3,4,6,8,10,11,12)*	Client narratives	*"… you just see awful stories, you see, we see torture survivors, we see what the worst that a human being can do to another…"* (Apostolidou, 2016b; p.281) Papers include: 2, 3, 4, 10 and 11
	Growth and learning	*"Positive to engage with people from different parts of the world…"* (Posselt, 2019a; p.422) Papers include: 2, 4 and 8
	Sense of self	*"I feel like I'm not part of Australian society anymore…"* (Roberts, 2018; p.5) Papers include: 2, 4, 6, 11 and 12
Support needs of the psychotherapist *(Included in papers 2,4,5,7,8,11,15)*	Supervision and teamwork	*"… having teammates who are supportive and willing to debrief and offer emotional support is priceless."* (Posselt, 2020a; p.1661) Papers include: 2, 4, 5, 7, 11 and 15
	Work-life balance and self-care	*"Work is work, that's where it belongs…"* (Roberts, 2018, p.6) Papers include: 4, 5, 8 and 11
	Training	*"I do enjoy intellectual environments…"* (Posselt, 2020a; p.1663) Papers include: 5 and 8

Organisational context *(Included in papers 2,4,8,9,10,15)*	Appropriate services	*"… You don't have time. People are suffering here, they're suffering now. What to do with this suffering in 50 mins…? "*(Duden, 2021; p.408) Papers include: 2, 4, 8 9, 10 and 15
	Multi-agency working	*"Counselling through an interpreter is tremendously difficult and takes forever and as a counsellor you find yourself working in the most peculiar way."* (Century, 2007; p.30) Papers include: 10
	Guidelines	*"… any lack of clarity in internal policies and procedures… about transparency is really not good…"* (Roberts, 2018; p. 5) Papers include: 4
Socio-political landscape *(Included in papers 1,2,4,5,8,9)*	Systemic injustice and powerlessness	*"…Verge of meaningless… you are sitting in the middle of a policy environment that doesn't budge…"* (Apostolidou, 2018c; p. 6) Papers include: 1, 2 and 4
	Integration and Advocacy	*"… I engage in some political action, participation in marches and protests…"* (Posselt, 2020a; p.1662) Papers include: 4, 5, 8 and 9

Discussion

The number of forcibly displaced people across the world has reached an all-time high (UNHCR, 2020). By virtue of their experiences, forcibly displaced people (including refugees and asylum seekers) are at an increased likelihood of experiencing mental health difficulties. Psychotherapy can be an important form of support. This systematic review sought to understand the key themes relating to the challenges and opportunities that psychotherapists identified in terms of their work with asylum seekers and/or refugees. The aims of this review were to explore what key observations that psychotherapists made about their work with refugees and/or asylum seekers and what they indicated that they might need by way of additional resources and support to complete this work. The application of a meta-ethnography approach to the fifteen papers that were eligible for inclusion allowed for new higher order interpretations to be developed based on the themes generated within individual studies and the raw data provided within this body of literature.

Overall, the papers were deemed to have good quality, as papers ranged with scores of 7/10 to 10/10 on the CASP (2017), showing good applicability and appropriateness to be included in this review (with 1 being the least and 10 being the most applicable and appropriate). Six key constructs were highlighted as important considerations in influencing the psychotherapists work: the magnitude of stressors impacting refugees and/or asylum seekers, the need to adapt therapy, personal and professional identities of the psychotherapist, support needs of the psychotherapist, the organisational context, and the socio-political landscape. It was clear from the data that the difficulties and injustices that asylum seekers and refugees encounter were manifesting in the experiences of the psychotherapists who were working to support these populations.

The experiences of the psychotherapists and clients described in this review seem to fit with the ‘safety and uncertainty’ framework described by Mason (1993). This sense of ‘unsafe uncertainty’ is perpetually experienced by clients within their past traumatic experiences and everyday lives and by psychotherapists, given the ever-changing social and political contexts that they work within. Through the therapeutic work, the goal of the psychotherapist is to urge clients to understand their histories and direct the work to ‘be biased towards embracing uncertainty’ (Mason, 1993; p.193). This model describes safe uncertainty as a state of being that provides a sense of emotional and psychological containment, through curiosity, taking chances relationally, investigating diversity and the ability to carry uncertainty within their roles. This framework can be helpful in supervisory and managerial spaces when responding to staff who support clients in volatile situations (McKinney, 2020).

Within the ambiguous situations that forcibly displaced people find themselves in and the complex needs of these populations, it is important to take into consideration Maslow’s hierarchy of needs (1943) when formulating the suitability of psychological therapy over efforts more targeted to meeting basic needs. The hierarchy of needs ranges from the satisfaction of basic physiological needs up to self-actualisation and addresses human motivation to meeting specific goals and achieving needs. This framework can be used to highlight the clients’ needs within therapy and allows for the priorities of therapy to adapt given rapidly changing circumstance. However, many of the concepts included in this model are Westernised notions (such as psychological needs), given the difficulties this population face (e.g., accessing education and work, experiencing unfairness, accommodation and food insecurity, dealing with stress relating to socialisation, and pre-existing health and psychological illness), which makes this difficult to generalise to asylum seekers and refugees (Montgomery, Jackson & Kelvin, 2014). This framework also allows

psychotherapists to recognise where they can promote change and advocate for their clients within institutions and society, which was deemed to be an important part of the psychotherapist role in the studies reviewed.

This review highlighted the impact of hearing client's narratives on psychotherapists' professional and personal identity and growth. Countertransference is a psychotherapist's response to a client that are shaped by the therapist's own individual vulnerabilities and unresolved tensions (Gelso & Hayes, 2007). Countertransference is a complex process that is linked to hearing the client's narrative and the interaction of the psychotherapists' past life experiences, which can in turn can impact on the therapeutic relationship. Working with this client group evokes specific experiences of countertransference (Eleftheriadou, 1999). Countertransference is included in the psychotherapists' own bias relating to their socio-political and human rights viewpoints (Sodowsky, Kuo-Jackson & Loya, 1997). Therefore, the importance of supervision is vital in understanding the emotional responses to this work to ensure the success of therapy and in the prevention of further impact to the client (Agass, 2002). Foster (1998) initially described the term "*cultural countertransference*" to explain "the clinician's American value system; theoretical beliefs and practice orientation; subjective biases about ethnic groups; and subjective biases about their own ethnicity" (p. 253). The cultural countertransference is regarded as an interconnecting of cognitive and emotion-loaded views and behaviours that occur within the psychotherapist at differing degrees of awareness (Foster, 1998). Clinicians' cultural countertransference can exercise a powerful impact through the progression of therapy and is often covertly experienced by clients (Foster, 1998).

The ability to adapt therapy was highlighted in this review as being vital in clients accessing the psychological support required. Cultural competency is important in allowing minoritized groups to access therapy when necessary and when good clinical practice is not

followed, conflict can arise between psychotherapist and client. Cultural competency training has been deemed useful by clinicians (Bhugra et al., 2011; Bhugra & Mastrogianni, 2004; Bhui, Warfa, Edonya, McKenzie & Bhugra, 2007). It is difficult to measure cultural competency and to know who is or is not classified as culturally competent. This is a varied skill set that requires compassion, less judgement, and is receptive to the psychological needs of the client (Schouler-Ocak et al., 2015). Mollah, Antoniades, Lafeer and Brijnath (2018) found that barriers to successful cultural competency includes the lack of available interpreters and the lack of organisational interest around promoting this skill in daily clinical work. Interestingly, Fuertes et al. (2006) found that when clients from an ethnic minority scored their therapists highly on therapeutic relationship and understandability, they were also scored higher on cultural competency. Whilst cultural competence identifies different methods of providing multicultural therapy, cultural humility is also important. Foronda, Baptiste, Reinholdt and Ousman (2016) defined cultural humility as "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals" (p. 213). Cultural humility allows the psychotherapist to identify ways of being present with clients that give importance and respect to varied cultural characteristics (Mosher, Hook, Captari, Davis, DeBlaere & Owen, 2017).

The therapeutic relationship was considered the most important aspect of the therapeutic work with asylum seekers and refugee clients. At the centre of the therapist-client relationship is ability to trust in their therapist and the therapeutic intervention (Marshall & Serran, 2004). The quality of the therapeutic relationship is linked to better outcomes of therapy (Martin, Garske & Davic, 2000). However, the importance of practicing ethically within professional boundaries and appropriate therapeutic relationships is deemed to be vital over the progression of therapy (Buhari, 2013). It is essential for relational boundaries to be permeable, to be guided by both parties, whilst providing containment and allowing deep

emotional expressions (Gabbard, 2016; Stolorow, Atwood & Branchaft, 1994). Zur (2004) outlines the difficulties relating to boundary crossings with the ethical and clinical problems that can arise.

The need for adequate and regular supervision and for therapists to engage in regular self-care practices were evident in this review. Inskipp and Proctor (1993) specify three purposes of supervision: the ‘‘formative’’ (education), the ‘‘normative’’ (managerial) and the ‘‘restorative’’ (supportive). The functions relate to the clinicians learning and development, ethical and professional considerations and the wellbeing and emotional health of the supervisee is acknowledged. Therapeutic work can lead to unwanted alterations to the therapists’ sense of self, their spiritual beliefs, how they view the world, relate to others and act (Branson, 2019; DelTosta, Ellis & McNamara, 2019; Kanno & Giddings, 2017). These shifts may reflect how clients have reacted and invertedly, therapists internalise the helplessness and vulnerability that their clients experienced throughout their trauma (Knight, 2018). Social support is seen to be helpful at a personal and societal level (Carlson, Palmieri, Field, Dalenberg, Macia & Spain, 2016; Evans, Steel & DiLillo, 2013) both at the time that the trauma was experienced and in the time that follows (Sippel, Pietrzak, Charney, Mayes & Southwick, 2015). Shared organisational responsibility as well as supervisory support reduces the risk of indirect trauma through encouraging self-care (Hensel, Ruiz, Finney & Dewa, 2015; Sprang, Ross, Miller, Blackshear & Ascienzo, 2017).

There are considerations for further research in this area. Longitudinal studies are required to monitor how the experience of psychotherapists change over time. It would be interesting to explore the differences between more experienced psychotherapists and less experienced psychotherapists working with these populations, as this will highlight how the approach to working with refugee and asylum seekers might change as expertise grows. From this review, it was clear that the socio-political contexts in the various sites across the globe

where the work was being conducted impacted therapy on how psychotherapists approached the work and how they felt it impacted on their wellbeing. It would be interesting to explore this further by making comparisons between the experiences of psychotherapists working in two countries that have different socio-cultural concepts, for example, a middle-income country like Turkey that hosts large numbers of refugees verses a high-income country like the UK that hosts comparatively less numbers of refugees. This review took into account psychotherapists who worked with adult refugees and asylum seekers, it would be interesting to explore whether similar themes are experienced within the psychotherapists who support child and adolescent refugees and asylum seekers.

Clinical implications

Psychotherapists working in clinical practice would benefit from training around the clinical needs of forcibly displaced populations, as well as how to adapt therapy from mainstream Westernised models to facilitate a culturally appropriate and person-centred approach. Further training around the practical elements associated with the psychotherapist's job role, including how to work with interpreters, signposting clients to further legal and social support and how to work systemically with family members and communities. There is a requirement for the clinicians to access reliable and timely legal and political information so that they are aware of the socio-political climates that can impact on their clients and the therapy.

When providing therapy, clinicians are to hold flexible but safe physical, psychological and cognitive boundaries to allow clients to express their individual stories, and to respond to the many unknowns with a sense of curiosity and openness. The importance of developing a strong therapeutic alliance with clients is seen to be the most crucial aspect of this work, and so investing appropriate time and energy to build up these alliances within the

therapy is needed. There may be benefit from withdrawing from pathologizing mental health difficulties, and instead use psychoeducation and validation of the difficult contexts that asylum seekers and refugees find themselves in is deemed to be beneficial.

Within supervision, it is imperative that supervisors hold awareness and expertise of working with forcibly displaced populations and have sound knowledge and socio-political underpinnings to allow supervisees to explore the breadth and depth of the clients' difficulties with ease. This space needs to be accessible, reflective, safe and consistent. Psychotherapists described the importance of being vulnerable in this supervisory space. This involved being able to 'open up' and share their bias towards working with this population, explore transference and countertransference, acknowledge power imbalances and emotions related to the injustices that their clients experience. Outside of the individual supervision, peer supervision and team debrief sessions were deemed important in having regular spaces to share experiences and receive consultation from other professionals who also work with this population.

This review highlighted the importance of multi-agency and multi-disciplinary working. Therefore, creating time for clinicians to build up these sources of networks and sharing training sessions and resources to build alliance within systems to support asylum seekers and refugees. This is particularly important given the distrust and suspicion within the refugee and asylum-seeking populations, as having close ties with organisations builds confidence in the psychotherapist to signpost to such services. Organisations that psychotherapists work within are required to be aware of the complexity of the psychological work and therefore hold flexibility with caseloads, modes of therapy, limits on sessions and increased demands on administration tasks.

The current review serves to highlight the need for clinicians to give due attention to self-care and maintain a good work-life balance. Given the nature and demands of this role, it is possible that clinicians will experience burnout, compassion fatigue, and mental health difficulties. Providing strong systems of support around clinicians, inside and out of work as well as formally and informally, will increase retention of staff members and promote well-being. It was clear from the accounts in this review that affording clinicians opportunities to take up advocacy roles can help. This could include employers being respectful of employees right to protest to attend marches and protests. When the values and ethical stance of the clinician is reflected by the workplace, there is more ability for professionals to exercise their identities freely, with shared acceptance from the teams they work in.

Strengths and limitations

This review incorporated literature from four countries, covering multiple settings such as national health and charitable services. However, there were different levels of experiences of those acting in the psychotherapist role (including nurses, psychology graduates, clinical psychologists and registered counsellors). It was unclear from a few studies what the nature and intensity of the therapeutic input provided to clients was. The studies were conducted in different socio-political contexts. The wider context was consistently identified by psychotherapists as an important consideration. It may be the differences in sociocultural context may have served to reduce opportunities to identify themes that were unique to the particular settings that individual studies were conducted in.

Two of the papers utilised mixed-method analyses (Posselt, 2019; 2020). In both papers, qualitative data was collated from answers provided to open ended questions. Whilst important information was gathered, a limitation highlighted in both studies was that other forms of data collection e.g., interviews, focus groups etc. would have produced more in-depth qualitative data. It was apparent that some papers were completed by the same authors

in the same year and had similar methodologies, however, it was difficult to establish from reading the papers whether they were linked. A number of the studies collated data from small samples of clinicians working in specific settings. There is a possibility that there were some power imbalances between the service and research objectives, leading to the potential that clinicians withholding true reflections of their experiences of this work and contexts they work in. The generalisability of the findings is reduced, given the small number of studies that are included in this review and the breadth of the therapists' experience that was explored. Through focusing on psychotherapists work with refugees and asylum seekers, the finding of the review might give rise to a sense that all refugees and asylum-seekers struggle with mental health difficulties, however this is not the case. The majority of refugees and asylum seekers do not experience mental health difficulties.

A critical appraisal of the studies included in this review was completed to give weight to the overall quality. This process was completed by one reviewer, with a second reviewer completing 25% (5 out of the 15 papers), which allowed for the reflection of researcher bias in the scoring of quality. A well-researched and widely accepted tool was used, the CASP (2017) with another tool 'Critical Appraisal of a Case Study' to specifically assess the quality of the paper that utilised a case study methodology. Meta ethnography provided an appropriate method for synthesis for this review as higher order interpretations were generated about clinician's experiences of working therapeutically with asylum seekers and/or refugees. This review followed the step-by-step guide outlined by Sattar, Lawton, Panagioti & Johnson (2021) to improve transparency, however the process of synthesising the data was open to researcher bias. The analysis was examined by a second reviewer and other viewpoints on the results were discussed openly.

Conclusion

This review highlights the experiences of psychotherapists working psychologically with asylum seekers and/or refugees. Their experiences highlighted how the psychosocial difficulties experienced by the client group and the broader political context impacted on the therapeutic work. Adapting therapy and amending the skills to meet the needs of this population was deemed vital elements in the therapeutic process. The psychotherapists reported experiencing professional and personal growth as well as traumatisation through hearing clients' narratives, which required certain support structures, such as supervision, a strong work-life balance and teamwork to protect wellbeing. Therapists reflected on the organisational barriers and the socio-political difficulties that they find themselves in when engaging in therapy with this population. Further research is crucial to develop understanding about how the work of supporting refugees and asylum seekers might impact on therapists' wellbeing across time and contexts.

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Chapter Two: The development of Migrants' Perception of Public Attitudes Scale (MPPAS): Empirical paper

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[3] *The manuscript was prepared for publication to Transcultural Psychiatry in line with author guidelines (Appendix A).*

Abstract

Objectives:

Refugees may have to contend with actual or perceived stigmatising attitudes from others. This may impact on their mental health and wellbeing. This study sought to develop an assessment instrument for measuring migrants' opinions about how they believe they are perceived by the general population in the UK. This involved three phases: focus group discussion, item generation and consultation, and initial validation of the measure.

Design:

The study was conducted over three phases. Phase 1 involved focus group discussions with economic migrants and refugees (n = 20) analysed using thematic analysis to identify important themes relating to how migrants believe that they are perceived by the public. Phase 2 involved the use of these themes to generate items for the Migrants' Perception of Public Attitudes Scale (MPPAS). Phase 3 was an online survey for refugees and economic migrants (n = 65) to facilitate a preliminary indication of the psychometric qualities of the assessment instrument (factor structure, internal consistency and construct validity)

Results:

In Phase 1 four master themes were identified through thematic analysis: 1) skills that migrants bring to contribute to the UK, 2) perceived migrant identities, 3) implications to integration in the community and 4) increased diversity in the UK. There were 11 identified sub-themes generated from these four themes. In Phase 2 an initial pool of 14 items were identified for potential inclusion in the MPPAS. Results from the exploratory factor analysis identified a 12-item one factor version of the MPPAS which demonstrated good internal consistency and construct validity, as initially hypothesised.

Conclusions:

A multi-phase mixed methods co-production approach was used to develop a novel assessment instrument (i.e. MPPAS) for assessing migrant’s perceptions about the public’s attitudes towards them. The preliminary investigation of the MPPAS’s psychometric properties was promising. Further research exploring the associations between MPPAS scores, and levels of mental health and wellbeing are merited. The MPPAS assessment tool can be used in clinical and research settings to explore how migrants’ mental health and wellbeing may be impacted by the public attitudes.

Keywords: Economic migrants, refugees, scale development, thematic analysis, public attitudes

Introduction

Record numbers of people are having to move across borders either by choice or because they are forced to do so. The term ‘migrant’ includes a range of sub-groups including economic migrants, refugees and asylum seekers. Article 1A of the UN Convention Relating to the Status of Refugees (1951) states that a ‘refugee’ is an individual who is removed from their home country due to conflict, persecution, human right violation or violence, due to their personal characteristics and beliefs and is fearful or unwilling to return to their country. The United Nations High Commissioner for Refugees (UNHCR, 2020) report that an estimated total of 79.5 million refugees worldwide had been forced to flee their home countries at the end of 2019. The term ‘economic migrant’ refers to an individual who departs from their country for economic purposes (UNHCR, 2005). The Migration Observatory (2020) report that in 2019, 48% of migrants from the European Union migrated to the UK for a minimum of a year and had moved to seek employment.

Numerous surveys have been completed worldwide exploring the positive and negative views that indigenous populations have regarding migrants. The Migration Observatory poll (2018) highlighted that the British public had favoured a reduction in levels of migration and preferred a certain ‘type’ of migrant based on these specific attributes. Firstly, the skill of the migrant, i.e., people attribute a high importance to skills and a lower importance to colour and faith. Secondly, the migrant’s origin and similarity i.e., favouring migrants who are white, English-speaking, Europeans and people from Christian states, and least favoured are non-whites, non-Europeans and people from Muslim states, suggesting an ‘ethnic hierarchy’ (Ford, 2011). The Migration Data Portal (2021) highlight that the public views help to shape migration policy and provide information regarding the integration of migrants into communities.

Although there have been surveys about how the general population perceive migrants there has been comparatively less work investigating how migrants feel they are perceived by the general population. This is an important consideration as theory and evidence have highlighted that the perceptions of prejudicial and discriminatory behaviour have been linked to elevated levels of mental health difficulties (Finch, Kolody & Vega, 2000). Similarly, perceiving that you are evaluated positively by others can help elevate self-esteem and well-being (Phinney, Horenczyk, Liebkind & Vedder, 2001). Research has shown that migrants are at greater risk of experiencing poor mental health (Close, Kouvonen, Bosqui, Patel, O'Reilly & Donnelly, 2016). Empirical evidence shows that mental health difficulties experienced by migrants (e.g., increased anxiety, depression, apathy, feelings of isolation, and psychosomatic symptoms) can be associated with experiences of discrimination (Dion, Dion, & Pak, 1992; Liebkind & Jasinskaja-Lahti, 2000; Moghaddam, Ditto & Taylor, 1990; Ying, 1996). Groups generate social hierarchies within our societies (Blumer, 1958).

The Social Identity Theory (Tajfel & Turner 1979; Tajfel, 1978) describes a person's desire to belong to a group that shares similar values, beliefs, experiences, and characteristics. People develop a sense of identity based on their group membership. According to Tajfel and Turner (1979), there are three stages involved in cognitively assessing a person's belonging to an *ingroup* (us) or *outgroup* (them). Firstly, social categorization involves being able to distinguish groups and to do this, individuals are required to recognise different groups and differentiate between them. It is common that individuals belong to several groups, and this can inform a person's behaviour, to become aligned with other members of the group (McLeod, 2008). Secondly, social identification with a group occurs through exploring a person's compatibility with other group members. Consequently, belonging to a group brings improved self-esteem for the individual. Finally, social comparison from an ingroup against an outgroup arises. Self-esteem can be enhanced and maintained if a person belongs to an

ingroup that they perceive to be superior to outgroups. Prejudice, discrimination and stereotyping of others takes place throughout these stages and may create conflict and aggression between groups (Neuberg, 2008). Through this process of self-categorization into a group (ingroup), it is possible to then compare to other groups (outgroup). Usually, the ingroup regards themselves as higher status than the outgroup (Tajfel & Turner, 1979). Research illustrates that affiliation to an *ingroup* is associated with reduced psychological distress (Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003), lower depression (Arroyo & Zigler, 1995), and improved self-esteem (Phinney, 1989; Rowley, Sellers, Chavous & Smith, 1998). The Social Identity Theory suggests that members of the ingroup are motivated to create qualities that are unique from the out group, e.g., a higher economic status. There is a risk that migrant populations may feel that they are an outgroup in the eyes of the host population.

There has been important research completed that explores the effect of social learning theory on migrant populations. Research highlights that there are many aspects that can shield refugees' mental health and well-being, for example holding a strong ethnic group belonging (Beiser & Hou, 2006). Group belonging along with its linked sense of social identity that may serve as a shield for refugees, creating a foundation of mental and physical health when faced with difficulties (Jetten, Haslam & Alexander, 2012). Evidence suggests that people with multiple group memberships when compared to people with a single group membership, are less at risk of adverse life transitions (Wefald & Downey, 2009). Holding multiple group memberships can improve mental health and well-being following a serious life transition, due to being able to sustain a sense of belonging to at least one group (Haslam, Holme, Haslam, Iyer, Jetten & Williams, 2008).

Another theory relating to social identity that is potentially relevant to the experience of migrant's is the Rejection-Identification theory (Branscombe, Schmitt, & Harvey, 1999). It

suggests that when rejection by an outgroup is pervasive, the ingroup's self-esteem can be preserved by a strengthening of identification with other members of their group, which can serve to protect members of that group from negative effects of discrimination. Therefore, positive self-esteem can be restored when people feel included in an ingroup, despite discrimination based on their membership. There have been several studies that have found support for this theory with international students with a minority background (Schmitt, Spears, & Branscombe, 2003; Cronin, Levin, Branscombe, van Laar, & Tropp, 2012; Ramos, Cassidy, Reicher, & Haslam, 2012), indigenous groups (Stronge, Sengupta, Barlow, Osborne, Houkamau, & Sibley, 2016) and women (Schmitt, Branscombe, Kobrynowicz, & Owen, 2002).

Clinical research has shown that peoples' thoughts about how they are perceived by others can impact on their mental health and wellbeing (Meyer, 2003; Clark, Anderson, Clark & Williams, 1999). For example, fearing negative evaluation from others is recognized as a contributing factor to social anxiety (Teale Sapach, Carleton, Mulvogue, Weeks & Heimberg, 2015). However, this has not been adequately explored in migrant populations. Psychological services need to be accessible to migrants (Bhugra, Gupta, Bhui, Craig, Dogra, Ingleby, & Stompe, 2011) and an increased amount of research is needed to understand factors that might adversely impact on their mental health.

Aims

Drawing on the Social Identity Theory (Tajfel & Turner 1979; Tajfel, 1978) and the Rejection-Identification Theory (Branscombe, Schmitt, & Harvey, 1999), the aim of this study was to develop a novel assessment instrument for assessing migrant's opinions about how they believe they are perceived by the general population. A co-production approach was involved whereby members of the migrant population living in the UK were used across

multiple phases of research activity. This involved three phases. Phase One, sought to explore migrant's views about how they thought they were being perceived by the general population through focus groups. Phase Two sought to use data generated in Phase One to generate items for the novel 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS) and use consultation with experts by experience to refine these items. Finally Phase Three, sought to conduct a preliminary investigation of the psychometric properties of the MPPAS. It is hypothesized that the MPPAS will be unifactorial, items will generate good internal consistency, and the MPPAS will correlate with the other assessment measures (GHQ-12, FNES, BFNE, RSES and the Everyday discrimination scale).

Method

Research and Ethical approval

This study was granted approval from the University of Liverpool's Committee of Research Ethics (Appendices E) and from the Doctorate in Clinical Psychology Research Committee (see Appendices F).

Participants

The criteria for inclusion in the study were adults who self-identify as migrant's (refugees and economic migrant's) who live in the UK. This included people granted *'indefinite leave to remain'* in the UK following an asylum claim or people granted *'five years of limited leave to remain',* as well as *'economic migrants'*. *'Indefinite leave to remain'* is a status where forcibly displaced person are given permission to live in the UK for up to five years. *'Five years of limited leave to remain'* means that a person holds refugee status in the UK, with rights to access housing, the right to work and claim benefits (GOV.UK, 2019). *'Economic migrants'* are defined as a person moving from one place to another to access a better standard of living (UNHCR Global Report, 2005). In addition, participants were

required to self-report as being competent in English language skills and be able to provide written consent to take part in the study. The criteria for exclusion included anyone under the age of 18 and people currently applying for asylum, as this study aimed to access a homogenous sample of participants, of those who have been granted residency in the UK.

In the following Methods and Result sections of each of the three phases of research activity will be presented separately. The implications of the work as a whole will then be considered in a combined discussion section.

Phase One: Methods

Participants and Sampling

In the first phase of this study, participants were divided into various focus groups depending on their migrant status, gender, and availability. Participants were purposely sampled to gain a portion of this target population to ensure that a represented mix of refugees and economic migrants were recruited. The literature outlining the recommended number of participants in a focus group varies, with some studies suggesting between four and eight participants per focus group (Kitzinger, 1995). The refugee groups were divided based on gender to remain culturally respectful and to allow for free participation and comfort within the group discussions (Nilsson, Saboonchi, Gustavsson, Malm, & Gottvall, 2019; Ziaian, de Anstiss, Puvimanasinghe & Miller, 2018; Power & Pratt, 2012).

In this phase, a total of 20 participants took part in the focus groups. Participants ranged from the age of 21 to 45 years old (median age 33.5). There were seven males (35%) that took part in the focus group discussion in total and thirteen females (65%). There were ten economic migrants and ten refugee participants. Time spent in the UK ranged from nine months to twenty-one years (mean time 8 years). The country of origin of the participants

spanned Europe, Africa, and Asia. Demographic information is included in Table 3, for ease of reference.

Table 3: Participant demographics

Name	Age	Gender	Migrant status	Country of origin	Time spent in UK
'Ariana'[4]	24	Female	Economic migrant	Greece	4 years
'Mia'	34	Female	Economic migrant	Czech Republic	15 years
'Anastasia'	30	Female	Economic migrant	Poland	12 years
'Monika'	38	Female	Economic migrant	Slovakia	14 years
'Abebi'	26	Female	Economic migrant	Nigeria	2 years
'Bhupinder'	41	Female	Economic migrant	India	9 years
'Anna'	35	Female	Economic migrant	Czech Republic	11 years
'Victoria'	35	Female	Economic migrant	Canada	18 years
'Lucas'	40	Male	Economic migrant	Greece	21 years
'Ahmet'	29	Male	Economic migrant	Turkey	6 years
'Afshan'	21	Female	Refugee	Syria	3.5 years
'Aamina'	28	Female	Refugee	Pakistan	10 years
'Aisha'	42	Female	Refugee	Pakistan	9 years
'Amira'	27	Female	Refugee	Yemen	9 months
'Yara'	42	Female	Refugee	Syria	3 years
'Hasan'	35	Male	Refugee	Palestine	16 months
'Hussain'	26	Male	Refugee	Yemen	4.6 years
'Farid'	32	Male	Refugee	Ethiopia	5 years
'Karim'	45	Male	Refugee	Palestine	2.5 years
'Qasim'	33	Male	Refugee	Turkey	3.5 years

Procedure

Recruitment advertisements were circulated through social media platforms, e.g., Twitter and Facebook, and through UK-based charity organisations. The project was presented at a seminar which was attended by migrant organisations to further facilitate recruitment and promote the project. A £15 voucher was provided to participants to

[4] these are names are pseudonyms to protect participant anonymity

compensate for their engagement in this part of the project. Participants were invited to read the participant information sheet (see Appendices I), give consent (see Appendices G), and provide demographic information e.g., age, gender, length of time in the UK, nationality and type of migrant. Participants who provided consent were subsequently contacted via email with an invite to an allocated focus group. The focus groups were facilitated by a Trainee Clinical Psychologist (LT) who co-facilitated the groups, in line with the study's distress protocol (see Appendices R). Participants were asked their view's about how migrants are perceived by the general population and how the public view the contribution that migrant's make to life in the UK. Specifically, the researcher asked eight questions (see Appendices Q) that allowed the study to be open to the likelihood that migrants will perceive that the general public will hold a range of attitudes (positive, neutral and negative). Participants met via digital teleconferencing platform (considering COVID-19 restrictions), where the content of the focus group was recorded and later transcribed and used as data.

Data analysis

Thematic analysis (TA) was utilised to code the focus group data. Thematic analysis (TA) identifies, structures, and gives meaning to themes within discourse, in relation to the topic (Braun, Clarke, Hayfield & Terry, 2019). This approach offers a flexible and an accessible method for exploring new phenomenon. A six-stage approach has been outlined to complete this type of analysis (Braun, Clarke, Hayfield & Terry, 2019). Phase one involves becoming familiar with the data; phase two is to explore initial codes; phase three is searching for themes; phase four involves reviewing potential themes; phase five defines and gives names to the themes; and phase six involves producing the report. The focus groups used a semi-structured approach, using eight key questions (see Appendices Q) that were used to guide the discussions and maintain a focus on key issues that are relevant to the project.

Quality and validity

The researcher worked through the transcripts, developed the initial coding and emergent and super-ordinate themes, as they were formed and refined. The master themes were examined by research supervisors and the Trainee Clinical Psychologist (LT) who co-facilitated the focus group discussions, where feedback was obtained regarding the depth of interpretation of the analysis. As TA used an inductive methodology, sharing of this information ensured clarity, high quality and validity of analysis.

Reflexivity

The researcher reflected via note taking before and after the focus groups and through research supervision, to address any thoughts and feelings that may have influenced the research process (Hollway, 2013). Ezzy (2010) suggests that interviews are emotive and alive therefore it is crucial to be mindful and connect with these aspects to produce impactful qualitative research. With this, the researchers aim is to observe the world through another person's viewpoint, so it is necessary to engage with the research both emotionally and intellectually (Dickson-Swift et al., 2009).

The researcher was aware of her personal background as a second-generation migrant in the UK and the emotional impact this had when running the focus groups and analysing the data, having observed similar experiences directly through having parents who migrated to the UK to seek employment. As part of the researchers' job as a trainee clinical psychologist, there were previous experiences of working with clients with refugee status in a mental health inpatient environment. Through this, there were clear implications to this client's experiences of mental health and how the stigma of both having refugee status and mental health difficulties impacted on the client's sense of self and potentially led to the maintenance of

these difficulties. The researcher was also aware of the social and political landscape that surrounds this population and how the media impacts on the general public views.

In addition, the researcher held an active interest in following the socio-political landscape circulating refugees entering the UK at the time of writing this thesis and the controversy and injustice circulating the media and government policies. Holding this information whilst hearing participants stories about how they felt that they have been viewed by the public was difficult to detach from during the analysis. However, reflecting on this and being self-aware allowed for the identification of bias and views relating to this matter were explored within supervision.

Phase One: Results

Four master themes and eleven subthemes were identified through the analysis and are presented in Table 4.

Table 4: Master themes and sub-themes

Master theme	Sub-themes
Skills that migrants bring to contribute to the UK	• Access to education and skills • Employment skills and economic/ societal contributions
Perceived migrant identities in the UK	• Discrimination, stereotypes, and prejudice • Judgements about why migrants are here and deservedness • Wider systemic issues
Implications to integration in the community	• Language/ communication barriers • Area lived in and acceptance • Adaptation of identity by migrant • Perceived impact on resources
Increase diversity in the UK	• Enrich culture • Openness and curiosity

Master Theme One; Skills that migrants bring to contribute to the UK

This master theme illustrates that migrants believe that the public hold expectations that they should contribute to the economy and to society, bring skills into the country and access education.

Access to education and skills

Throughout the discussions, participants reported that diversity was helpful to the educational system, as migrants can bring a different perspective to academic and research settings: *"Diversity is going to be useful somehow in the education system and in schools and universities"* (Ahmet). There was gratitude expressed to the UK for making schools and universities accessible to migrants. It was felt that migrants entered the UK to either gain an education or they already held skills that are going to contribute to the economy through employment. Concerns were raised about the cost of higher education for migrants in the UK, as demonstrated by this quote by Hussain: *"For the home students, I think it's like two thousand pounds, but then the international fee will be around ten thousand pounds."* (Hussain). Participants expressed that migrant populations significantly contribute to the economy of universities, and that the funding universities receive from international students is heavily relied upon to maintain the function of these establishments. However, some participants had experienced barriers in relation to attending education in the UK, such as funding for transportation: *"When they go and study they don't really have the transportation fees." (Hussain).* There were reports that migrants had created motivation within academic spaces that had not previously existed: *"I remember the course leader he took some immigrants from in the class, the other students got motivated from them it was positive competition."* (Karim). Other participants expressed that their peers could hold negative attitudes about their high achievements, such as offence and intimidation: *"They didn't feel good about that but maybe sometimes we have the higher marks than them."* (Ariana).

Employment skills and economic/ societal contributions

There were veiws shared that the public value migrants gaining employment in the UK, as this not only contributes to the economy but also increases competition between other companies globally through their diversity: *"Diversity… competition also if we see the positive side of competition, we will see that competition will add value to the economy because people are going to excel in their jobs and do better for their other life"* (Aamina). With migrants engaging in employment, this means that taxes are being paid and the infrastructure of the country is being supported: *"They are working and paying taxes!"* (Yara). Participants expressed that migrants tend to work in jobs (high- or low- skilled) that are deemed by the members of the host population to be less desirable: *"I know the group from Pakistan, when they arrive in the UK, the British people were very happy because they had solved some problems in the support services area and they… the immigrants, can solve some problems."* (Karim).

There were reports that UK migrants can provide cheap but high-quality labour for the country and that there is reliance on migrant workers: *"There is such a long tradition of certain jobs being done by certain types of people and so whether it would be the high-end jobs or the low-end the jobs, they all needed"* (Faird). Participants felt that diversity in business is safer and healthier for companies and the economy, as migrants bring connections around the world, and this enables other perspectives to the work: *"I think business thrives on connections and obviously, I feel like the foreigners connect the UK to so many other countries"* (Lucas). It was expressed that diversity within employment in the UK had attracted them to migrate to the country in the first instance.

Master Theme Two: Perceived migrant identities in the UK

This master theme relates to how participants feel impacted by the way the public perceive migrant identities in the UK. The subthemes relate to discrimination, stereotypes and prejudice; judgements about why migrants are in the country and level of perceived deservedness; and wider systemic issues.

Discrimination, stereotypes, and prejudice

There were examples of incorrect judgements that the public placed on migrants based on their demographic characteristics, e.g., appearance, gender, accent, perceived class, or religious beliefs: *"If you're from some background like black colour or Jamaican, they will think that you're a drug dealer. They will actually directly ask you, "have you some drugs?" You have never seen in your life any drugs"* (Hasan). Participants described that some migrants may be perceived to negatively impact life in the UK by increasing crime rates: *"Public can be concerned about some migrants having a criminal record or having a bad life and that's going to affect his life here in the UK and the life of people around him"* (Qasim). There were reports that some participants had felt uncomfortable due to their perceived difference and felt judged in certain environments, which they feel has led to unfair treatment: *"I'm different, I wear a hijab, I'm the only girl here in this area with a hijab, so they look at me... I've been refused from couple universities and I really don't know I mean because I wear hijab?"* (Afshan).

The public make judgements about migrants based on the public's knowledge about their home country and attempt to make sense of the reasons why migrants move to the UK: *"People want to see a tangible reason that you bought here. For example, I am from Turkey and people, when I say I'm from Turkey, people start to think, What's wrong with Turkey?"* (Ahmet). There was a suggested perceived relationship between the level of education of the public and level of discrimination experienced by the participants: *"They had huge issues at*

work with people being really rude with them, being dismissive of them, yeah just being racist in that sense and I didn't, I didn't really understand why but to me, the association was with the level of education between the two working environments" (Anastasia). Participants reported feeling that discrimination can begin within home environments and that this may result from one negative experience with a migrant: *"If your family is in general, not accepting of foreigners, like to have them really close, then, you are probably accepted on the outside but not on the inside kind of thing"* (Mia). Migrants experienced continuous subtle acts of discrimination from members of the public.

Judgements about why migrants are here and deservedness

Upon arrival in the UK, some participants felt welcomed and were presented with opportunities, however, this varied depending on individual judgements that were made about the presumed circumstances by which migrants entered the UK: *"They will either have fled their countries because they want to pursue a better life so, one of the reasons be like, "OK, let's give them the chance and see what they could do with their lives""* (Aisha). It was felt that incorrect assumptions were made by members of the public about the circumstances proceeding migrants travelling to the UK, such as their home country not having adequate living conditions, limited job prospects and poor quality of life.

Other participants were reported to be forcibly displaced and were starting their lives again, which was felt not to be understood or even considered by the public: *"But it is hard to be judged by your efficiency or how beneficial you are to this country. I mean rather than your story, maybe you are running away from a war let's say. It's all about how beneficial you will be in this country. It's not about your life, it's not. They don't value your life as a person."* (Hussain). Migrants felt they were judged by the colonial history of their home country, and it was discussed that migrants had come to the UK to *"take back what was taken*

from them" (Abebi). The idea of a 'deserving' and 'undeserving' migrant that was based on the perceptions of the public was discussed, i.e., if migrants enter the country to improve the UK, then migrants are welcome: *"They might have negative perceptions about foreigners just because they were not valued enough or maybe they say that they were underestimated."* (Victoria).

Wider systemic issues

The government were seen as unhelpful by participants, as negative political narratives circulate in the media, which was felt to perpetuate poor treatment towards migrants: *"The government is blaming everything on immigrants"* (Monika). It was expressed that the media do not fairly and factually document the experience of migrants; firstly, what is truly happening around the world; secondly, the mental health implications of fleeing from the conflict that is occurring in migrants' home countries or lastly, the difficult processes required for migrants to enter the UK: "*Unfortunately, like the media doesn't tell what's going on in Syria"* (Afshan). Participants felt that the public's attitudes and beliefs are influenced by the class of the migrant, in terms of their social and economic status within society, that this is unhelpfully propelled and propagated by the media: *"Compared to other places that I lived, is a place that I think is people's attitudes and beliefs are heavily influenced by class"* (Victoria).

From the perspective of participants, the public were said to rely too heavily on the media to acquire knowledge about migrants' intentions and experiences, which can lead to members of the public holding incorrect assumptions about what they expect migrants to be like: *"That kind of microaggressions if you belong to that class… "you do this, well done!"* (Anastasia). It was felt that the public fear that the government may be held responsible for political issues within migrants' home countries if they reside in the UK: *"It's*

like bringing the politics is like, "oh now we have to get involved if things go wrong and help you out in your country origin" and stuff like that" (Abebi). Day to day experiences of discrimination can be experienced, such as when applying for a job, accessing housing, not being able to access free healthcare was widely experienced by participants: *"I know that would really stand against me when I go to job interviews or when my name is somewhere, right?"* (Anna). For change to occur, it was felt that systems were required to reduce classifying migrants as different from the public when they hold residency and for public policy to alter.

Master Theme Three: Implications to integration in the community

Participants identified obstacles to integrating in society, including barriers to language and communication; area migrants live in and level of acceptance; adaptation of identity made by the migrant; and the perceived impact on resources.

Language and communication barriers

Migrants held views about it being unacceptable for them not to speak English when they enter the UK, as this was deemed vital for social integration and belonging: *"It's kind of not right if people don't understand me, so it's good for me to talk in English and learn English properly. Which is going to be helpful for me when talking to people"* (Bhupinder). Other participants expressed that they came to the UK specifically to learn the language. There were feelings of frustration relating to speaking English in the UK and that the process of learning the language took time, whilst also yearning to feel welcomed and understood by members of the public: *""Say that again", "I didn't get that" it's annoying"* (Farid). It was reported that members of the public felt intimidated by migrant's ability to speak several languages and communicate with a wide array of people from different parts of the world: *"It's mostly this insecurity that they have that someone said, it like someone that speaks*

English, but it is her second or third language, sometimes fourth, can be better than me?" (Ariana). The support available for migrants to learn English was deemed insufficient by some participants and this was reported to hold implications for migrants' mental health when attempting to comprehend the legal processes when settling into the UK: *"The government can make the language between the immigrants better because a lot of us are having language barriers and we can't solve this for ourselves very easily."* (Yara).

Area lived in and acceptance

To be accepted within communities, participants felt they must present as 'good' and leave parts of who they truly are in their home country or migrants can feel discarded and ignored by the public: *"If you stay with your personality, the one that you had when you are in your country, obviously there are other customs and other habits here, you have to adjust to be accepted"* (Amira). There were several factors discussed that play a role in migrants feeling accepted within a community. Firstly, living in an urban area where there is more diversity, was seen to increase perceived acceptance: *"The city you are in for example in London because it's very multi-cultural, people are used to foreigners"* (Lucas). Secondly, an increased cultural education and awareness, the higher the respect for educated and hardworking migrants: *"I think people who are who have higher education are working on appreciating foreigners because they understand like the struggle of a further study and they are, in general, more open minded"* (Aamina). Thirdly, younger the migrant, the more likely to be accepted due to their abilities to engage in employment and education: *"The youth population I can say sometimes it helps countries to accept those kinds of people"* (Aisha). Lastly, an increased similarity to the public, the more likely migrants are to being accepted within society: "*You know they welcome us more when they know that we are we have the same thing sometimes and not very different"* (Amira).

Adaptation of identity by migrant

Participants queried whether they belonged in the UK or whether they wished to stay following barriers experienced: *"You know, do you really want to stay in the UK? You know you are a second-class citizen there"* (Victoria). To belong, migrants felt that they have to sacrifice who they are and adjust themselves to fit into society: *"You need to change as a person and not be who you were and disregard your culture, I just think you need to be respectful of the culture that you chose to live in as well."* (Bhupinder). This can mean losing their original identity and show respect to the culture of the host population. Being in the UK, has helped migrants to learn other ways of socialising, which was reported to have been a positive experience: *"British are notorious for being very polite, that doesn't happen in our countries! Yeah, we don't need this fluff around! But I really like it because it's just so much nicer it's just much… okay, it takes more time! But it's just so much nicer way of being with each other and I have gotten accustomed to it"* (Mia). There were also differences in the way that people socialise in the UK that is seen to be individualistic, which is not how migrants tend to socialise in their home countries: *"Definitely, like a perception that other cultures bring to the UK, more like collective."* (Mia).

Perceived impact on resources

From the perspective of the participants, the public can perceive migrants as not being aware of how to misuse the system, and so can be trusted more with resources over members of the host population: *"I rent them out to Polish people, and I asked "Why?" and she said "because the foreigners don't know how to manipulate the system very well they pay the rent on time"* (Lucas). Additionally, in employment, migrants feel that they are preferred over members of the public to take up certain roles due to their skill set: *"It's not stealing, it's just replacing with the quality"* (Qasim). Participants expressed that the public hold negative

views about migrants accessing benefits: *"When I got my status, I was for only one month on benefits because there was a transition period where I had to move house and I was a student and then I was well, I got a job"* (Hussain). However, migrants felt that there is reduced information regarding the application for asylum and that it is forbidden to work while undergoing this process. This can mean that migrants are forced to be unemployed for many months to years, leading to feeling deskilled over time.

Most participants felt that migrants were viewed as stealing resources such as jobs, benefits, council housing, health care, spaces universities and taxpayers' money while living in the UK: *"I mainly have found… so stealing the jobs and then it's the abuse of the social system that Britain is offering."* (Mia). There were concerns about negative views from the public around migrants increasing the population in the UK and that there is increased competition over resources: *"Population as well… they think like coming more and more refugees make population very high and in like there are so many kids as well in schools but there are no spaces as well"* (Yara). The members of the public feel that migrants earn money in the UK and send earnings to family in their home countries, to sustain other countries economy: *"I have heard it now being Greek and then earning what I am, is earn here and I send all the money to Greece to get Greece out of trouble. Which would be good if I was able to do that!"* (Lucas).

Master Theme Four: Increase diversity in the UK

This master theme participants identified ways in which migrants increase diversity in the UK, including enriching culture and building openness and curiosity between migrants and the public.

Enrich culture

There are several ways in which participants feel that they bring diversity to

the UK, including alcohol, dance, museums, art, poetry, food, clothing, music, research and architecture: *"OK it was nice these people are having their culture, they're having a good background, their dance is ridiculous… it's awful… or it's wonderful… or they thought the food was very tasty… or delicious etcetera, etcetera"* (Karim). This can increase the ability for the public to access education about the world from the UK: *"You can experience other history from other countries as well even if you stay in the UK"* (Aisha). It was reported that diversity is now celebrated within some schools and organisations. Over time, participants observed a shift in attitude around diversity: *"I think people, especially, educated people are saying 'okay different people from different cultures in different races can be beneficial and healthy.'"* (Afshan). People's identities within social circles are being celebrated and acknowledged: "*I think if you asked my friends, they wouldn't necessarily kind of talk about me as a migrant, but they would talk about you know, my contribution in terms of making really delicious foods"* (Victoria).

Openness and curiosity

Overall, the participants felt that the public show an interest in their cultures through extending invitations to their festivals and traditions, which has been reciprocated by the public: *"They want to ask you like "where are you from?" and then "you are new here?" "you came for…?" and all of that, they want to know about our religion, customs, traditions and values. Like I'm Muslim, they don't know about Ramadan and all that so most of the time my neighbours asked me like when we like give them any Iftari item or anything, so they asked like "what's going on while you are fasting?" and all these things."* (Aisha). Migrants felt that this allows for learning about different cultures: *"They will tell you if there is any traditional function going on or anything in your community or anywhere in your area, they will let you know and you can go as well"* (Aamina). By sharing traditions and cultures, members of the public get to acquire new information that is perhaps conflicted to what is

shown in the media and serves to build the publics education around diversity: *"So, they see things on media they hear about Eid or Ramadan and don't know why, or they don't really understand why we do it. So, they ask us about it. Even like, the bad things we experience"* (Amira).

Curiosity about a migrants' circumstance is evident by some members of the public but not by all members of the public: *"Some people are genuinely interested to find out about you; your customs, your religion, your personality, what you do in that case? How were you educated? How is things work in Greece? And in your country of origin? It's a good laugh and then you have other people, but they just not interested on any level whatsoever."* (Lucas). A proportion of the public are disinterested in getting to know migrants and this was said to be due to the education system not supporting this learning at a young age. There was a felt sense that this leads to acts of racial hate occurs within certain communities: *"They take them, put them in the council house or a council flat and then the people around them they don't know anything about them, so their offended, so then there's racial hate, racial this and racial that. And then, something has to give in."* (Lucas).

Phase Two: Methods

Participants and Sampling

The second phase of this study involved generating questionnaire items based on the outcome of the thematic analysis conducted in Phase One and then refining the items through consultation with experts by experience. Once the items were developed, the researcher contacted three participants from Phase One, who had indicated that they were willing to participate in subsequent phases of the project. One individual from each group (one economic migrant, one male refugee and one female refugee) was selected to take part in a

‘consultation panel’. The participants who engaged in this phase were then not invited to take part in Phase Three of recruitment (completion of the survey) to reduce bias.

Procedure

Initially, participants were required to provide consent to engage in this part of the project (see Appendices K) and were asked to read a participant information sheet (see Appendices L). A £10 voucher was provided to compensate for the time given to this research activity. Participants were invited to provide feedback on the items that were generated, in terms of relevance to the topic area, and comprehensibility, via Qualtrics. A five-point scoring system was used to rate relevance. Items rated less than three for relevance (one meaning ‘not relevant’ to five meaning ‘very relevant’) by two out of the three participants were removed from the questionnaire. A ‘Yes/No’ system was used to rate comprehensibility. For items, rated as ‘No’ for easy to understand, alternative wording suggested by participants were considered when finalizing the definitive version of items generated.

Phase Two: Results

Based on the qualitative data generated through Phase One, the researcher generated an initial pool of 33 items (see Appendices T). The number of items was reduced to14 items based on the feedback of participants of the Consultation Panel. The wording of some of the selected 14 items was also adjusted by the researcher to ensure that the items could all be scored in the same direction (see Appendices U for the finalised 14 item version).

Phase Three: Methods

Participants and Sampling

A total of 65 participants completed the survey. The demographic characteristics (see table 5) highlight that there were an increased number of females (67.7%) over males (32.3%). The age of participants ranges from 19 to 57 years old. The most frequent reported nationality was Greek (12.3%), Polish (10.7%) and Italian (7.7%). The country of origin that was most reported was Poland (10.8%), Greece (9.2%) and Pakistan (6.2%). Over half of the sample recruited were employed (58.5%). The participants self-identified themselves more commonly as an economic migrant (30.8%) or as 'other' (30.8%), which included people who initially entered the UK to study and now have residency or migrated here to reside with a spouse or to seek employment.

Table 5: Demographic characteristics

Demographic type		**Frequency (unless otherwise stated)**
Gender	Male	21
	Female	44
Age	Minimum age	19
	Maximum age	57
	Mean	32.57
	Standard Deviation	7.95
Nationality	Greek	8
	Polish	7
	Italian	5
	British	4
	Spanish	3
	Syrian	3
	Other (singularly reported)	35

Country of Origin	Poland	7
	Greece	6
	Pakistan	4
	Hong Kong	3
	Spain	3
	Syria	3
	Other (singularly reported)	39
Employment	Employed	38
	Self- employed	3
	Unemployed	5
	Full time education	12
	Not eligible to work in the UK	3
	Retired	2
	Others	2
Migration status	Indefinite Leave to remain	9
	Refugee	5
	Asylum seeker	4
	Economic migrant	20
	Completing a university degree	5
	Other	20
	Prefer not to say	2

Procedure

The item pool for the MPPAS was uploaded to Qualtrics, along with a range of mental health related assessment scales (see next section) to facilitate a preliminary investigation of the MPPAS's psychometric properties. Recruitment advertisements were circulated through social media platforms, e.g., Twitter, Reddit, Facebook UK migrant pages and UK-based charity organisations. Instagram and Facebook paid advertisements were used to further promote recruitment. The recruitment poster was circulated amongst Doctorate of Clinical Psychology (DClinPsy) Programmes around the UK. Participants were offered to opt-in to a prize draw to win five £50 vouchers for taking part in the survey. Information sheets were provided (see Appendices O) and consent was gained from participants (see Appendices N).

Measures

1) General Health Questionnaire (GHQ-12; Goldberg & Williams, 1988) this is a twelve-item measure that screens for psychiatric illness in non-psychiatric settings. Participants are asked to answer questions, e.g., 'Have you been getting scared or panicky for no good reason?' using a four-point scale (from 0 to 3) each assessing the severity of a mental problem over the past few weeks. The positive items are scored from 0 (always) to 3 (never) and the negative items are scored from 3 (always) to 0 (never). The score was used to generate a total score ranging from 0 to 36, where high scores indicate worse health. The internal consistency of the total scores has been noted to be good α=0.79 (Quek, Low, Razack, & Loh, 2001). Additionally, the C-GHQ scoring method (Hankins, 2008) was used in this study, which involves scoring the positively phrased items (coded 0-0-1-1 'always to never'); and score the negatively phrased items (coded 0-1-1-1 'never to always'). A clinical cut off score of 15 or more is used to demonstrate those with 'affected mental health' and those who do not have 'affected mental health' (Hugelius, Gifford, Örtenwall & Adolfsson, 2017).

2) Brief Fear of Negative Evaluation Scale- straight forward items (BFNE-S; Rodebaugh, Woods, Thissen, Heimberg, Chambless & Rapee, 2004) consists of eight straightforward worded items that measures fear of negative evaluation on a five-point scale ranging from 0 ('not at all characteristic of me') to 4 ('extremely characteristic of me'). The total score ranges from 8-40. The internal consistency within the Spanish population was 0.91 (Gallego, Botella, Quero, Baños, & García Palacios, 2007) and with the American population this measure showed to have good validity (Rodebaugh, Woods, Thissen, Heimberg, Chambless & Rapee, 2004).

3) Rosenberg Self-Esteem Scale (Rosenberg, 1965) assesses global self-esteem from ten items that measures self-worth and self-acceptance, e.g., 'On the whole, I am satisfied with myself'. There is a four-point scale ranging from 0 ('strongly agree') to 3 ('strongly disagree'). There are five positively worded items (items 1, 2, 4, 6, and 7) and five negatively worded items (items 3, 5, 8, 9, and 10). The total score ranges from 0-30. The 'normal' cut off range is between 15 and 25 and scores less than 15 indicate low self-esteem. This scale presented high reliability areas; internal consistency was α=0.77 (Rosenberg, 1965) and test-retest reliability over a two-week period reveals correlations of .85 and .88 (Rosenberg, 1979).

4) Mental Health Continuum - Short Form (Keyes, 2005) looks at fourteen items that measures emotional (three items; items 1-3), psychological (six items; items 9-14) and social (five items; items 4-8) wellbeing. On a six-point scale ranging from 'never' to 'every day' participants will answer questions e.g., 'over the past month, how often did you feel happy'. This scale holds good internal consistency (α> .80) and its test-retest reliability over three successive three-month periods averaged .68 (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011).

5) Everyday Discrimination - Short Form (Williams, Yu, Jackson & Anderson, 1997) is a five-item scale, α = 0.77. Items include questions such as 'are you treated with less courtesy/respect than other people' and 'do people act afraid of you?' Participants are asked to answer based on a scale; 1 - never, 5 - at least once a week (Sternthal, Slopen, & Williams, 2011).

6) The Migrants Perception of Public Attitudes Scale (MPPAS) aims to assess how migrants feel that they are perceived by the general public. An initial 14-item version of the developed through Phase One and Phase Two was used (see Appendices U). Participants are asked to respond using a 5-point scale ranging from 'strongly agree' (scored 5) to 'strongly disagree' (scored 1). Scores range from 14-60, with a higher score equating to positive perceptions. Items include questions such as 'the general public values migrants coming to the UK to seek an education' and 'the general public does not simply think that migrants are 'filling up' the country'. All items are positively worded.

Data analysis

The data analysis was performed via software packages RStudio (see https://www.rstudio.com/) and SPSS version 27 (IBM, 2019). An Exploratory Factor Analysis (EFA) was used to explore the factor structure of the MPPAS and eliminate poorly performing items. It is generally expected that between ten to fifteen participants per item would be required for the analysis to be viable (Pett, Lackey & Sullivan, 2003). EFA attempts to discover complex patterns by exploring the dataset and assessing which variables link together (Child, 2006; DeCoster, 1998). An EFA discovers an underlying factor or factors that produces related variance in the items. Guadagnoli and Velicer (1988) suggested that a reduced sample size is adequate ($n > 150$) when the dataset has multiple high factor loading scores (> .80). Firstly, the number of factors in the data was ascertained using Horn's parallel,

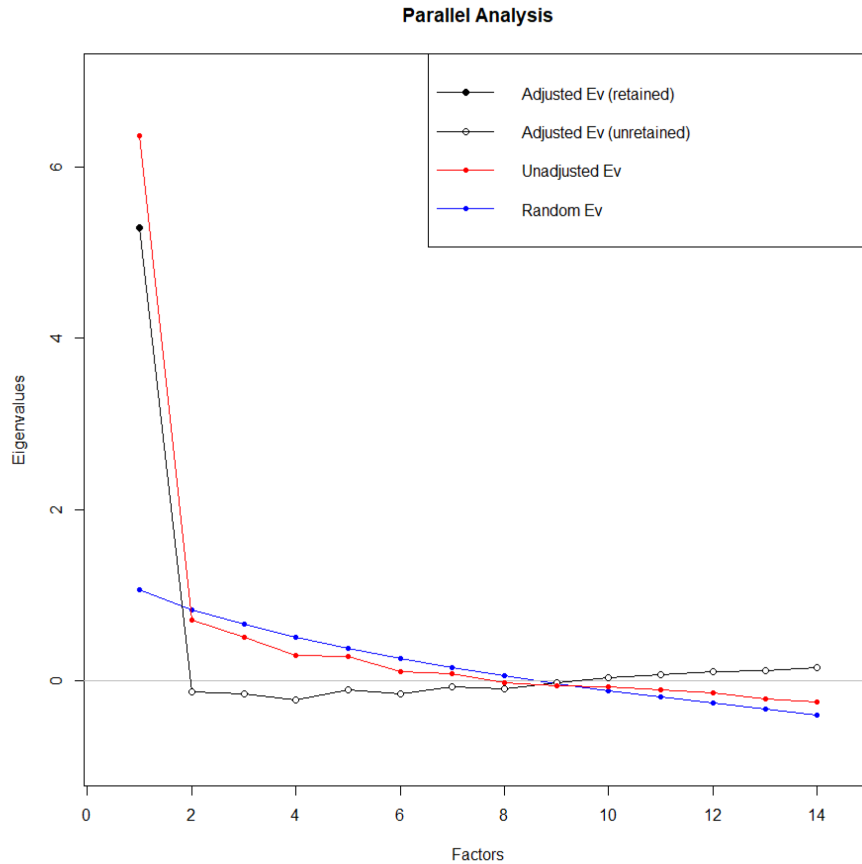
analysis, which utilises Monte Carlo simulated data sets of the same size as the actual data set comparing the Eigenvalues from the two to derive the likely number of factors in the data. This method has been shown to be more robust than often-used methods such as Kaiser's rule (maintaining factors with Eigenvalues above 1) and using scree plots (see Zwick and Velicer (1986), for a comprehensive analysis). EFA was also conducted on the number of factors +1 to ensure robustness of the model identified by the parallel analysis. With regard to interpreting factor loadings items the criteria for discarding items was a loading of < 0.4 (Osborne & Costello, 2009) or > 0.35 on more than one factor (Kiffen-Petersen & Cordery, 2003).

Internal consistency describes the extent to which all the items in a test measure, assess the same concept or construct and should be determined before a test can be used to ensure validity. The reliability estimates show the amount of measurement error within a test. The reliability was assessed using both McDonald's Omega and Cronbach's alpha. Correlation analyses, using Spearman's rank for ordinal data, were conducted to assess the association between the novel assessment measure and other pre-existing relevant assessment measures. This contributed to the validation of the new measure. A between-group comparison was also made between those scoring above vs below the cut-off on the GHQ-12 to assist with exploring the construct validity of the MPPAS.

Phase Three: Results

Firstly, a Horn's Parallel analysis was conducted to ascertain the probable number of factors in the MPPAS. This analysis revealed that there was a single factor in the MPPAS, see figure 2. This graph illustrates that one factor was retained at 5.290 adjusted eigenvalue.

Figure 2: Parallel analysis



Due to the ordinal nature of the questionnaire and the limited sample the polychoric correlation matrix was analysed rather than the raw data. Two assumption tests were completed. Sampling adequacy was assessed using the Kaiser-Meyer-Olin measures, with values above .7 are considered acceptable. The sampling adequacy was shown to be good (KMO = .81). Bartlett's test of sphericity tests the assumption the correlation matrix is not an identity matrix. The results of Bartlett's test of sphericity demonstrated that correlations between items were large enough for FA ($\chi^2(91) = 438.914$, p<. 001). The factor analysis was set to one factor (derived from the parallel analysis). This one factor explained 51% of variance in the MPPAS with an Eigenvalue = 7.21. All items had strong factor loadings (> .5) barring two items, items 3 and 5 (see table 6).

<u>Table 6: Factor loading for each MPPAS item</u>

Item	Factor 1
1. The general public values migrants coming to the UK to seek an education.	0.51
2. The general public views migrants as being motivated to gain skills and education.	0.78
3. The general public uses their knowledge about migrants' country of origin to inform their opinions about them.	0.27
4. The general public understands why migrants come to the UK.	0.57
5. The general public uses the media to form opinions of migrants.	-0.12
6. The general public wants policies and laws that are fairer towards migrants.	0.86
7. The general public recognise the importance of migrants having access to secure housing and job opportunities.	0.86
8. The general public understands well that migrants' need time and resources to learn English when they arrive in the UK.	0.76
9. The general public is welcoming and accepting of migrants'.	0.76
10. The general public understands the importance of sharing government resources with migrants.	0.84
11. The general public does not simply think that migrants are 'filling up' the country.	0.79
12. The general public believes that the diversity that migrants bring is good for the UK.	0.84
13. The general public enjoys celebrating the culture and traditions of migrants.	0.77
14. The general public provides adequate support in communities to help migrants to integrate into life in this country.	0.81

A two-factor structure was also explored (both with a varimax and Oblimin rotation). This was not a better fit to the data. Only MPPAS item 3 loaded onto the second factor and there were some increases in cross factor loadings for other items, while factor two

had an Eigenvalue of exactly 1 (barely acceptable) and it was clear the factor was simply a single item. Therefore, a one-factor structure was retained, and item 3 and item 5 were removed as they showed problematic factor loadings. See Appendices S for the final 12-item MPPAS scale. The total means and standard deviations of the measures are illustrated in table 7.

Table 7: Mean and Standard Deviation of each measure

Measure	Mean	Standard Deviation
Migrants' Perception of Public Attitudes Scale	27.8	8.28
Brief Negative Fear of Evaluation-SF	21.97	8.75
General Health Questionnaire-12	15.91	6.55
C-General Health Questionnaire-12	6.72	3.03
Rosenburg Self-Esteem Scale	18.37	5.84

Internal consistency

Internal consistency was assessed for the 12-item MPPAS using both McDonald's Omega and Cronbach's alpha. Although the latter is commonly used it is a lower bound measure that assumes Tau equivalence, whilst the former does not. For both statistics the score was > 0.7 (i.e., $\omega = 0.94$, $\alpha = 0.92$). As such, the internal consistency was deemed to be very good.

The correlation analyses are an indication of the validity. Correlation analyses were completed between the MPPAS and the GHQ-12 (scored using two methods), the FNE scale and the Rosenberg Self-Esteem scale. In addition, a between group comparison between those who met criteria for being distressed on the GHQ-12 compared to those that did not meet the criteria for being distressed was completed. There were no significant differences

between those scoring above vs. below the cut-off score on the GHQ-12. Consistent with what would be expected when evidencing discriminant validity, the correlation analyses indicated that the MPPAS had non-significant correlations with the GHQ-12, Rosenberg Self-esteem scale, Fear of Negative Evaluation Scale, Mental Health Continuum Scale- short form and Everyday Discrimination Scale.

Table 8: Correlation between the MPPAS and other measures

	MPPAS Correlation (1-tailed)
GHQ-12	r= .055, p= .331, n=65
Rosenburg Self-Esteem scale	r= -039, p= .380, n=65
Brief Fear of Negative Evaluation Scale	r= -.073, p= .281, n=65
Mental Health Continuum Scale- short form	r= 132, p= .147, n-=65
Everyday Discrimination Scale	r= -.096, p= 224, n-=65

Discussion

This study set out to develop a novel assessment instrument to assess migrants' opinions about how the general public in the UK view them. Indeed, to the author's knowledge this is the first study of that explores migrants' views of the public attitudes to them to be conducted in the UK. A coproduction approach was used that ensured that experts by experience were involved in the development of the Migrants' Perceptions of Public Attitudes Scale (MPPAS). It is hoped that the MPPAS will contribute to research by investigating what implications migrants' perception of the public's attitude might have on their mental health and wellbeing. A mixed-method design across three phases of activity was used. In Phase One, four semi-structured focus groups with a total of twenty participants (ten economic migrants, five female refugees and five male refugees) were held to explore their

views about the general public's attitudes towards them. There were four master themes and eleven subthemes that were identified through the thematic analysis. The four master themes were identified by participants include: skills that migrants bring to contribute to the UK, perceived migrant identities, implications to integration in the community and increased diversity in the UK.

The results of the qualitative analysis support the findings of previous research studies. In line with this study's finding that migrants believe that their skills contribute to the UK by way of education and employment, migrant workers have been shown to strengthen the economy by meeting the needs of the market and address skill deficits (Schneider and Holman, 2005; Sriskandarajah et al., 2004), as well as supporting the rising levels of employment and gross domestic product (Quak, 2019). However, the jobs undertaken by migrants can be arduous, dangerous and unprotected, and as a result of economic downturn, there has been a risk in competition and difficulties with discrimination (Bettin, Cela, 2014; Viruell-Fuentes & Miranda, 2007). In terms of refugees specifically, Bloch (2002) reported that 56% of adult refugees that arrive in the UK have a qualification, and an additional 20% were successful in gaining a qualification since living in the UK. Previous research has highlighted that the mechanisms of prejudice that the public exhibit towards migrants can relate to perceived threat and competition (e.g., McKay, Thomas & Kneebone, 2012; Murray & Marx 2013, Pichler 2010). This finding lead to the development of the MPPAS items 'the general public values migrants coming to the UK to seek an education' and 'the general public views migrants as being motivated to gain skills and education'.

There has been mention within the media and the literature of migrants being portrayed as a danger to the safety of the nation, social hierarchy and resources (Boomgaarden & Vliegenthart, 2009; Freeman, Hansen, & Leal, 2013; Schemer, 2012). There are damaging narratives that suggest that migrants are a drain on state benefits and that

portray migrants who access benefits as 'scroungers', 'frauds' and are a burden to the tax paying society (Golding, 2002; Larsen & Dejgaard, 2013). This is tied in with the identity of being a 'bad' or undeserving migrant in the UK (Datta, McIlwaine, Evans, Herbert, May & Wills, 2006; Gibson, Crossland & Hamilton, 2018). For this reason, it was important that the MPPAS item wording is positively orientated throughout, as this avoids the risk of reinforcing pejorative, and prejudicial attitudes. Based on this finding, the MPPAS item 'the general public is welcoming and accepting of migrants' was generated from the 'wider systemic issues' theme identified in the qualitative analysis.

Stereotypes are often circulated about migrants within the British media, and this is seen to act as a possible guide for people to base their judgements and opinions on several social concerns (Wilk, 2017). Spigelman (2013) found that the British tabloids continuously use metaphors of natural disasters to promote the 'otherness' of migrants and accused migrants of endangering the protection of employment for the public. Migrants have also been seen to be associated with crime within the media (Mawby and Gibsy 2009). There are difficulties that arise with integration when policy makers and the media focus on quantifiable 'functional' factors such as jobs, education and health, while other factors such as identity, safety, happiness and belonging are disregarded (Ager & Strang, 2008; Grzymala-Kazlowka, 2017). The perceived migrant identities in the UK theme identified in the qualitative data resonates with these findings, as does the inclusion of the 'the general public understands the importance of sharing government resources with migrants' item in the MPPAS.

For migrants to become a British citizen, there are multiple steps to follow to prove that the/she is of 'good character', and a deserving person to be granted citizenship in the UK based on their ability to understand English language and passing a 'Life in the UK' test (Citizen's advice, 2021; Kostakopoulou, 2010). Blachnicka-Ciacek et al. (2021) explored

deservingness and belonging through interviews with 77 Polish and Lithuanian migrants living in the UK. They found that 'deservingness' fluctuates in terms of who fits into this category at any one moment and the need to prove this to others to feel deserving is important for migrants, as this could mean that they then become 'undeserving'. Holding awareness of what constitutes being deserving of being a 'good' migrant, often relates to making financial contributions that then serves the right to belong (Anderson, 2013; Tyler, 2013). This fits onto the Social Identity Theory (Tajfel & Turner 1979; Tajfel, 1978) where 'them' and 'us' categories can be assigned within migrant communities as well as between migrants and members of the host population. The judgements about why migrants are here, and deservedness theme identified in the qualitative data resonates with these findings, as does the inclusion of the 'the general public understands why migrants come to this country' item in the MPPAS.

Research describes that migrants' are subjected to acts of discrimination (Fernández-Reino, 2020). Migrants are likely to encounter discrimination if there are language barriers or cultural misinterpretation, these are said to fluctuate depending on the persons country of birth within migrant workers (Cangiano, Shutes, Spencer, & Leeson, 2009; Doyle & Timonen, 2009). Research highlights that members of the public who are more educated are less likely to act in a racially discriminatory way toward minoritized people (Coenders & Scheepers, 2003; Vogt, 1997). Research highlights that integration tends to be a one-way process, as opposed to being a two-way process that involves both migrants and the public (Anthias and Yuval-Davis 1992). For integration to occur, the onus has tended to fall on migrants to adapt elements of their identity (Berry, 1992). However, this holds the assumption that society is homogenous and organised, instead of the reality, that society is multifaceted and varied (Phillimore 2012). This links to the 'implications to integration in the community' master theme which is represented by MPASS items such as 'the general public

understands well that migrants' need time and resources to learn English when they arrive in the UK'.

Increased diversity in the UK was highlighted in the qualitative findings of this study. Diversity can relate to racial differences (Bell & Hartman, 2007) and cultural variance that evolves through migration (Titley & Lentin, 2008). Research highlights that diversity experiences (such as attending community celebrations and accessing diversity courses) is linked to increased intergroup attitudes (Aberson, 2010). By addressing the value of diversity, this decreases the majority group members' prejudice towards minorities (Richeson & Nussbaum, 2004). These research findings are consistent with the 'increase diversity in the UK' master theme and MPASS items that related to this such as 'the general public believes that the diversity that migrants bring is good for this country' and 'the general public enjoys celebrating the culture and traditions of migrants.'

Overall, this research highlights the specific views of migrants living in the UK. These views have been shaped by the social and political events that have occurred over the past several decades, that have impacted on the public views of migrants. At the end of the recession in 1993, 7.5% of working-age population were migrants, compared to 13% in 2008 (Aldin, James & Wadsworth, 2010). In 2008, the global economic downturn meant that the UK economy fell into the most severe recession since World War II, as the Gross Domestic Product (GDP) decreased by over 6%, leading to unemployment, competition for housing and a strain on resources (Gregg & Wadsworth, 2010). McCollum and Findlay (2011) found that during this time, the UK saw a decline in new 'A8 citizens'[5] who entered the country to seek employment. However, there were observed differences between sectors of employment, with continued demand for agricultural workers. This highlights an increased number of

[5] A8 citizens consist of 8 countries that joined the European Union during the 2004 expansion

individuals migrating to the UK over time, and fewer migrants moving to the UK to access employment during the recession.

Phase Two and Phase Three of the work lead to the development of a 12-item version of the MPPAS which had a one-factor structure and demonstrated good internal consistency. Two of the original 14 items were removed following the exploratory factor analysis due to problematic factor loadings. This may have been due to the wording of these items being indirect to the public's experiences with migrants i.e., these items referred to knowledge sources that the public may have been using to form their opinions about migrants. The correlational analyses showed that the MPPAS did not correlate with the other measures (GHQ-12, C-GHQ-12, Rosenberg self-esteem, FNES, Everyday discrimination scale and Mental health continuum- short form) highlighting that the underlying construct is conceptually unrelated and therefore confirmed discriminant validity. The MPPAS is measuring a concept that is entirely unique.

It is important to highlight that the population sampled in this study was a non-clinical sample, future research should aim to explore the correlations between the MPPAS and these other assessment measures in a clinical population. Future studies should also evaluate how the MPPAS might be correlated with levels of subjective wellbeing as assessed by measures, such as the Mental Health Continuum – Short Form.

Clinical implications

The development of the MPPAS, a novel assessment measure that allows migrants to indicate how they believe they are perceived by the public, may be helpful for improving understanding mental health difficulties experienced by migrants. The responses to the MPPAS items can also help to contribute towards a person-centred formulation of the experience of migrants, which can in turn inform the delivery of suitable psychological

interventions (Butler, 1998). Therapists can benefit from embedding the clients' cultural experiences in every stage of therapy as this empowers the client (McWhirter, 1994) and helps to shift the power and control away from the therapist, thus building a balanced therapeutic relationship (Johnstone, 2018). The way in which mental health services are set up is an important consideration, as research states that many services are under-utilised by migrant populations, given the lack of adaptation made to meet the needs of these clients (Satinsky, Fuhr, Woodward, Sondorp & Roberts, 2019). This study used a co-production approach to the development of the MPPAS. Similarly, the co-production of services with this population has been flagged as an important issue (Clark, 2015; Radl-Karimi, Nielsen, Sodemann, Batalden, & von Plessen, 2021). Being aware that this population are more likely to experiences mental health difficulties by virtue of their status (Bhugra, 2004), service evaluation within organisations is important, as this can allow feedback from clients to shed light on improvements needed to improve accessibility.

More widely, responses to the MPPAS can help to shed light on the social integration needs between economic migrants and refugees with the host population within society and the impact of this on mental health through research. This can lead to the generation of political and social policy around the needs of migrants in the UK and the direct therapeutic support services that are required to provide to this client group.

Limitations

It is important to be cautious when interpreting results from the quantitative part of this project, due to the relatively small participant numbers. The survey advertisement was circulated amongst multiple social media platforms. However, an issue arose when paid Facebook advertisements were used. Unfortunately, this attracted a wealth of negative and hateful comments about the project from some Facebook users. This resulted in the early

withdrawal of the advert from this platform, which hindered the initial recruitment potential. The universities ethics committee were notified of this situation and other platforms were used where comments could be disabled, to focus the recruitment strategy. This incident confirmed the importance of this research in that strong views held by the public do exist and have the potential to impact on migrant wellbeing.

Due to COVID-19, recruitment had to be progressed entirely online. This limited opportunities for the researcher to build relationships with services and charities and recruit potential participants face-to-face. This meant that there were limited chances to counteract potential feelings of distrust that this population may have held, specifically when this project asks participants to share their personal views and experiences of being a migrant living in the UK. The project did not have access to translation services, which meant that participation was restricted to migrants who speak sufficiently high levels of English. As such, the research findings may not be generalizable to the experience of migrants more broadly. When people were contacted through charity organisations, feedback highlighted that there were some issues with participants accessing technology or resources such as telephone credit to engage with the focus group discussions. Often contact with organisations led to no responses due to the high volume of people that were accessing those services and the availability of staff to share the research project, given the reliance of these staff members and given the restrictions on the researcher to complete such tasks given COVID-19.

It is clear from the sample that there are a higher number of females that took part in the completion of the Phase Three survey and there were some difficulties faced when recruiting males to the focus group discussion. This could be due to gender-based attitudes to discussing experiences, distrust and sharing information relating to mental health status. It was also clear from the feedback on social media that there were difficulties with how people self-identify in terms of their migration status, despite the terms used being defined in the

advertisements. Within the survey, participants were asked to self-identify from a range of status' but even if people have certain circumstances, they may not see themselves fitting in these groups. It is possible that by including economic migrants and refugees together, that there may be some points of distinction missed from the data.

It may be possible to use different methods such as in-depth one to one interviews to explore migrants' experiences as opposed to a focus group setting, as this may hinder people's expression of their experiences given the group set up. It is important to emphasize that Phase One and Phase Two of the study involved high levels of co-production from members of the migrant population were involved in producing the measure.

Research implications

The project used a cross-sectional design. It may be interesting to observe if there are changes to migrants' views about the general public's attitudes towards them over time, as social and political climates in the UK alter and the media outlets adjust their views of migrants, as this may influence migrants' views. It would be interesting to observe changes in migrants' views as their length of time in the UK increased to observe whether changes in viewpoints occur as socialisation to the way of life progresses, and this may impact on migrants' experiences and how they are received by the general public. As mentioned previously, it would also be useful to explore how the MPPAS scores of a clinical population (e.g., distressed refugee populations) compare with a non-clinical sample.

Whilst this project is worthwhile as it offers migrants an opportunity to share their experiences and contributes to the research base, there are opportunities to expand the study further. This could incorporate larger sample sizes, with a range of migrants living in the UK from different parts of the world. It would also be interesting to explore the relationships

between the MPASS and migrants' levels of depression, anxiety, subjective wellbeing and quality of life.

Conclusion

The MPPAS is a twelve-item assessment measure for exploring how migrants perceive they are being viewed by the public that has demonstrated good internal consistency and a single factor structure. Further longitudinal research is required to confirm the factor structure and determine how the measure predicts levels of mental health, wellbeing and quality of life.

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Appendices

All manuscripts should follow the style of the *Publication Manual of the American Psychological Association, 6th edition* and must be typewritten and double-spaced.

Original articles and overviews should be accompanied by an abstract of between 150-250 words and about five key words, plus a cover sheet providing authors' postal/email addresses and tel/fax numbers.

Maximum article length:

Review Articles -- text: 5000-7000 words, abstract: 250, tables and figures: 5 (total).

Articles (original quantitative research -- text: 3500-5000 words, abstract: 250, tables and figures: 5 (total).

Articles (original qualitative or mixed-methods research) -- text: 5000- 7500, abstract: 250, tables and figures: 5 (total).

(Additional tables, figures or materials can be submitted in a separate file as supplemental data for posting online, subject to meeting the requirements stated in the : Guidelines for Authors - Supplemental data on SJO

UK or US spellings are acceptable but must be consistent.

Section headings and subheadings should use a maximum of three levels.

Quotations over 40 words should be displayed, indented, in the text.

Notes and References should appear at the end of the text. References must be in American Psychological Association format.

Tables and figures should have short descriptive titles. Line diagrams should be supplied preferably as EPS or TIFF files, 800 dpi - b/w only. Photographs should be supplied as TIFF files, 300 dpi.

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Appendix A. Submission Guidelines for Transcultural Psychiatry

Sample	Therap* OR Psycholog* OR Psychotherap* OR Counsel* OR IAPT OR Clinic* OR Mental health professional
Phenomenon of Interest	Therapy with asylum seekers and/or refugees The databases will be searched using the key words. Population terms will include: Asylum seek* OR Refugee OR Displaced person OR Stateless OR Undocumented
Design	Interview* OR Survey* OR Open ended questionnaires OR Focus group OR Case study OR In depth
Evaluation	Experienc* OR Attitude* OR View* OR Opinion* OR Perspective* OR Resource* OR Information OR Guideline* OR Guidance OR Supervis* OR Perce*
Research type	Qualitative studies OR research OR Mixed methods OR Grounded theory OR Narrative OR Thematic analysis OR Phenomenology OR Discourse OR IPA

Appendix B. Spider diagram for the identification of search terms

CASP	Yes	No	Can't tell
1. Was there a clear statement of the aims of the research?	14	0	0
2. Is a qualitative methodology appropriate?	14	0	0
3. Was the research design appropriate to address the aims of the research?	14	0	0
4. Was the recruitment strategy appropriate to the aims of the research?	14	0	0
5. Was the data collected in a way that addressed the research issue?	13	1	0
6. Has the relationship between researcher and participants been adequately considered?	5	9	0
7. Have ethical issues been taken into consideration?	6	4	5
8. Was the data analysis sufficiently rigorous?	14	0	0
9. Is there a clear statement of findings?	13	0	1
10. How valuable is the research?	14	0	0
Critical appraisal of a case study	Yes	No	Can't tell
1. Did the study address a clearly focused question / issue?	1	0	0
2. Is the research method (study design) appropriate for answering the research question?	1	0	0
3. Are both the setting and the subject's representative with regard to the population to which the findings will be referred?	1	0	0
4. Is the researcher's perspective clearly described and taken into account?	1	0	0
5. Are the methods for collecting data clearly described?	0	1	0
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	0	1	0
7. Was the analysis repeated by more than one researcher to ensure reliability?	0	0	1
8. Are the results credible, and if so, are they relevant for practice?	1	0	0
9. Are the conclusions drawn justified by the results?	1	0	0
10. Are the findings of the study transferable to other settings?	1	0	0

Appendix C. Quality assessment scores for included studies

Key descriptive concepts generated	Second order themes (by paper number)	Third order constructs
1) The magnitude of stressors impacting AS/R clients:	4A) **Determination of client visa status** 8A) **Emergency situation** 9A) **Patient's context** 11A) **Role of context informing therapeutic work with Refugees** 14A) **Isolation** 14A) **Cultural adaptation** 14A) **Precarious situation** 14A) **Traumatic experiences** 14A) **Life as rupture** 14A) **Current situation in Country of Origin** 8B) **Xenophobia and racism** 14B) **Hostile attitudes, intolerance and rights violations** 14C) **Which MH disorders and symptoms do psychologists perceive to be most common among their Refugee patients?**	A) Pre- and post-migration stressors B) Discrimination and prejudice C) Mental health
2) Adaptation to therapy	4A) **Personal pressure on themselves to effect change** 6A) **Conceptualisation of clients' difficulties** 6A) **Construction of psychosocial work** 8A) **Providing safe spaces and working with groups** 8A) **Transparency and a focus on emancipation** 8A) **High frustration tolerance** 8A) **Social perspective in mental health care** 9A) **Therapist** 9A) **Setting** 9A) **Approach** 10A) **Practical and psychological needs** 11A) **The use of an integrative approach** 12A) **Intersectional identities and trauma work** 13A) **Issues in cross-cultural psychotherapy: emotional conflicts occurring during acculturation** 3B) **Constructions of meaning**	A) Accessibility and Adjusted therapist role B) Boundaries and interpersonal effectiveness

	8B) **Personal closeness** 8B) **Fatigue** 8B) **Being flexible and open minded** 8B) **Authenticity and warmth** 9B) **Patient** 9B) **Relationship** 10B) **Counselling Refugee's** 11B) **The role and characteristics of the effective therapist** 11B) **Therapy as a relational experience**	
3) Personal and professional Identities	2A) **Political and organisational context has a greater impact on clinician wellbeing than traumatic stories of clients** 3A) **Constructions of emotional impact and risk** 4A) **Experience as counsellors** 4A) **Reflected on the strengths and resilience from clients' stories** 10A) **Emotional impact** 11A) **An emphasis on meaning making** 2B) **Work as rewarding, meaningful, and connected to values.** 4B) **Greater experience** 4B) **Seeing the results of their work in their client** 4B) **Attend cultural celebrations** 8B) **'Beyond psychology'** 8B) **See resilience and transformation** 8B) **Gaining new perspectives** 2C) **Identity as an Australian changed** 2C) **Altered perspectives and appreciation for personal privilege** 4C) **Alienated and distanced** 4C) **Maintaining one's sense of ethics/values** 6C) **Constructs of socio-political experience** 11C) **Impact of work on the therapist** 12C) **Vicarious trauma and vicarious growth can co-occur due to trauma recovery work with torture survivors**	A) Client narratives B) Growth and learning C) Sense of self

4) Support needs of the psychotherapist	2A) **Team and organisational climate** 2A) **Supervision quality and consistency** 4A) **Clinical support and supervision** 5A) **Colleagues, team and peer support** 5A) **Supervision** 7A) **Deconstructing cultural assumptions** 7A) **Calibrating a cultural lens** 7A) **Employing culturally appropriate ways** 7A) **Clients' profound level of needs, boundaries and supervision** 7A) **Supervision as the space for exploring the impact of the political system** 7A) **Supervision normalising feelings of powerlessness in relation to the political context** 7A) **Supervision promoting self-care and protecting practitioners from burnout** 7A) **Supervision enhancing self-awareness** 11A) **Managing difficulties at work: the role of supervision** 15A) **The use of clinical supervision** 4B) **Self-care** 4B) **Support from friends and family** 5B) **Having support (formal and informal) outside of work** 5B) **Physical and mental activities and rituals** 5B) **Faith, spirituality and prayer** 5B) **Balance and boundaries** 8B) **Support structures for professionals** 11B) **Managing difficulties of the work: self-care** 5C) **Access to professional development and learning** 8C) **Missing competencies and experiences of psychologists in the work with R** 8C) **Anti-discrimination work**	A) Supervision and teamwork B) Work-life balance and self-care C) Training
5) Organisational context	2A) **Organisational demands and management difficulties** 4A) **How the organisation exhibited their values to their own employees** 4A) **Organisational culture** 8A) **New field in Brazil** 8A) **Lack of mental healthcare structures specifically for Refugees** 9A) **Therapists' context** 10A) **Limitation of resources**	A) Appropriate services B) Multi-agency working C) Guidelines

	15A) **Organisational context** 4B) **Organisational support** 10B) **The use of interpreters** 10B) **Culture** 4C) **Lack of clear guidelines by organisations**	
6) Socio-political landscape	1A) **Political discourses and asylum seekers mental health** 1A) **Political discourses and impact on therapeutic relationship** 1A) **Political discourses and practitioners' sense of professional impotence** 2A) **Emotional reactions to the human impact of Australian immigration policy** 4A) **Working within external and political systems** 4A) **Frequently changing federal government legislation** 4B) **The ability to advocate** 5B) **Connecting with and exercising my own values** 8B) **Making a difference** 8B) **State providing structures** 9B) **Brazilian context**	A) Systemic injustice and powerlessness B) Integration and advocacy

Appendix D. Table of key themes and concepts

Health and Life Sciences Research Ethics Committee (Psychology, Health and Society)

9 January 2020

Dear Dr White

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	5651
Project Title:	The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)
Principal Investigator/Supervisor:	Dr Ross White
Co-Investigator(s):	Miss Jessica Deol, Dr Paul Christiansen
Lead Student Investigator:	-
Department:	Psychological Sciences
Approval Date:	09/01/2020
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Health and Life Sciences Research Ethics Committee (Psychology, Health and Society)
iphsrec@liverpool.ac.uk
0151 795 5420

Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

The final document set reviewed and approved by the committee is listed below:

Document Type	File Name	Date	Version
Advertisement	invite advertisement_RW (1)	02/09/2019	1
Debriefing Material	Debrief v1 fg_RW (2)	02/09/2019	1
Advertisement	invitation advertisment survey_RW (1)	02/09/2019	1
Evidence Of Peer Review	Jess Deol outcome following amendment 16.07.2019	02/09/2019	1
Questionnaire	Brief-Fear-of-Negative-Evaluation-Scale	02/09/2019	1
Questionnaire	GHQ 12	02/09/2019	1
Questionnaire	Rosenberg Self-Esteem Scale	02/09/2019	1
Questionnaire	Everyday discrimination SF	02/09/2019	1
Interview Schedule	Focus group interview questions	02/09/2019	1
Participant Information Sheet	Participant Information Sheet v1 JD FG_RW	02/09/2019	1
Participant Information Sheet	Participant Information Sheet v1 JD Qaires_RW	02/09/2019	1
Participant Consent Form	Consent form v1 FG_RW (1)	02/09/2019	1
Questionnaire	Mental health continuum sf measure	02/09/2019	1
Participant Consent Form	Consent form v1 Qaires_RW (1)	02/09/2019	1
Study Proposal/Protocol	Proposal V2	02/09/2019	1

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Appendix E. University Sponsorship Letter of Approval

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

Jessica Deol
Trainee Clinical Psychologist
Doctorate of Clinical Psychology Programme
University of Liverpool
L69 3GB

14 Sept 2021

Dear Jessica,

RE: The development of 'Migrants' Perceptions of Public Attitudes Scale'

Thank you for notifying the Research Review Committee of the proposed amendment to your research proposal in your recent letter (dated 13th Sept 2021).

We acknowledge and approve your amended proposal (Version No. 8, dated Sept 2021).

I wish you well with completing your research.

Yours sincerely

Dr Steven Gillespie

SGillespie

Chair, DClinPsychol Research Committee

A member of the Russell Group

Dr Laura Golding, Programme Director, l.golding@liv.ac.uk
Dr Jim Williams, Clinical Director, j.r.williams@liv.ac.uk
Dr Ross White, Research Director, ross.white@liverpool.ac.uk
Dr Gundi Kiemle, Academic Director, gkiemle@liverpool.ac.uk
Mrs Amanda Harrison, Programme Co-ordinator, sknight@liv.ac.uk

Appendix F: Approval from the Doctorate in Clinical Psychology Research Committee

Title of Research The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

Researcher(s): Jessica Deol, Dr Ross White and Dr Paul Christiansen.

Please initial box

1. I confirm that I have read and have understood the Participant Information sheet dated 08/04/20 (Version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. ☐
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. ☐
4. I understand that taking part in the study involves partaking in discussions within a focus group setting, either face to face or via teleconferencing platforms such as Zoom or Microsoft Teams. This content will be audio recorded and later transcribed. ☐
5. I understand that the authors aim to publish the results in a peer reviewed journal and it will form part of one of the researcher's dClinPsych thesis. ☐
6. I agree to take part in the above study. ☐

Participant Name	Date	Signature
______________________	________	______________
Name of Person taking consent/ Researcher	Date	Signature
______________________	________	______________

The contact details of the Research supervisor are: Dr Ross White, Research Director DClinPsychol Programme University of Liverpool, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB
Tel: +44 (0)151 794 5532. E-mail : rgwhite@liverpool.ac.uk

Appendix G: Focus group consent form

Are you a migrant currently living in the UK?

We are interested in your views to find out how you think that you are perceived by the general population. There have been surveys about how people in the general population perceive migrants, but not many researchers have investigated how migrants feel that they are perceived by the general population. We are keen to hear your views to then, develop questionnaire items to assess how you are perceived by the general population and the effects on psychological wellbeing.

We are looking for people who:

- **Self-identify as migrants** (i.e. people granted 'leave to remain' or 'settled status' in the UK following an asylum claim, '5 years leave to remain' or economic migrants) are eligible to participate.

'Leave to remain' means that the forcibly displaced person will have permission to live in the UK for up to 5 years.

'Settled status' means that the forcibly displaced person has been granted permission to stay indefinitely in the UK.

- The person should also self-report as being **competent in English language skills**.
- You must also be able to provide **written consent** to take part in the study.
- **Over the age of 18 years**.
- People currently **not applying for asylum**.

All participants who take part in this part of the research will receive a £15.00 voucher for their time

If you are interested in taking part or would like more information:

Please scan this QR code or visit:
https://livpsych.eu.qualtrics.com/jfe/form/SV_065EQ43uGCYqsMR

Or you can contact Jessica Deol (Doctoral Psychology Student, University of Liverpool) jessica.deol@liverpool.ac.uk

Appendix H. Focus group participant advertisement

Title of study: The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

We would like to invite you to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information carefully. If there is anything that is not clear or if you would like more information, please get in touch using the contact details provided below.

Who is conducting the study?

The study is being conducted by Jessica Deol, 1st year Doctorate of Clinical Psychology student at the University of Liverpool. Overseeing the study will be Jessica's supervisors (Dr Ross White and Dr Paul Christiansen).

What is the purpose of this study?

The aim of this study is to develop a psychometric tool for assessing migrant's opinions about how they believe they are perceived by the general population. The aim is to generate assessment scale items that can then be used for clinical and research purposes.

Do I have to take part?

No. Taking part is entirely up to you. If you decide to participate, you are free to withdraw from the study at any time without explanation. Information provided up to the point of your withdrawal from the study may be used in the data analysis, if you are happy for this to be done. Otherwise you may request that all your information is destroyed, and no further use is made of it.

What is involved if I take part?

You will be asked to complete demographic questions initially e.g., age, gender, length of time in the UK, nationality and type of migrant. Following this, you will be asked to take part in a focus group to openly discuss how migrant's feel that they are perceived by the general population. You will be with other migrant's who have agreed to participate in this study. We anticipate that there will be between 8 to 10 participants per focus group. Although, you will be asked some questions by the researcher, this group will be designed to access both positive and negative perceptions held by the general population. Focus group discussions will be carried out face-to-face or via teleconferencing platforms, such as Zoom and Microsoft Teams and will be audio recorded and transcribed later in preparation for analysis. All participants will be reimbursed for their time and travel.

If I do decide to take part, what happens next?

If you do decide to take part in the study, the researcher will first arrange for you to provide your informed consent to participate in the study. The consent form requires a signature to confirm that you have read the information about the study and agreed to take part. You will then undertake the research procedure as detailed above. You may contact Jessica Deol, at any time, if you need further information or guidance to support you through this process.

Will my results be kept confidential?

Yes. The information you provide will be kept confidential. The information you give us will be kept anonymous so that your name won't be attached to any demographic information, instead a participant number will be assigned. Your name and any information that could identify you will not appear in any reports. The demographic responses will be stored securely and confidentially.

What are the possible risks of taking part?

As with all research involving human participants, the study does carry risks. The main risks for participants will be feelings of psychological distress and anxiety, particularly if they have had any mental health issues in the past. Hopefully these risks will be minimised as you will be informed that sensitive questions will be asked. You will also be given the right to withdraw their data at any time and do not have to participate. The participant information sheet and the debrief sheet provides details of organisations (below) that can help you. The organisations will allow you to remain anonymous if any distress does occur. You will also be given the researchers' details should you have any questions or require more information about the study. The researcher will be present when the data is being collected and they will assist you if you wish to withdraw.

Future research opportunities

If you are interested in being contacted for the second part of the study, which will require you to complete questionnaires, then we will ask you to provide us with your email address. The email address will be stored securely and separately from your questionnaire responses. Please note that you are free to decline if you do not want to take part in these other research opportunities – just as you are free to withdraw from this study at any time.

What will happen to the results of the study?

Once the study is completed we will produce a report that will describe the findings of the study. An academic paper summarising the study findings will be submitted for publication in an academic journal. The study will also be submitted by Jessica Deol as part of her thesis for her Doctorate in Clinical Psychology at the University of Liverpool. The report will not include any personal details of the people who took part.

Who is organising and funding the research?

The research is being organised and funded by the University of Liverpool.

Who has reviewed the study?

The study has been reviewed by the University of Liverpool Research Ethics Committee to ensure that it meets standards of scientific conduct.

What can I do if I am unhappy with any aspect of my participation in the study?

We value the time you will take to participate in the study and will try to ensure you are comfortable with all aspects of your participation. If you have any concerns about the study or the way it is conducted or if you want to complain about any aspect of this study, please contact the Principal Investigator, Dr Ross White, Institute of Psychology, Health and Society, G.10 Whelan Building, Quadrangle, University of Liverpool.

Who can I contact if I have further questions?

If you have any questions regarding the study or would like further information, please contact the *lead researcher*:
Jessica Deol (dClinPsych Psychology Student, University of Liverpool) jessicadeol@liverpool.ac.uk

Or the *academic supervisor*:
Dr Ross White (Reader in Clinical Psychology, University of Liverpool) rgwhite@liverpool.ac.uk

Organisations *(the organisations below provide anonymous services):*

Anxiety UK
Tel: 08444 775 774
Text Service: 07537 416905
Email: support@anxietyuk.org.uk

Samaritans
Tel: 116 123
Find your local branch at: https://www.samaritans.org/branches

Appendix I. Focus group participant information sheet

UNIVERSITY OF LIVERPOOL

Title of study: The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

Thank you for taking part in our study that aims to explore how migrants think they are perceived by the general public. Although there have been surveys about how the general population perceive migrants there has been comparatively less work investigating how migrant's feel they are perceived by the general population. This is an important consideration as theory and evidence have highlighted that negative attitudes and behaviours directed toward migrants have been associated with elevated levels of mental health difficulties in this group.

You were asked to take part in a group discussion with other people who identify as migrants to share experiences and opinions on how group members feel they are perceived by the general public in the UK. We are interested in both positive and negative themes from this discussion, to then establish a questionnaire that assesses the range of attitudes that migrants think the general public hold in relation to migrants.

May we remind you that you still have the right to withdraw your data up until the point that the analysis commences by contacting the researchers (see contact details below). If you chose to withdraw any/all of your data, you do not have to provide any reasoning for your decision. The data will be stored for 10 years, following University guidelines, but only the researchers will have access to it. All data will be anonymised so that you are not identifiable and after this time, all data will be destroyed.

If you experienced any distress during or after the study, we advise that you contact your GP or one of the organisations below:

Organisations *(all the organisations below provide anonymous services):*

Anxiety UK
Tel: 08444 775 774
Text Service: 07537 416905
Email: support@anxietyuk.org.uk

Samaritans
Tel: 116 123
Find your local branch at: https://www.samaritans.org/branches

If you have any issues surrounding this study, feel free to contact one of the researchers below.

Researchers:

Jessica Deol, Researcher, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB. Email: Jessicadeol@liverpool.ac.uk

Dr Ross White, Chief Investigator, University of Liverpool, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB, Tel: +44 (0)151 794 5532. Email : rgwhite@liverpool.ac.uk

Once again thank you for taking part in our study, Jessica Deol, Dr Ross White and Dr Paul Christiansen.

Appendices J. Focus group Debrief sheet

Title of Research The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

Researcher(s): Jessica Deol, Dr Ross White and Dr Paul Christiansen.

Please initial box

1. I confirm that I have read and have understood the Participant Information sheet dated 28/06/21 (Version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. ☐
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. ☐
4. I understand that the authors aim to publish the results in a peer reviewed journal and it will form part of one of the researcher's dClinPsych thesis. ☐
5. I agree to take part in the above study. ☐

Participant Name	Date	Signature
______________________	________	________________
Name of Person taking consent/ Researcher	Date	Signature
______________________	________	________________

The contact details of the Research supervisor are: Dr Ross White, Research Director DClinPsychol Programme University of Liverpool, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB
Tel: +44 (0)151 794 5532. E-mail : rgwhite@liverpool.ac.uk

Appendix K. Item consultation consent form

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and GP if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

Title of study: The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

We would like to invite you to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information carefully. If there is anything that is not clear or if you would like more information, please get in touch using the contact details provided below.

Who is conducting the study?

The study is being conducted by Jessica Deol, 3rd year Doctorate of Clinical Psychology student at the University of Liverpool. Overseeing the study will be Jessica's supervisors (Dr Ross White and Dr Paul Christiansen).

What is the purpose of this study?

The purpose of the research is to seek consultation on questionnaire items that have been generated from focus group data (first part of this project). The main aim of this stage of the project, is to gather your views on the appropriateness of the items generated, in terms of their relevance to the research topic and the understandability of the items.

The overall aim is to generate a new questionnaire with existing questionnaires to determine if it is a valid measure of migrants' perceptions of public attitudes towards them. A questionnaire of this type will be helpful for understanding factors that might impact on migrants' levels of wellbeing.

Do I have to take part?

No. Taking part is entirely up to you. If you decide to participate, you are free to withdraw from the study at any time without explanation. Information provided up to the point of your withdrawal from the study may be used in the data analysis, if you are happy for this to be done. Otherwise, you may request that all your information is destroyed, and no further use is made of it.

What is involved if I take part?

You will be asked to complete demographic questions initially e.g., age, gender, length of time in the UK, nationality and type of migrant. Following this, you will be presented with each item and asked to rate how relevant the item is to the topic area and how understandable the item is, alongside an opportunity to suggest alternative wording for items deemed not understandable. Participants will be compensated for their time with a £10 voucher.

If I do decide to take part, what happens next?

If you do decide to take part in the study, the researcher will firstly arrange for you to provide your informed consent to participate in the study. The consent form requires you to confirm that you have read the information about the study and agreed to take part. You will then undertake the research procedure as detailed above. You may contact Jessica Deol, at any time, if you need further information or guidance to support you through this process.

Will my results be kept confidential?

Yes. The information you provide will be kept confidential. The information you give us will be kept anonymous so that your name will not be attached to any information that you have provided, instead a participant number will be assigned. Your name and any information that could identify you will not appear in any reports. The demographic responses will be stored securely and confidentially.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit."

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Principal Investigator / Supervisor acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to jessica.deol@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	Qualtrics software will be used to collect data online
How will my data be stored?	The data will initially be stored on password-protected Qualtrics web platform until it is transferred to the secure university M: Drive.
How long will my data be stored for?	The data will be stored for 10 years in line with the university's data management policy.
What measures are in place to protect the security and confidentiality of my data?	Information will be stored on a password-protected computer and saved on the secure university M: Drive and will not contain any identifiable information.
Will my data be anonymised?	Yes
How will my data be used?	This data will be used to validate a newly developed measure called 'Migrants' Perceptions of Public Attitudes Scale'

	(MPPAS) We will seek to publish academic papers relating to the data in peer reviewed journals. Your name or any identifying information will not be associated with these papers.
Who will have access to my data?	The researcher, Chief investigator and co-supervisor will have access to the data
Will my data be archived for use in other research projects in the future?	No
How will my data be destroyed?	The data will be destroyed in line with the University of Liverpool data management policies.

What are the possible risks of taking part?

As with all research involving human participants, the study does carry risks. The main risks for participants will be feelings of psychological distress and anxiety, particularly if they have had any mental health issues in the past. Hopefully, these risks will be minimised as you will be informed that sensitive questions will be asked. You will also be given the right to withdraw their data at any time and do not have to participate. The participant information sheet and the debrief sheet provides details of organisations (below) that can help you. The organisations will allow you to remain anonymous if any distress does occur. You will also be given the researchers' details should you have any questions or require more information about the study. The researcher will be present when the data is being collected and they will assist you if you wish to withdraw.

What will happen to the results of the study?

Once the study is completed, we will produce a report that will describe the findings of the study. An academic paper summarising the study findings will be submitted for publication in an academic journal. The study will also be submitted by Jessica Deol as part of her thesis for her Doctorate in Clinical Psychology at the University of Liverpool. The report will not include any personal details of the people who took part.

Who is organising and funding the research?

The research is being organised and funded by the University of Liverpool.

Who has reviewed the study?

The study has been reviewed by the University of Liverpool Research Ethics Committee to ensure that it meets standards of scientific conduct.

What can I do if I am unhappy with any aspect of my participation in the study?

We value the time you will take to participate in the study and will try to ensure you are comfortable with all aspects of your participation. If you have any concerns about the study or the way it is conducted or if you want to complain about any aspect of this study, please contact the Principal Investigator, Dr Ross White, Institute of Psychology, Health and Society, G.10 Whelan Building, Quadrangle, University of Liverpool.

If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Who can I contact if I have further questions?

If you have any questions regarding the study or would like further information, please contact the *lead researcher*:
Jessica Deol (dClinPsych Psychology Student, University of Liverpool) jessica.deol@liverpool.ac.uk

Organisations *(the organisations below provide anonymous services):*

Anxiety UK
Tel: 08444 775 774
Text Service: 07537 416905
Email: support@anxietyuk.org.uk

Samaritans
Tel: 116 123
Find your local branch at: https://www.samaritans.org/branches

Appendix L. Item consultation participation information sheet

Are you a migrant currently living in the UK?

We are looking to recruit migrants' living in the UK to complete an online survey.

We hope to compare a new questionnaire with existing questionnaires to determine if it is a valid measure of migrants' perceptions of public attitudes towards them.

A questionnaire of this type will be helpful for understanding factors that might impact on migrants' levels of wellbeing.

We are looking for people who:

- **Self-identify as migrants** (i.e., people granted 'leave to remain' or 'settled status' in the UK following an asylum claim, '5 years leave to remain' or economic migrants) are eligible to participate.

'Leave to remain' means that the forcibly displaced person will have permission to live in the UK for up to 5 years.

'Settled status' means that the forcibly displaced person has been granted permission to stay indefinitely in the UK.

- The person should also self-report as being **competent in English language skills**.
- You must also be able to provide **written consent** to take part in the study.
- **Over the age of 18 years**.
- People currently **not applying for asylum**.

Participants will have the chance to win a £50 Amazon voucher.

To take part or if you would like more information:

Please scan this QR code or visit:

https://livpsych.eu.qualtrics.com/jfe/form/SV_5gouBgJ00UD73V4

Or you can contact Jessica Deol (Doctoral Psychology Student, University of Liverpool) jessica.deol@liverpool.ac.uk

Appendix M. Survey advert

UNIVERSITY OF LIVERPOOL

Title of Research The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS) – Phase 2

Researcher(s): Jessica Deol, Dr Ross White and Dr Paul Christiansen.

Please initial box

1. I confirm that I have read and have understood the Participant Information sheet dated 02/09/19 (Version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. ☐
3. I understand that, under the Data Protection Act (2018), I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. ☐
4. I understand that participating in this study will involve completing several questionnaires that will assess aspects of mental wellbeing and everyday experiences. ☐
5. I understand that the authors aim to publish the results in a peer reviewed journal and it will form part of one of the researcher's DClinPsych thesis. ☐
6. I agree to take part in the above study. ☐

Participant Name	Date	Signature
______________________	________	______________
Name of Person taking consent/ Researcher	Date	Signature
______________________	________	______________

The contact details of the Researcher are: Jessica Deol, Researcher, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB.
Email: Jessica.deol@liverpool.ac.uk

Appendix N. Survey consent form

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and GP if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

Title of study: The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

We would like to invite you to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information carefully. If there is anything that is not clear or if you would like more information, please get in touch using the contact details provided below.

Who is conducting the study?

The study is being conducted by Jessica Deol, 1st year Doctorate of Clinical Psychology student at the University of Liverpool. Overseeing the study will be Jessica's supervisors (Dr Ross White and Dr Paul Christiansen).

What is the purpose of this study?

The purpose of the research is to compare a new questionnaire with existing questionnaires to determine if it is a valid measure of migrants' perceptions of public attitudes towards them. A questionnaire of this type will be helpful for understanding factors that might impact on migrants' levels of wellbeing.

Do I have to take part?

No. Taking part is entirely up to you. If you decide to participate, you are free to withdraw from the study at any time without explanation. Information provided up to the point of your withdrawal from the study may be used in the data analysis, if you are happy for this to be done. Otherwise you may request that all your information is destroyed, and no further use is made of it.

What is involved if I take part?

You will be asked to complete demographic questions initially e.g., age, gender, length of time in the UK, nationality and type of migrant. Following this, you will be asked to complete six measures, including a new tool that was developed in the initial stage of this study. You will be asked to complete several questionnaires that will assess aspects of mental wellbeing and everyday experiences. Participants who complete this survey can opt in to enter a draw for a prize of 5 £50 vouchers.

If I do decide to take part, what happens next?

If you do decide to take part in the study, the researcher will firstly arrange for you to provide your informed consent to participate in the study. The consent form requires a signature to confirm that you have read the information about the study and agreed to take part. You will then undertake the research procedure as detailed above. You may contact Jessica Deol, at any time, if you need further information or guidance to support you through this process.

Will my results be kept confidential?

Yes. The information you provide will be kept confidential. The information you give us will be kept anonymous so that your name won't be attached to any questionnaire information, instead a participant number will be assigned. Your name and any information that could identify you will not appear in any reports. The demographic responses will be stored securely and confidentially.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Principal Investigator / Supervisor acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to jessica.deol@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	Qualtrics software will be used to collect data online
How will my data be stored?	The data will initially be stored on password-protected Qualtrics web platform until it is transferred to the secure university M: Drive.
How long will my data be stored for?	The data will be stored for 10 years in line with the university's data management policy.
What measures are in place to protect the security and confidentiality of my	Information will be stored on a password-protected computer and saved

data?	on the secure university M: Drive and will not contain any identifiable information.
Will my data be anonymised?	Yes
How will my data be used?	This data will be used to validate a newly developed measure called 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS) We will seek to publish academic papers relating to the data in peer reviewed journals. Your name or any identifying information will not be associated with these papers.
Who will have access to my data?	The researcher, Chief investigator and co-supervisor will have access to the data
Will my data be archived for use in other research projects in the future?	No
How will my data be destroyed?	The data will be destroyed in line with the University of Liverpool data management policies.

What are the possible risks of taking part?

As with all research involving human participants, the study does carry risks. The main risks for participants will be feelings of psychological distress and anxiety, particularly if they have had any mental health issues in the past. Hopefully these risks will be minimised as you will be informed that sensitive questions will be asked. You will also be given the right to withdraw their data at any time and do not have to participate. The participant information sheet and the debrief sheet provides details of organisations (below) that can help you. The organisations will allow you to remain anonymous if any distress does occur. You will also be given the researchers' details should you have any questions or require more information about the study. The researcher will be present when the data is being collected and they will assist you if you wish to withdraw.

What will happen to the results of the study?

Once the study is completed we will produce a report that will describe the findings of the study. An academic paper summarising the study findings will be submitted for publication in an academic journal. The study will also be submitted by Jessica Deol as part of her thesis for her Doctorate in Clinical Psychology at the University of Liverpool. The report will not include any personal details of the people who took part.

Who is organising and funding the research?

The research is being organised and funded by the University of Liverpool.

Who has reviewed the study?

The study has been reviewed by the University of Liverpool Research Ethics Committee to ensure that it meets standards of scientific conduct.

What can I do if I am unhappy with any aspect of my participation in the study?

We value the time you will take to participate in the study and will try to ensure you are comfortable with all aspects of your participation. If you have any concerns about the study or the way it is conducted or if you want to complain about any aspect of this study, please contact the Principal Investigator, Dr Ross White, Institute of Psychology, Health and Society, G.10 Whelan Building, Quadrangle, University of Liverpool.

If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Who can I contact if I have further questions?

If you have any questions regarding the study or would like further information, please contact the *lead researcher*:
Jessica Deol (dClinPsych Psychology Student, University of Liverpool)
jessica.deol@liverpool.ac.uk

Or the *academic supervisor*:
Dr Ross White (Reader in Clinical Psychology, University of Liverpool)
rgwhite@liverpool.ac.uk

Organisations *(the organisations below provide anonymous services):*

Anxiety UK
Tel: 08444 775 774
Text Service: 07537 416905
Email: support@anxietyuk.org.uk

Samaritans
Tel: 116 123
Find your local branch at: https://www.samaritans.org/branches

Appendix O. Survey participant information sheet

The development of 'Migrants' Perceptions of Public Attitudes Scale' (MPPAS)

Thank you for taking part in our study that aims to explore how migrants think they are perceived by the general public. Although there have been surveys about how the general population perceive migrants there has been comparatively less work investigating how migrant's feel they are perceived by the general population. This is an important consideration as theory and evidence have highlighted that negative attitudes and behaviours directed toward migrants have been associated with elevated levels of mental health difficulties in this group.

Along with other adults who self-identify as migrants (i.e. people granted indefinite leave to remain in the UK following an asylum claim, or people who have moved to the UK for work purposes), you were asked to provide some demographic information and complete several existing questionnaires, alongside a new questionnaire that was developed in Phase 1 of this research activity. By exploring the associations that the new questionnaire has with the existing questionnaires, the research team will be able to determine if the new questionnaire is a valid measure of migrants' perceptions of public attitudes towards them. A questionnaire of this type will be helpful for understanding factors that might impact on migrants' levels of wellbeing.

May we remind you that you still have the right to withdraw your data at any time up until the commencement of analysis by contacting the researchers. Due to the information being anonymised, you will need to provide details regarding the time and date that you filled out the survey and your age, as this will allow us to identify your data. If you chose to withdraw any/all of your data, you do not have to provide any reasoning for your decision. The data will be stored for 10 years, following University guidelines, but only the researchers will have access to it. All data will be anonymised so that you are not identifiable and after this time, all data will be destroyed.

If you experienced any distress during or after the study, we advise that you contact your GP and/or one of the organisations below:

Organisations (all the organisations below provide anonymous services):

Anxiety UK
Tel: 08444 775 774
Text Service: 07537 416905
Email: support@anxietyuk.org.uk

Samaritans
Tel: 116 123
Find your local branch at: https://www.samaritans.org/branches

If you have any issues surrounding this study, feel free to contact one of the researchers below.

Researchers:

Jessica Deol, Researcher, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB,. Email: Jessicadeol@liverpool.ac.uk

Dr Ross White, Chief Investigator, University of Liverpool, School of Psychology, G.10, Ground floor, Whelan Building, Quadrangle, Brownlow Hill, Liverpool, L69 3GB, Tel: +44 (0)151 794 5532. Email : rgwhite@liverpool.ac.uk

Once again thank you for taking part in our study, Jessica Deol, Dr Ross White and Dr Paul Christiansen.

Appendix P. Survey debrief form

1) In what ways might the general public view migrants moving to the United Kingdom as a positive thing?
2) In what ways might the general public view migrants moving to the United Kingdom as a negative thing?
3) In what ways might the general public think that migrants improve cultural life in the United Kingdom?
4) What negative attitudes might the general public have in relation to people who have migrated to the United Kingdom? Why might these attitudes exist?
5) In what ways might the general public think that migrants are beneficial to the economy?
6) Are there ways in which the general public might think that migration is something to be concerned about?
7) In what ways might the general public think that migrants add to the social life in the United Kingdom?
8) What strategies might be helpful in ensuring effective integration between migrants and host populations? (*(What ways may be helpful in making sure that migrants and people who live in the UK mix?)*

Appendix Q. Semi-structured interview topic guide

The Development of MPPAS Distress Protocol

Indications of Distress During the Focus Group Interview	Follow-up Questions	Participant Behaviour/Response	Acute Emotional Distress / Safety Concern? (Y or N)	Imminent Danger (Y or N)
Indicate that the participant is experiencing a high level of stress or emotional distress, OR exhibit behaviours suggestive that the focus group interview is too stressful such as uncontrolled crying, incoherent speech, indications of flashbacks, etc	1. The co-facilitator accesses a break-out room with the participant and the focus group continues the discussion as planned. 2. Offer support and time out via a virtual breakout room, with the opportunity to speak to a trainee clinical psychologist confidentially and allow the participant time to regroup. During this time, the attendees of the focus group will remain in the group and continue with the discussions as planned. 3. Determine level of emotional distress: a) *Tell me what thoughts you are having.* b) *Tell me what you are feeling right now.* c) *Do you feel you are able to go on about your day?* d) *Do you feel safe?* 4. Determine if the participant is experiencing **acute emotional distress beyond what would be normally expected in an interview about a sensitive topic.**			
Indicate that the participant is thinking of hurting themselves	1. The co-facilitator accesses a break-out room with the participant and the focus group continues the discussion as planned. 2. Offer support and time out via a virtual breakout room, with the opportunity to speak to a			

	trainee clinical psychologist confidentially and allow the participant time to regroup. During this time, the attendees of the focus group will remain in the group and continue with the discussions as planned. 3. Express concern and conduct a safety assessment *4. Tell me what thoughts you are having.* *5. Do you intend to harm yourself?* *6. How do you intend to harm yourself?* *7. When do you intend to harm yourself?* *8. Do you have the means to harm yourself?* 9. Determine if the person is an **imminent danger to self.**			
Indicate that the participant is thinking of hurting others	1. The co-facilitator accesses a break-out room with the participant and the focus group continues the discussion as planned. 2. Offer support and time out via a virtual breakout room, with the opportunity to speak to a trainee clinical psychologist confidentially and allow the participant time to regroup. During this time, the attendees of the focus group will remain in the group and continue with the discussions as planned. 3. Express concern and conduct a safety assessment *4. Tell me your thoughts you are having.* *5. Do you intend to harm someone else? Who?* *6. How do you intend to harm him/her/them?* *7. When do you intend to harm him/her/them?*			

	8. *Do you have the means to harm him/her/them?* 9. Determine if the person is an **imminent danger to others.**			
Indicate that the participant's health and safety is being endangered by other people.	1. The co-facilitator accesses a break-out room with the participant and the focus group continues the discussion as planned. 2. Offer support and time out via a virtual breakout room, with the opportunity to speak to a trainee clinical psychologist confidentially and allow the participant time to regroup. During this time, the attendees of the focus group will remain in the group and continue with the discussions as planned. 3. Assess danger from other person 4. *How might you be in danger?* 5. *Who is it that is intending to harm you?* 6. *Does the person intending to do harm have knowledge of your movements and/or information on where you stay?* 7. Determine if the health and safety of the person is in imminent danger from others.			

Actions for Researcher and/or trainee clinical psychologist Volunteers:

1. If a participant's distress reflects an emotional response reflective of what would be expected in an interview about a sensitive topic, offer support and extend the opportunity to: a) withdraw their participation in the interview; b) regroup; c) continue.

2. If a participant's distress reflects acute emotional distress or a safety concern beyond what would be expected in an interview about a sensitive topic, but NOT an imminent danger, take the following actions:
    a) Encourage the participant to contact his/her General Practitioner for follow-up
    b) Provide the participant with contact details for agencies who can offer mental health-related advice (e.g., Mind) and support (e.g., Samaritans, Anxiety UK) to refugees and migrants. How to access this support will be demonstrated within the session.
    c) Notify Principal Investigator of the recommendations given to the participant.

3. If a participant's distress reflects an imminent danger to themselves, take the following actions:
    a) Make an appointment with the person's GP on their behalf and make sure that they can get to this appointment.
    b) Immediately notify the principal investigator of actions taken.

4. If the participant presents as being an imminent danger to others, take the following actions:
    a) Contact local police and request their assistance
    b) Immediately notify the principal investigator of actions taken.

5. If the participant indicates that their health and safety is in imminent danger:
    a) Contact local police and request their assistance
    b) Immediately notify the principal investigator of actions taken.

The list of contact people/organisations for addressing address or concerns about mental wellbeing will include:

a) The participant's GP

b) Mind - offering information on types of mental health problems, where to get help, treatments and advocacy. Mind's Infoline is open from 9am to 6pm, Monday to Friday. Phone: 0300 123 33 93

c) Samaritans - offering support for people experiencing feelings of distress or despair. Samaritans offer a 24-hour confidential helpline Phone: 08457909090.

d) Anxiety UK – offering support for those affected by anxiety, stress and anxiety-based depression. Tel: 08444 775 774/ Text Service: 07537 416905/ Email: support@anxietyuk.org.uk

Appendix R. Focus group distress protocol

The following questions are interested to get your thoughts on how the general population in the country in which you are currently living view migration. Please read each question and select the response that you think is most appropriate.	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1) The general public values migrants coming to the UK to seek an education.	5	4	3	2	1
2) The general public views migrants as being motivated to gain skills and education.	5	4	3	2	1
3) The general public understands why migrants come to this country.	5	4	3	2	1
4) The general public wants policies and laws that are fairer towards migrants.	5	4	3	2	1
5) The general public recognise the importance of migrants having access to secure housing and job opportunities.	5	4	3	2	1
6) The general public understands well that migrants' need time and resources to learn English when they arrive in the UK.	5	4	3	2	1
7) The general public is welcoming and accepting of migrants'.	5	4	3	2	1
8) The general public understands the importance of sharing government resources with migrants.	5	4	3	2	1
9) The general public does not simply think that migrants are 'filling up' the country.	5	4	3	2	1
10) The general public believes that the diversity that migrants bring is good for this country.	5	4	3	2	1
11) The general public enjoys celebrating the culture and traditions of migrants.	5	4	3	2	1
12) The general public provides adequate support in communities to help migrants to integrate into life in this country.	5	4	3	2	1

Appendix S. Final Migrants' Perception of Public Attitudes Scale (MPPAS) 12-item scale

1.	The public value migrants coming to the UK to seek an education
2.	The public view migrants as motivated to gain skills and education
3.	The public are not intimidated by migrants' skills
4.	The public value the jobs that migrants hold in the UK
5.	The public think that migrants do not take the jobs that the public do not want
6.	The public feel that migrants play a vital role in the economy
7.	The level of discrimination does not depend on the area I live in and its diversity
8.	The public judge migrants based on how they look and speak
9.	The public judge migrants based on what they know about the country that we come from
10.	The public have little understanding of why migrants like me come to the UK
11.	The public do not value my life as a person and do not want to know who I am as a migrant
12.	The public do not want to help migrants like me to settle in the UK
13.	Public views are heavily influenced by the media
14.	I believe that the laws and government policies need to become fairer towards migrants like me
15.	I am impacted by my migration status when I seek a job or housing
16.	The public expect me to learn English when I come to the UK
17.	The public are intimidated as I can speak multiple languages
18.	The public do not welcome people who arrive in the UK who are unable to speak English
19.	The public accepts me if I am like the public (i.e., dress the same, behave the same)
20.	Those who live in city are more accepting of migrants like me
21.	The public who are more educated around diversity are more accepting of me
22.	The public think that I must change who I am to fit into the UK
23.	I think that the public will never accept me if I do not adjust
24.	I feel that the public think that I want to belong in the UK
25.	The public think that I take resources from them
26.	The public think that we, as migrants, are 'filling up' the country
27.	The public feel that migrants 'abuse' the system
28.	The public believe that diversity is good for the UK
29.	The public enjoy celebrating my culture and traditions
30.	The public are encouraged by the variety that migrants bring to the UK
31.	The public show a genuine interest in my life and my culture
32.	The public gets to know my culture and migrants like me get to know there's
33.	There is enough support in communities to help migrants to integrate

Appendix T. Initial pool of 33 items

1. The general public values migrants coming to the UK to seek an education.
2. The general public views migrants as being motivated to gain skills and education.
3. The general public uses their knowledge about migrants’ country of origin to inform their opinions about them
4. The general public understands why migrants come to the UK.
5. The general public uses the media to form opinions of migrants.
6. The general public wants policies and laws that are fairer towards migrants
7. The general public recognise the importance of migrants having access to secure housing and job opportunities.
8. The general public understands well that migrants’ need time and resources to learn English when they arrive in the UK.
9. The general public is welcoming and accepting of migrants’.
10. The general public understands the importance of sharing government resources with migrants.
11. The general public does not simply think that migrants are ‘filling up’ the country.
12. The general public believes that the diversity that migrants bring is good for the UK.
13. The general public enjoys celebrating the culture and traditions of migrants.
14. The general public provides adequate support in communities to help migrants to integrate into life in this country.

Appendix U. 14-item Migrants Perception of Public Attitudes Scale (MPPAS)

Section/topic	#	Checklist item	Location(s) Reported
INFORMATION SOURCES AND METHODS			
Database name	1	Name each individual database searched, stating the platform for each.	
Multi-database searching	2	If databases were searched simultaneously on a single platform, state the name of the platform, listing all of the databases searched.	
Study registries	3	List any study registries searched.	
Online resources and browsing	4	Describe any online or print source purposefully searched or browsed (e.g., tables of contents, print conference proceedings, web sites), and how this was done.	
Citation searching	5	Indicate whether cited references or citing references were examined, and describe any methods used for locating cited/citing references (e.g., browsing reference lists, using a citation index, setting up email alerts for references citing included studies).	
Contacts	6	Indicate whether additional studies or data were sought by contacting authors, experts, manufacturers, or others.	
Other methods	7	Describe any additional information sources or search methods used.	
SEARCH STRATEGIES			
Full search strategies	8	Include the search strategies for each database and information source, copied and pasted exactly as run.	
Limits and restrictions	9	Specify that no limits were used, or describe any limits or restrictions applied to a search (e.g., date or time period, language, study design) and provide justification for their use.	
Search filters	10	Indicate whether published search filters were used (as originally designed or modified), and if so, cite the filter(s) used.	
Prior work	11	Indicate when search strategies from other literature reviews were adapted or reused for a substantive part or all of the search, citing the previous review(s).	
Updates	12	Report the methods used to update the search(es) (e.g., rerunning searches, email alerts).	
Dates of searches	13	For each search strategy, provide the date when the last search occurred.	
PEER REVIEW			
Peer review	14	Describe any search peer review process.	
MANAGING RECORDS			
Total Records	15	Document the total number of records identified from each database and other information sources.	
Deduplication	16	Describe the processes and any software used to deduplicate records from multiple database searches and other information sources.	

PRISMA-S: An Extension to the PRISMA Statement for Reporting Literature Searches in Systematic Reviews
Rethlefsen ML, Kirtley S, Waffenschmidt S, Ayala AP, Moher D, Page MJ, Koffel JB, PRISMA-S Group.
Last updated February 27, 2020.

Appendix V. PRISMA-S Checklist