Exploring the Psychosocial Needs of Syrian Refugees in the UK: Accounts of Community Service Providers

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List of Terms and Abbreviations

Mental/ Psychological struggles, needs, difficulties, illness, health and well-being: Past research uses the terms 'mental' and 'psychological' interchangeably. For the purpose of the thesis the terms 'Mental and Psychological' are used throughout to include meaning to needs, illness, difficulties, struggles or health and well-being.

Service providers: The term used in the current thesis refers to Syrian individuals who formed local services in different cities in the UK and are actively supporting newly arrived Syrian refugees.

Syrian refugees/ Service users: In some part of the current thesis this term used to refer to those who are in receipt of provided support from Syrian community services.

BPS	British Psychological Society
UNHCR	United Nations High Commissioner for Refugees
PTSD	Posttraumatic Stress Disorder
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	The World Health Organisation
UK	United Kingdom
CJS	Centre of Social Justice
GT	Grounded Theory
IPA	Interpretative Phenomenological Analysis
TA	Thematic Analysis
HCPC	Health and Care Professions Council
EMPHN	Eastern Mediterranean Public Health Network
VPR	Syrian Vulnerable Persons Resettlement

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Since 2011, the brutal and complex war in Syria has killed hundreds of thousands of people and created millions of refugees. This dismaying and rapidly unfolding crisis has contributed to the biggest movement of people through the continent since the Second World War. The United Kingdom was one of many destinations for Syrian refugees seeking protection. With this, members of the Syrian community have come together to provide support to newly arrived Syrian refugees. Literature documenting the mental health difficulties that Syrian refugees present with and the range of support provided by these community services remains severely limited. In the context of this gap, the overall aim of this study was to explore the psychological needs with which Syrian refugees in the UK present, as well as the service provision responses to these needs. In order to do this, the research utilised a qualitative methodology and elicited in-depth data from multiple perspectives. Semi-structured interviews were conducted and the inductive thematic analysis generated the following themes: Pre-displacement challenges; Displacement challenges; Post-displacement challenges; Coping and Resilience; Service providers' role and Challenges for contextually appropriate mental health care**.**

The findings of this study suggested that Syrian refugees in the United Kingdom present with wide range of mental health needs, including struggles caused by exposure to brutal conflict, violence, multiple losses and cultural stressors. Findings stated that community services are providing an array of basic and social support; however, mental health needs are unmet. Barriers to accessing mental health resources in the UK have been addressed and the need to develop a multi-layered, culturally sensitive response to Syrian refugees' mental health difficulties has been identified. The Discussion proposed the need to support community services in order to raise awareness, enhance Syrian refugees' psychological well-being and inform the development of culturally sensitive mental health services. With the growing number of Syrian refugees in the UK, this research has provided a contextualisation of this population's culture, religion, resilience, coping strategies and mental health needs from the provider perspective, which is important to improve awareness and identify specific issues contributing to mental health well-being. Recommendations are suggested for developing culturally sensitive mental health services for Syrian refugees, alongside acknowledging limitations of the research and suggestions for further investigation and practice.

Keywords: *Community service providers, Syrian refugees, Forced displacement, Resilience, Coping strategies, Stigma, Mental health, Psychological well-being, United Kingdom, Syrian crisis.*

Declaration The work presented in this thesis is the work of the author Faten Sabouni. Data collection, analyses and write up for the current thesis were solely the work of the author. No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَأَنْ لَيْسَ لِلإِنسَانِ إِلاَّ مَا سَعَى *وَأَنَّ سَعْيَهُ سَوْفَ يُرَى * ثُمَّ يُجْزَاهُ الْجَزَاءَ الأَوْفَى * وَأَنَّ إِلَى رَبِّكَ الْمُنْتَهَى

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وَأَمَّا مَا يَنفَعُ النَّاسَ فَيَمْكُثُ فِي الأَرْضِ

Dedication

To the martyrs of the Syrian Revolution; to the thousands of detainees; to the millions of displaced families and refugees: hope that your sacrifices will not be in vain, you will always be remembered.

To my father, Yousef, who took a lead to heaven but continued to be my role model and my rock of strength. I salute you for teaching me to strive for knowledge and to achieve my goals with positive change. You always want the best for me and I hope I have made you proud. May your soul be resting in peace.

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My deepest and most sincere gratitude is due to the wind beneath my wings, my husband and best friend Basem. You were always around at times when I thought that it was impossible to continue and you always believed in me. Thanks for your constant encouragement, endless support and great sacrifice, and for always showing how proud you are of me. You helped to encourage me and cheered me up when I needed it.

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Thank you a million times over!

CHAPTER ONE

INTRODUCTION TO THE THESIS

1.1. Introduction

This chapter begins the thesis by outlining the refugees' experiences, introducing the Syrian crisis, highlighting the UK effort to resettle Syrian refugees and introducing how community services formed in the shadow of the Syrian crisis. It will also explain how the research focus was developed. The research aims and questions are stated and the structure of the thesis is subsequently outlined.

1.2. Global Refugees' Experience

According to the United Nations High Commissioner for Refugees (UNHCR), refugees are individuals who have been forced to flee their country of origin because of well-founded fear of persecution, war or violence (UNHCR, 2017). These individuals are in danger because of their race, religion, nationality, political opinion or membership of a particular social group. The most recent statistics indicate that at the end of 2017, there was a dramatic rise in the numbers of refugees around the world (UNHCR, 2018). There were approximately 68.5 million forcibly displaced people worldwide, 40 million internally displaced, 25.4 million refugees and 3.1 million asylum seekers (UNHCR, 2018).

Millions of refugees, asylum seekers and their families are uprooted all around the world every year. It has been stated that humanitarian crises, war, unstable political situations, and ethnic, tribal and religious violence are the leading causes of refugees fleeing their countries (McKenzie et al., 2016). The multifaceted impacts of forced displacement on refugees are well documented in the literature (Silove et al., 1998; Fazel et al., 2005; Porter and Haslam, 2005). It has been recorded that most refugees will experience emotional, psychological and social difficulties as well as economic and environmental instability and societal fragility (Haaken and O'Neill, 2013). Exposure to war, violence and forced displacement will

profoundly impact on refugees' physical and mental well-being and will have consequences for their daily life engagement (Fazel et al., 2005).

1.3. The Syrian Crisis

The Syrian conflict began on 15 March, 2011 as part of the wider regional protest movement known as the Arab Spring, when people took to the streets to demonstrate in favour of democratic change (Lynch, Freelon and Aday 2014). Syrian peaceful anti-government protestors faced brutal military suppression, and as the crisis unfolded over the ensuing year, an armed rebellion began. The tragedy in Syria continues to grow, affecting millions of people. This brutal conflict has resulted in the displacement of almost 13 million Syrians – nearly half the country's population – and is the most daunting humanitarian crisis of this century (UNHCR, 2016).

According to Ratcliffe (2018), around 8,000 people flee Syria every day. Indeed, the United Nations High Commissioner for Refugees (2014a) reported that one in every five displaced individuals in the world is Syrian. UNHCR (2016) suggested that Syrians are now displaced more than any other nationality: the number of refugees who have fled the war in Syria now exceeds 5 million, with 7.5 million displaced internally within Syria. Most of these people are lacking sufficient food to survive and in urgent need of humanitarian assistance (Wolfe, 2013). Civilians in Syria are suffering severely from the destruction of their homes, while there is no adequate provision of food and water, and there are huge health and educational complications: consequences that particularly affect children (Sharara and Kanj, 2014). All internally displaced Syrian individuals will be tomorrow's refugees (The Guardian, 2015).

1.4. Internally and externally displaced Syrian refugees

The extreme violence and the conflict, persecution, political upheaval, and generalized crises of human rights being endured continue to cause the forced displacement of many Syrians, pushing them to risk their lives every day on the journey to different countries, hoping to seek asylum and to find acceptance and refuge. Many Syrians have fled their homes to escape the active fighting and to seek refuge in neighbouring countries, such as Turkey, Jordan, Lebanon, and Iraq, and to escape the terrible conditions in their home country. Moreover,

Syrian refugees have found themselves in situations of multiple displacements (Ferris et al., 2013). With the passage of time, people who have fled internally to nearby cities have been forced to move again across borders.
The literature highlights that in refugee camps, Syrians are still enduring the consequences of this shameful humanitarian catastrophe (Sparrow, 2014). They are encountering harsh living conditions, with accommodation only in makeshift mass shelters or dusty cold tents, no access to basic amenities, reliance on charities, heightened insecurity, poor health levels, increased socio-economic vulnerability, and enormous challenges in meeting the basic needs of daily life (UNICEF, 2014b). With the desperate situation in refugee camps is increasing; the Syrian crisis deepens further, and refugees' humanitarian needs show little sign of abating. Syrians have realised that their stay in refugee camps will last longer than expected, which for many of them is increasing their sense of loss and ongoing humiliation, with despair and hopelessness starting to surface (UNHCR 2015).

Falling between the jaws of violent war and humiliation in refugee camps, there is a mass movement of Syrians attempting to flee this harsh situation. Hundreds of thousands more Syrians, despite risking death, capture and deportation, pay traffickers to facilitate their journey to different European countries. Syrians are desperate to take risks in search of a better future, as they cannot access basic life needs in either their home country or in refugee camps (BBC News, 2016). Amid all the paralyzed social, economic and personal lives of many Syrian refugees who made their way into Europe, the media played a crucial role in covering all the bloodshed, confusion, displacement, and deadlock of Syria's conflict. During their journeys to Europe, Syrian individuals are vulnerable to abuse and exploitation. Their safety and even their lives are often put at risk. They are smuggled in containers or inflatable boats and are treated as merchandise, with great risks of suffocating or drowning while making the journey across the Mediterranean (BBC, 2015). Several Syrian refugees have made their way to the UK via this appalling journey.

1.5. The UK and Syrian Refugee Resettlement Scheme

In September 2015, the UK government announced a vulnerable people scheme to take 4,000 Syrian refugees each year until 2020, making a total of 20,000 to be resettled over that period (Gower and Cromarty, 2016). Refugees will be taken directly from camps in the countries neighbouring Syria through a controlled formal process via the Home Office and the United

Nations High Commissioner for Refugees (UNHCR, 2016). According to Gower and Cromarty (2016), the UK government argue that they will take the most vulnerable refugees directly from the refugee camps. Priority will be given to individuals who have been victims of sexual abuse, torture, and violence, and to elderly and disabled people. According to the Home Office, this relocation programme will involve ensuring that all Syrian refugees have undergone a series of checks, including health checks, a robust identification process and security checks before entering the UK (Home Office, 2015).

More than 50 local authorities in the UK have shared the responsibility to look after those who will arrive through the Syrian Vulnerable Person Resettlement (VPR) programme (BBC, 2015). Local authorities and the voluntary sectors are working closely with the government to implement the programme and to assist Syrian refugees to integrate into UK society (Home Office, 2016). According to the latest immigration statistics, 5,453 Syrians had been resettled through the VPR Programme in the year ending March 2017 (Home Office, 2017c). According to the Home Office, all those admitted to the UK under this programme were granted refugee status with permission to work, swifter access to student support for those in higher education, access to public funds and internationally recognised refugee travel documents (Home Office, 2015).

1.6. The Unique Role of Community Services

As new sets of Syrian refugees relocated, many Syrian community teams developed and started offering basic support to meet the essential needs of these new arrivals (UNHCR, 2016). Due to the vulnerable nature of newly arrived refugees, old migrant Syrians commissioned services to work with the refugees on a day-to-day basis and to help them settle and integrate into their new community. Syrian community services were initially developed to better understand Syrian refugees' needs and requirements, to help them to settle and integrate in the UK, to evaluate any concerns, to improve their abilities to find pathways, and to direct them to the appropriate support and services (Home Office, 2017).

Syrian refugees have been lodged in different towns and cities (Home Office, 2016), while many old migrant Syrians have volunteered to help these new arrivals. These voluntary services grasped the massive adversities that the Syrian refugees faced due to their forced displacement and realised the enormous challenges presented in the new host country. Syrian

community services acknowledged the need to build bridges and to help Syrian refugees understand their new reality, drawing strength from their shared experiences, with special emphasis on language and cultural understandings (British Council, 2015).

The Syrian community of Yorkshire, Rebuild-Rethink in Manchester, the Syrian British family club, the Syrian society of Nottinghamshire and the Syrian community in Britain are just a few of the many voluntary community services that have developed and formed centres in different cities in the UK. They provide daily support and rehabilitation for Syrian refugees besides running other humanitarian projects and services for the Syrian community. These services are taking the initiative to support Syrian refugees, improve integration and coping strategies, protect vulnerable groups and provide specific support towards jobs, schools and housing applications. It is hoped that with the support of the government, local organisations and voluntary sectors, a vital role will be played in helping these new arrivals to feel welcome and to adjust to a new life in the UK (Home Office, 2017). Establishing these services can help by making it possible to offer immediate support and provide an important opportunity for refugees to regain self-determination (UNHCR, 2017).

Moreover, research suggests that emerging community organisations can assist refugee communities to develop internal strength and sustainability rather than remaining dependent on governments (Paul, 2000; Gemmill and Bamidele-Izu, 2002; Fisher et al., 2005).

In addition, it has been highlighted that community services can play a key role during the early stages for newly arrived refugees (Waxman, 1998). This role can include factors influencing refugees' psychological well-being, meeting their specific needs and gaining awareness of and access to mainstream services (Almoshmosh et al., 2016). However, community private engagement is still in its early stages and there is still an urgent need to develop effective community services that include outreach and multiple access points, such as mental health services (Hassan et al., 2015).

1.7. Research Focus: Aims and Rationale

This research stems in part from my Syrian origin, social justice and counselling psychology training values, as well as my interest in the impact of war and forced displacement on Syrian refugees and the available support in the UK. My interest in this topic is also intensified by my previous role in supporting the first wave of displaced Syrian refugees who arrived in Bradford through the vulnerable person resettlement scheme in 2015. Witnesses to the war in Syria, these refugees have lost family members and have hastily fled the ruins of their homes.

With nothing more than the possessions they could carry, these people, who once lived in dignity and safety, are now refugees all around the world.
As a Syrian individual, I have been personally affected by the brutal war and its sequelae. I experienced the massive impact of forced displacement on my elderly mother and my disabled brother, who fled the city of Aleppo due to the continued violence and insecurity. After they relocated to Germany, I faced my family's stories of deprivation, uncertainty, grief and lost future aspirations.

Additionally, and as a trainee counselling psychologist, I have always been encouraged to put individuals at the centre of my work while considering a wider holistic perspective. In doing so, I have striven to address challenges related to distributive justice and to simultaneously empower individuals and groups through advocating fair treatment and equal share of resources and practices. Promoting social justice and identifying structural and contextual issues that contribute to mental health struggles while finding pathways to reduce psychological distress were at the heart of my role. These values strengthened my drive to carry out this research with a hope to promote social justice through identifying inequalities and promoting anti-discriminatory opportunities.

Moreover, it could be argued that it is vital for counselling psychologists to explore the accounts of the minor community services, as this area of practice has to date been totally ignored (Clarkson and Nippoda, 997; Eleftheriadou, 2003; Wynaden et al., 2005). According to Eleftheriadou (2003), the counselling psychology profession positions itself at the heart of multiculturalism and social justice. It is intimately committed to viewing people holistically, improving quality of life for vulnerable groups and promoting community empowerment. Along with Eleftheriadou's (2003) findings, Qureshi (2016) explored the subjective experiences of Syrian refugees in the UK and highlighted their coping strategies. She identified barriers that prevented Syrian refugees from accessing psychological support and she pointed out different skills Syrian refugees used to cope with their harsh past experiences (Qureshi, 2016). Addressing the multiple factors faced by individuals and their communities, identifying the importance and sensitivity of their social context, cultural and racial roots while embracing social change is at the core of counselling psychology (Woolfe et al., 2009). Building on Qureshi's (2016) work, and in response to the large number of newly arrived Syrian refugees into the UK; the aim of this research was to develop on an existing small body of research and literature. This was also to highlight the psychological needs of refugees

as active survivors (Almoshmosh, 2016) and capture the enormous role of community service providers in assessing refugees. This research also aimed to explore how Syrian community service providers in the UK cope with Syrian refugees' experiences of loss, grief, transition and change. Moreover, this study was interested in exploring the factors that service providers perceived to have helped or hindered the Syrian refugees' mental health.

A further aim of the research was to elicit community service providers' own voice, as opposed to the views of refugees, which are already well represented in the literature (Kelly, 2003; Marfleet, 2004; Jayasuriya, 2007; Esipova et al., 2011; Dempster and Hargrave, 2017). With the myriad of issues refugees face once they arrive to the new host country, and while governmental services can offer much, there are significant gaps in the help they can give (Almoshmosh, 2016). Community services' role become increasingly important, especially in providing support to those who have reached the UK. Acting as a front-line, offering needs-based daily help and providing culturally sensitive support; these services are facing huge challenges and demands to alleviate suffering and serving one of the most vulnerable groups. I was therefore motivated to reach out to community services and give this population an opportunity to share their stories, in the hope of also shedding light on Syrian refugees' psychological needs.

In light of all of the above, I was curious about the emotional and psychological impact of this tragic war on Syrian refugees and concerned about the available government and community services involved.

I believe that this study has asked the right questions, which guided the process of finding meaningful answers. It addressed the gap in the literature regarding the role of Syrian community services and their involvement in aiding Syrian refugees' psychological well-being while shedding light on the mental health needs of Syrian refugees in the UK. Understanding the subjective experience of individuals is at the heart of counselling psychology as a profession (Cooper, 2009). Therefore, this research offers a unique and valuable contribution to knowledge within counselling psychology by offering service providers a space to share their differing views, accounts and experience.
Moreover, this study has added knowledge on key cultural, societal and psychological factors to address mental health problems in the Syrian context. This may benefit mental health

services, facilitate Syrian community development and help these services to become more sensitive to the mental health needs of Syrian refugees.
In addition, it has implications for promoting help-seeking and peer support, improving awareness of mental health issues in order to possibly reduce stigma within the Syrian community, and, it is hoped, to encourage other sufferers to come forward, especially when they realize that the services are good and professional. With that, the research aims to provide recommendations to help direct approaches of mental health professionals, agencies, stakeholders and policy-makers in advocating a continuum of culturally sensitive responses to Syrian refugees' mental health in the UK. Thus, the research question this thesis has answered is:
"What are the Syrian community service providers' accounts of Syrian refugees' mental health needs in the UK?"

1.8. Relationship to Counselling Psychology

While counselling psychologists are adopting a humanistic perspective, and positioning their profession as 'the voice of the people' (Sue, 2004), they are obliged to understand the unique circumstances and experiences of their culturally different clients (Fong et al., 2016).
The humanistic principles of counselling psychology has a firm value base grounded in empowering individuals' subjectivity and empathically respecting their accounts while recognising individuals' unique social context. According to the BPS ethics (2014), counselling psychology is grounded in values that aim to empower those who use their services, and place high priority on anti-discriminatory practice, social and cultural context and ethical decision-making (BPS, 2014, p.17).
Moreover, it has been highlighted that counselling psychologists would benefit from engaging in issues related to diversity, race, cross-cultural therapy and cultural competence, as these are becoming rapidly important topics in our increasingly cosmopolitan society (Fernando, 2010; Gilbert and Orlans, 2011; Sue and Sue, 2013; Fong et al., 2016).
With all these values, principles and perspectives in mind, highlighting Syrians' unique culture, diversity and social values is central to the humanistic route of counselling psychology. Understanding Syrian' cultural and societal values is essential for counselling psychologists in order to identify, acknowledge and validate this population's mental health needs (Laungani, 2002; Fernando, 2010). Moreover, identifying individuals' different experiences, beliefs, circumstances, social relationships and problems is at the heart of

counselling psychology's pluralistic beliefs (Mearns, Thorne, and McLeod, 2013). This knowledge could offer professionals guidance to evaluate existing therapeutic approaches and could improve their cultural relevance and clinical efficiency (Birman et al., 2008; Strawbridge and Woolfe, 2010).

1.9. Structure of the Thesis

In order to address the aims of this research and answer the research question above, the thesis is divided into seven distinct chapters. Chapter Two reviews the key literature concerning refugees, forced displacement and mental well-being, Syrian refugees as an 'at risk' population, and the impact of war on refugees' mental health. Research on Syrian culture, resilience and mental health stigma is also explored. Chapter Three presents the methodology, setting out the epistemological positioning of the research, the research method utilised and the design that facilitated the data collection and analysis. Chapter Four outlines the main and sub themes from each interview individually. Chapter Five documents the research reflections throughout the research process and highlights any potential influence on the generation and interpretation of the data. Chapter Six provides an interpretation of the findings of the study in light of the existing research literature, as well as considering the research limitations and directions for future research. Chapter Seven summarises the research and its contribution to the field of Counselling Psychology.

1.10. Chapter Summary

This chapter has introduced the thesis and provided a personal, professional and academic rationale for the research question. It has outlined and defined the global refugee experience, the Syrian crisis, internally and externally displaced Syrians and the UK Vulnerable Persons Relocation Scheme (VPR), as well as presenting an overview of the role of community services in supporting newly arrived refugees. An explanation has been given as to how the research question was selected, outlining the research topic and its contribution to knowledge. The research aims and questions were defined before the structure of the thesis was outlined.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction and overview of chapter

The subject of the Syrian conflict and humanitarian needs, with a particular focus on Syrian refugees, is in the public eye, with sustained media attention and government polls showing that Syria's situation is currently one of the key concerns of the whole world (Human Rights Watch, 2013). Many countries in the region have had issues that led to a series of anti-government uprisings and formed the so-called called 'Arab Spring'. It has been reported that this uprising is due to the suppression of free speech, violence, human rights abuses, government corruption and stifling of political dissent (Lynch, 2012).

Various countries in North Africa and the Middle East demonstrated and revolted against their governments, such as Yemen, Libya, Egypt, Bahrain, Jordan, and Syria (Malik and Awadallah, 2013; Chalcraft, 2015). The protests that took place dislodged some dictatorships from power, ceded power by negotiation from a few, while others remained in power. Some Arab regimes responded to protests with accommodation, while others responded with superior military force, repression and excessive violence (Chalcraft, 2015). Still, Syria stands out uniquely because of the repeated extensive use of military forces and the horrific toxic and chemical weapons attacks against the civilians, generating the worst humanitarian crisis in the 21st century (UK Parliament, 2018). With millions of Syrians needing immediate humanitarian help, Syrian refugees are still forming an ongoing source of pressure on high economy countries.

A vast body of literature has recognised that refugees across many different countries have complex mental health needs and experience prolonged periods of severe stress (Fazel et al., 2005; Miller and Rasco, 2004; Porter and Haslam, 2005). However, there is a dearth of literature regarding the psychosocial needs of Syrian refugees, especially those who have relocated to the UK.

There are many potential factors underlying this shortage in the literature. This could be due to the austerity measures and policies that have fostered welfare budget and benefit cuts. These directly led to economic and social insecurity and fatally weakened public spending, health and community services (Scull, 2015).

Research indicates that health services in general and mental health services in particular have been under increased financial pressure and budget reduction (Leaker, 2016; Stuckler et al., 2017; Cummins, 2018). Not surprisingly, this has led to unequal societies, poor income, housing insecurity, poverty, homelessness, discrimination and low resources. Consequently, this has impacted massively on the most deprived and marginalised groups in the UK, such as refugees and asylum seekers. Although leading to the development and trajectory of mental health distress, austerity and associated policies have disproportionately increased the overall burden of mental struggles and vulnerability within the UK and contributed to scarcity and inequitable distribution of services (Cummins, 2018).

In addition, it could be argued that one of the reasons for this is the fact that the UK government only launched the vulnerable person resettlement scheme (VPRS) in September 2015, when the first wave of Syrian refugees started to arrive legally. While most Syrian refugees have undoubtedly arrived in the UK loaded with invisible wounds and trauma (Silove et al., 2017), barriers to accessing psychological care and the persistent social stigma associated with being both a refugee and mentally ill could highlight another factor contributing to the lack of research in this area (Ahmedani, 2011).

With this in mind, it has been reported that many Syrian refugees who arrived in the UK have undoubtedly witnessed the conflict, been subjected to prolonged violence, experienced suffering and faced prolonged destruction and disregard of their human rights (UNHCR, 2014). Therefore, it could be argued that it is vital to identify the mental well-being and psychological needs of Syrian refugees, as they could be classified as one of the most vulnerable and at-risk groups in the UK.

Since there is no literature specifically focusing on community services in the UK and their role in assessing Syrian Refugees' mental health needs, and a narrow focus on Syrian refugees who have relocated to the UK and their mental health needs, this literature review has taken a broader focus. However, the broader literature is extensive and focuses on various aspects of war, forced displacement and mental health.

The intention of this literature review is to provide readers with adequate information about the Syrian culture, Syrian conflict, Syrian refugees and the experience of forced displacement.

By highlighting these issues, it is hoped that readers can contextualise subsequent information about the mental health of Syrian refugees. To do this, a brief description of war and its impact on individuals' mental well-being will be provided, followed by an explanation of the war in Syrian and its impact on Syrian individuals and families, as well as highlighting the experience of forced displacement, cultural adjustment, coping strategies and integration on refugees. Resilience and meaning-making in refugees will then be described, before research on Syrian culture and the burden of mental health is explored.

2.2. Refugees, War and Mental Health Needs

Every day, the media bring us the horrors of the ongoing conflicts in numerous countries, including Yemen, Syria, Palestine, Iraq, Congo, Somalia, Cambodia and South Sudan. A vast body of literature depicts the impact of living in constant fear through war and how this can massively affect individuals' mental health and leave physical and psychological marks that might never heal (Burgess, 2012).

The UNHCR documented in its Global Trends report (2016) that in recent years, the world has witnessed a sharp increase in the number of individuals and families fleeing their homes due to wars, violence, conflict, persecution and human rights violation to seek asylum elsewhere (UNHCR, 2016). These people are making treacherous journeys through land and sea in order to seek protection (O'Sullivan and Stevens, 2017).

According to the UNHCR, by the end of 2016 there were 22.5 million refugees worldwide, of whom 84% are hosted in developing countries (UNHCR, 2016). The current refugee crisis in Europe has recorded that for the last thirty years, Pakistan hosted the largest number of refugees, mainly from Afghanistan, although Turkey is now the world's top refugee-hosting country, whereas Syria is the top refugee-producing country in the world (Refugee Council, 2015).

During the last decades, a large number of books and journals have addressed the effects of war on mental health. It has been reported that the war has catastrophic effects and poses a substantial threat to human wellbeing (Silove et al., 1998; Green et al., 2003; Lopez-Ibor et al., 2005; Murthy and Lakshminarayana, 2006; Frey, 2011; Aggarwal, 2015; O'Sullivan and Stevens, 2017). Studies indicate that most adults, children, elderly people and families in

conflict zones will experience at least one traumatic event as a result of war, human unrest and political conflict (Hinton et al., 2001; Schubert and Punamäki, 2011; Kazour et al., 2016). The consequences of war undermine various aspects of individuals' lives and could cause more mortality and disability than any major disease (Murray et al., 1996a). Studies have shown that war destroys individuals, families, communities and nations and often disrupts social networks, support links, justice beliefs and economic fabric, as well as physical and mental health systems (O'Sullivan and Stevens, 2017).

A study conducted by Alpak and his colleagues in 2015 found high prevalence of Post-Traumatic Stress Disorder, anxiety and major depressive disorders among Syrian refugees in refugee camps in Turkey. They added that Syrian female refugees in general are more likely to suffer from mental disorders compared to male refugees (Alpak et al., 2015). A quick glance at the literature concerning gender differences in war highlights that men have higher risk of developing trauma, while women are more prone to develop mental disorders (Kirmayer et al., 2011; Nickerson et al., 2014; Mental Health Foundation, 2016; Silove et al., 2017). These studies argue that even though men would make up the vast majority of those killed, tortured, imprisoned or made to disappear during war, women are increasingly targeted and exposed to sexual abuse and gender-based violence in times of conflict (Rees, 2003; Giallo et al., 2017; UNHCR, 2018).

It has also been recognised that war does long-term physical and psychological damage to both adults and children (Murthy and Lakshminarayana, 2006; McFarlane, 2010). Death, disability, endemic poverty, despair, malnutrition, social decline and psychological struggles are just a few of the many consequences of war. People who are exposed to armed conflict will experience a rupture in their social structures where norms of safety, trust, identities and cooperation will be shattered. Societies ravaged by war will pay a massive toll in loss of human life and economic, political and social disintegration (Duffield, 2001). Women, men and even children are forced to fight for survival and individuals are faced with a range of exclusions, dysfunctional inequalities, insecurity, vulnerability, marginalization, instability, discrimination and injustice (Sandole et al., 2008).

While the aftermath of war and armed conflict will impact hugely on various social issues, traumatized civilians will be left with countless psychological scars and extensive stressors to deal with (Austin, Fischer and Giessmann, 2011). Individuals who have experienced

traumatic events are expected to develop serious mental health problems, disturbed behavioural and emotional difficulties that may hinder their ability to function effectively (Chrisman and Dougherty, 2014). According to the World Health Organisation (WHO, 2003), in order to deal with the consequences of war, greater understanding of conflicts, thoughtful consideration of the myriad mental health problems, and coherent and effective strategies for dealing with these problems must urgently be developed and implemented (WHO, 2003).

2.3. Syrian Culture: Ethnic Diversity, Religion and Language

With the archaeological discovery of the first human habitation at c. 700,000 years ago and ancient cities at c. 4000-3000 BCE (Mohen and Dani, 1996), Syria is home to one of the oldest civilizations in the world, with a rich cultural, artistic, religious and social heritage. It is situated in the heart of the Middle-East and surrounded by Turkey to the north, Iraq to the east, Palestine and Jordan to the south, and Lebanon and the Mediterranean Sea to the west (Darke, 2010).

Although life in Syria today is unsafe and unstable, in the recent past life was vibrant, modern and ever-changing. From its ancient roots to its recent political instability and brutal conflict, Syria has a complex and unrestrained history (Kahf, 2013).
The majority of the country is rooted in the Islamic faith and history, where Arabic is the officially used language (Nisan, 2002). However, Syria is culturally fairly heterogeneous, and a wide diversity of social, socioeconomic, ethnic, age, gender and religious backgrounds is tolerated among the Syrian population (Mohen and Dani, 1996; Nisan, 2002). This creates a complicated but strong feeling of cultural unity and ethnic group belonging (Mohen and Dani, 1996).

The family and community relations are central to the Syrian culture. The nuclear and extended family unit is important and is regarded as a cornerstone (Kahf, 2013). In this, Syrian individuals are strongly attached to multiple social bonds and group belongings. These bonds and relationships offer many advantages, including stability, coherence and psychological well-being (Smeekes et al., 2017). Social cohesion and familial attachment are deeply embedded in the Syrian culture, values and norms (UNESCO, 2015). Research suggests that these attachments could act as factors protecting individuals' mental health and

supporting them when facing difficulties (Silverman and Fairchild, 2007; Savic et al., 2013; Dionigi, 2016; Smeekes et al., 2017).
Furthermore, the associated sense of social identity, self-worth and belonging may function as tools to enhance coping mechanisms, help-seeking behaviour and overall psychological well-being (Haslam et al., 2009; Chang et al., 2017).

At this juncture, it is important to highlight that Syrian refugees have been forcibly separated from their families and social communities (UNHCR, 2018). In addition to witnessing and being subjected to traumatic events, they have been through extensive social changes, insecure attachments and disturbed emotional bonds, which could add extra stressors to their psychological well-being. As Syrian refugees are displaced and separated from their loved ones, they are at risk of feeling emotionally trapped, unsafe and insecure (Miller and Rasmussen, 2010; Quosh et al., 2013).

2.4. Syrian refugees as an 'at risk' population

The eight-year Syrian conflict has triggered a humanitarian disaster with widespread ramifications, of which civilians are still bearing the brunt (UNHCR, 2018). There is a strong focus in both the media and the literature on the range of stressors and traumatic events encountered by Syrians in their country of origin, in the refugee camps and on their journeys to safety (Hunter, 2016; Ben Farhat, et al., 2018; El-Khani et al., 2018).

With the increased violence, instability and insecurity in Syria, and the risks of violation, inadequate livelihood opportunities and insecurity in refugee camps (UNHCR, 2013), the Syrian crisis deepens further. Given these issues, and as natural consequences of the violence and forced displacement, many Syrian refugees who have resettled in Europe have suffered physical or mental torture (UNHCR, 2916). They have experienced great loss, and have been forced to leave their homes, schools, and family members behind, which may cause them intense fear for the future of relatives who are either still in Syria or whose whereabouts – and even whether they are still alive – remain unknown. Most of these Syrian refugees have encountered intense suffering, distress and trauma, and many have witnessed or been subjected to brutality (UNHCR 2015).

In addition, it has been highlighted that refugees are also exposed to difficulties in navigating in the host country (Morris et al., 2009), lack of access to basic necessities, such as shelter, clothes, food, healthcare, education, and difficulties with language and finding employment (Ackerman, 1997).

While there is less focus in the literature on post-migration difficulties, a number of stressors to which Syrian refugees are commonly exposed have been identified. For example, Hassan et al. (2016) reported that Syrian refugees presented with a wide range of mental health problems, including a prevalence of pre-existing mental disorders, problems caused by exposure to brutal conflict, violence, forced displacement and multiple losses, as well as issues related to cultural adjustment in their new settings.

In a Swedish cross-sectional survey conducted on a sample of 1215 Syrian refugees, Tinghög and his colleagues (2017) found that the majority of participants have been exposed to huge stressors which have impacted significantly on refugees' mental well-being. These stressors included language difficulties, loss of a familiar cultural framework and cultural norms, loss of social status, loss of employment, loss of family and friends, loss of financial resources, and loss of familiar social networks. They concluded that there is serious need for increased attention from multiple community organisations to adequately assist with Syrian refugees' mental health struggles, promote their recovery and reduce their post-migration stress (Tinghög et al., 2017).

Furthermore, in an Australian cohort study on 394 refugee families, primarily from Iraq, Afghanistan, Myanmar, Iran, Libya, Syria, and Egypt, Bryant and his colleagues (2018) revealed that most refugees have encountered previous trauma and a range of post-migration difficulties. These ongoing stressors have exhibited levels of psychological difficulties, including high prevalence rates of post-traumatic stress disorder, harsh parenting style, anxiety and depression.

In their extensive 2015 review, the UNHCR showed that Syrian refugees displayed a wide range of emotional, cognitive, physical, behavioural and social problems. Syrian refugees manifest chronic grief, fear and despair, as well as persistent anxiety, aggression, frustration, loss of control, helplessness, boredom and somatic symptoms (Vukcevic et al., 2014).

One has to be cautious about the fact that all of the above-mentioned studies have used screening tools and Western diagnostic tools and focused on symptoms of pathology. Due to the challenging environments and the emotionally charged sample, only limited qualitative studies assessing Syrian refugees' psychological needs have been conducted (Quosh et al., 2013). It has also been highlighted that there has been a narrow focus on the effects of post-displacement stressors and their impact on Syrian refugees, which may lead to the evolvement of psychological struggles, the conflation of the symptoms of PTSD, clinical depression or chronic anxiety (Kazour et al., 2016).

2.5. Forced Displacement and Acculturation Stressors

Many Syrian refugees have been forced to flee their homes and escape to safety. Research shows that refugees who experience forced displacement are more likely to encounter mental health disturbance and traumatic psychological problems (Porter and Haslam, 2001; Burnett and Peel, 2001; Reyes and Jacobs, 2006).

Studies have suggested that living in exile is usually associated with many types of stress, such as loss of identity, economic hardship, disorientation, feeling insecure, language barriers, social isolation, and discrimination (Sundquist et al, 2000; Miller et al., 2002; Fazel et al., 2005). According to Migliorino (2008), refugees' experiences are influenced by several factors, such as age, gender, religious faith, language, discrimination and cultural diversity, disadvantaged socioeconomic position, collapsed social networks, and uncertain immigration status. These factors can all act as barriers that prevent refugees from rebuilding their lives, influence their coping mechanisms, and negatively affect their mental health and psychological wellbeing (Shannon et al., 2012).

In the new host country, research has shown that refugees will experience multiple stresses that can impact on their psychological well-being, including the loss of cultural, social and religious norms, and difficulties in adjustment to a new culture, language barriers and changes in concepts of self, others, identity and the world (Morris et al., 2009; Kirmayer et al., 2011; Lewis-Fernández et al., 2014; Tinghög et al., 2017). Refugees may experience confusion and uncertainty in the resettlement phase because their losses are realised and they are confronted with unfamiliar cultural norms, destitution, separation, and multiple losses (Miller, 1999).

In their 2016 report “England’s forgotten refugees: Out of the fire and into the frying pan”, the Refugee Council conducted a survey on 100 refugees as well as a qualitative study on eleven newly recognised refugees who were interviewed four times over a period of ten months. They highlighted that refugees in the UK are facing significant practical problems, such as housing, employment, welfare benefits and accessing mental health services, and that these refugees are facing huge stressors and difficulties, as well as serious decline in their mental and physical health due to the stresses associated with acculturation (Refugee Council, 2016). This all could be due to the negative impacts of the financial crisis and subsequent austerity policies that exacerbated the existing structural inequalities.

Furthermore, Kirmayer and his colleagues reported that most refugees will exhibit signs of acute stress, anxiety and depression in the re-settlement phase. These signs are related to the lack of social support, loss of community, loss of roles, family separation, language difficulties, poverty, inadequate housing, unemployment, uncertainty and discrimination (Kirmayer et al., 2012). Kendler and colleagues (2003) described how refugees’ mental health will be affected by many challenges in the new host country. These challenges include language and communication barriers, adaptation, integration, and cultural differences. Refugees who encounter feelings of loss, humiliation and violence are more likely to develop major anxiety, depression, trauma, chronic pain, and other somatic-related disorders. They explained the need to establish a hierarchy of needs to meet refugees’ essential requirements, leading up to their psychological needs. They added that service providers should be knowledgeable and flexible in order to assist refugees’ needs while trying to alleviate much of the stress involved (Kendler et al., 2003).

According to the Royal Society of Medicine in Middlesex (2015), Syrian refugees who are displaced outside Syria have displayed high levels of psychological difficulties and mental disorders. Syrians are widely experiencing trauma, anxiety, PTSD, and depression.
Given the growing number of displaced Syrian refugees, the society stressed the need for ongoing psychological care and effective mental health services to help meet Syrian refugees’ needs (WHO 2013).

2.6. Syrian Refugees in the UK

Few Syrian refugees have made their way to the UK. Only around 10,858 Syrian refugees have claimed asylum in the UK since the conflict began in 2011 (IRC, 2016). In addition, around 5.000 Syrian refugees, (as of 2017) entered the UK through the vulnerable person relocation scheme (Home Office, 2017).

Abou-Saleh and Mobayed (2013) argued that with the continuing deterioration in the humanitarian situation inside Syria and in refugee camps, mental health needs among refugees fleeing to the UK are increasing. Of all the traumatic changes experienced by Syrian refugees throughout the last few years, few are as wide and complex as those that occur during their journey to the UK. Practically everything that surrounds them here in the UK involves change (Abou-Saleh et al, 2015). Family and social relations, diet, weather, language, culture, and refugee status are factors that have a huge impact on refugees' psychological wellbeing.

Bhugra and Becker (2005) stated that refugees in the UK are experiencing huge social and cultural losses, which can affect their mental health and well-being. They added that refugees suffer from extreme stress and anxiety, and from the loss of cultural norms, social support systems, and religious traditions. These effects will leave this vulnerable population in increasing need of mental health support.

In addition, Watters (2001) argued that the mental health provision for refugee groups in the UK is poor and is very much open to criticism. He suggested that refugees are more likely to suffer from multiple difficulties, and that psychological services in the UK need to develop sensitive psychological models to fit with this group and to focus on their coping strategies. In their study, Silove, Ventevogel and Rees (2017) stated that the rates of mental illness are high amongst Syrian refugees' groups. They stressed the need to establish attuned mental health services that can meet the unique stresses and cultural aspects that affect Syrian refugees in order to best address the needs of this increasing and vulnerable population (Silove et al., 2017).

Indeed, it has been highlighted that Syrian refugees in the UK are facing barriers to access to the housing and education sectors, employment opportunities and healthcare services

(Refugee Council, 2016). In response to the Syrian refugee crisis, the Centre for Social Justice (CSJ) stressed the need to establish and provide a comprehensive array of programs and to effectively implement pathways to tackle poverty, dependency, life chances, mental health, vulnerability and community cohesion (CSJ, 2017).

While the literature highlights the demand to meet Syrian refugees' needs with structural policy responses (Zetter, 2015; Razum et al., 2016; Bozorgmehr and Razum, 2017), austerity measures are still contributing to the absence of secure living situations and increased poverty, and consequently undermining the efforts of local authorities to meet vulnerable groups' needs (Alkire et al., 2009).

2.7. Mental Disorders in the Middle East

In the Middle East, attitude toward mental illness is very culturally dependent (Almoshmosh et al., 2016). The dominanted approach to understanding psychological difficulties and mental illnesses is driven predominantly by a medical profession (Al-Darmaki and Sayed, 2009). Therefore, the conceptualisation of mental health is deeply imbedded in medicalised concepts and mental illness understood only through the discipline of psychiatry that focuses primarily on the identification of disorders. As a result, the term 'mental disorder' has been used to illustrate how this term is culturally situated.

2.7.1. Politics and Mental Health

For more than four decades, the Syrian regime implemented measures and policies of liberalization, leading to aggravating the living standards for the majority and declines in the institutional infrastructure (De Juan and Bank, 2015). These policies played a significant role in embedding social division, job losses, price rises, poverty, unfairness and immense inequality. These have ultimately caused boundless hardship for Syrians at large, acting as a spark for the current vicious conflict (Langman and Smith, 2018).

At this juncture, it is worth noting that the full-scale war in Syria has been widely viewed as citizens' demand for social justice and human rights against repressive regimes (BBC, 2016). Therefore, growing social inequalities, economic dysfunction, restriction of speech and human rights violation acted as a trigger for the current conflict (WHO, 2014).

Before the crisis, Syria showed reasonable progress in its healthcare system and had a well-developed health workforce (Ismail et al., 2018). Despite its diverse and improved healthcare facilities, the quality and quantity of psychological facilities were quite low, with a complete lack of community mental health services (Kherallah et al., 2012; O'Connell et al., 2012). Only six mental health hospitals were available in a country with a population of 23 million, reflecting the increasingly limited capacity of psychology, psychiatry and other mental health professions compared to other health disciplines (WHO, 2011). The shortage of mental health sectors promoted a huge lack of awareness and education around mental illness and its treatment (WHO, 2011).

Under the repressive and corrupted regime, healthcare in general and mental healthcare in particular have been constantly undermined (Okasha et al., 2012; Batniji et al., 2014). Okasha and his colleagues reported that most countries in the Middle East suffer from deficiency in psychotherapy services and mental health professionals to tackle mental health conditions (Okasha et al., 2012).

Since 2011, and despite the tremendous psychological needs of a country torn apart by escalating war and violence, only two psychiatric hospitals are still operating in Syria, providing acute admission and long stay mental health services, revealing the ever-increasing gap in mental health service provisions in the country.

According to the World Health Organisation (WHO, 2017), as a result of years of ongoing unrest and conflict, the Middle East has one of the highest rates of serious mental health problems. With a region that has been destroyed by war and human violation, it inevitably carries a population that has been traumatised emotionally and psychologically.

In their 2016 report, the World Health Organisation highlighted that the Middle East suffer from grossly insufficient mental health awareness, human resources and services. They highlighted the severe lack of mental health services and the below accepted standards of

these services. They added that Syria is one of seven Arab countries to have fewer than 0.5 mental health professionals per 100,000 population where the only available treatment for mental health disorders is medication (WHO, 2016).

With the huge lack of psychological awareness, shortage in appropriately trained mental health professionals, and the dearth of psychiatric/ psychological services and hospitals, stigma surrounding such mental health disorders remained a long-lasting problem in Syria (Lauber and Rossler 2007; Almoshmosh et al., 2016). Moreover, Okasha and others noted that it is vital to acknowledge the intense daily distraction and unstable conditions people in conflict zones are living under. These people tend to focus on staying alive and dealing with their daily needs of shelter and food: the manifestation of psychological struggles will be put on hold until the conflict is over (Okasha et al., 2012).
As such, mental health needs have often not been recognized and the underlying structural inequalities that contribute to these conditions have been frequently neglected or ignored by the Syrian government (WHO, 2008).

2.7.2. Mental Health and Syrian Culture, Norms and Socialisation

It is crucial to understand the complexity and diversity of Syrian culture in order to offer the appropriate support to Syrian individuals and other refugees of concern. In order to accurately evaluate and understand the mental health issues in the Middle East, one must take into account cultural, religion and social norms and influences (Seeman et al., 2016). Culture has been described as a collection of shared beliefs, practices and language that distinguish members of one group from another (Hofstede, 2001). In this, the culture of the 22 Arab countries comprises shared Arabic languages, belief systems, common habits, standards, values, norms, shared attitudes and behaviours, common religion and shared geographical location (Al-Mahroos, 2001; Salzman, 2008).

As in many other Middle Eastern countries, Syrians live in societies where they are required to function within the family and obliged to abide by cultural and traditional laws governed by societal norms and standards (Albirini, 2006). Values such as endurance, independency, loyalty, dignity, hospitality, friendship, collectivism, generosity, pride and rivalry have significant and particular importance (Feghali, 1997).

Moreover, in Syria, community relations and dynamics are influenced by the age and gender of individuals as well as by a wide multiplicity of religious, social, ethnic, and socioeconomic factors, which shape Syrians' social context (Matory, 2015). This wide diversity in Syrian culture influences individuals' well-being, as it shapes their actions, emotions, and behaviours, and forms their abilities to cope and to seek help (Stanton et al. 2012).

In Syria, mental health needs and psychological well-being are very culturally dependent. People encounter mental difficulties; however, the manifestations of these struggles vary depending on cultural, religious and social beliefs in which they appear (O'Connell et al., 2012). In addition, psychological struggles are not well characterized due to the huge lack of studies describing the risk factors, complications and best therapeutic approaches for specific mental difficulties.

In their report, UNHCR (2015) highlighted that Syrian refugees use various cultural and religious terms to explain aspects of their psychological suffering, distress and mental needs. This suggests a need to provide psychoeducation in order to decrease any prejudices related to mental health. In addition, Acarturk and his colleagues (2015) found that many Syrian refugees held negative attitudes towards mental disorders with limited knowledge and awareness about mental illness and its treatment, whilst mental health services are limited.

While mental health stigma characterised by abandoning and devaluing the individuals with mental illnesses; barrier such as disclosure, seeking help, accessing services, and sharing struggles are prevalent in the Middle East region (Dardas et al., 2017). These barriers are closely associated with social shame, staying silent and fears of being judged and discriminated against leading many individuals to avoid help (Ebbell, 1937).

In her study, Coker (2005) highlighted the impact of community recognition on individuals with mental health difficulties in Egypt. Family honour, acceptance, shame about disclosing personal and family issues to outsiders and moral responsibility acted as barriers to access to mental health services and to seeking mental health treatment. She stressed the importance of finding ways to best increase people's acceptance and inclusion of sufferers of mental illness in the Middle East region.

In light of this evidence, the burden of mental health and the lack of awareness surrounding mental well-being have a negative impact on Syrians' mental illness. However, factors such as family, community and religion in the Syrian culture could have a positive impact and maintain positive psychological well-being (UNHCR, 2015). Family ties, social belongings and community bonds are strong positive factors that can play vital roles to enhance mental well-being and act as powerful psychological support tools (Mokomane, 2012). Similarly, faith values and religious concepts in the Syrian culture could add very important spiritual healing as constituents of individuals' psychological well-being (Mokomane, 2012). Identifying these cultural issues is crucial for counselling psychologists, as they could be fruitfully utilized in psychotherapy.

2.7.3. Syrian Culture and Stigma

Whereas issues of war, displacement, refugees, political constraint, domestic violence, arranged marriages, gender role intolerance and human violation are counted as major contributions to mental health disorder in Syria (Sleiman-Haidar, 2016), Quosh et al., (2013), stated that stigma has contributed to creating boundaries and challenges to tackling mental health problems. It has prevented internally displaced Syrian refugees from seeking psychological support and accessing mental health care.

At this juncture, Alpak and his colleagues reported that there is a huge need to address mental health difficulties and to develop policy and legislative infrastructure concerning mental health sectors in the Middle East. Moreover, they highlighted the urgent need to integrate mental health therapies within the medical management in order to improve mental health awareness, encourage those suffering in silence and meet future demand (Alpak et al., 2015).

Reflecting on the above findings, clear acculturation and social stigmatisation regarding mental health issues are embedded across many Arab communities. With a lack of anti-stigma intervention, descriptions or evaluations specifically targeting Arab individuals, the role of social relations and support deserve special attention in determining the course and outcome of mental difficulties in this population.

2.8. Meeting Syrian Refugees' Mental Health Needs

As mentioned earlier, social, cultural, historical and political factors could all contribute to shaping Syrian views of mental health and psychological needs. Concepts such as religious beliefs, societal value systems and help-seeking behaviours play a significant role in the perception and understanding of mental health problems among the Syrian population (UNHCR, 2015). As noted above, many Syrians have experienced prolonged exposure to high levels of psychological stressors such as torture, genocide, exposure to physical and sexual abuse, the destruction of homes, and losing family, friends and loved ones (Abou-Saleh and Hughes, 2015; Hunter, 2016). These refugees may then be exposed to further traumatic events during migration, such as violence, forced detention, cruelty in transit countries, abuse, losses and uncertainty (Bogic et al., 2015). With the grief and trauma experienced in Syria before fleeing, and the limited means and facilities available to them in refugee camps, Syrian refugees are at very high risk of experiencing psychological and mental health disorders as well as poor access to education (WHO 2013).
Additionally, post-displacement stressors may impact massively on Syrian refugees' mental health and well-being (Silove et al., 2017). Nonetheless, there is little research data on Syrian people with psychological and mental health disorders, and very few published studies have examined the impact of the conflict on mental health in Syria. Thus, Jefee-Bahloul and Khoshnood (2014) have argued that more research is needed to assess the unique challenges and mental health needs of Syrian refugees inside and outside Syria.

Abou-Saleh and Mobayed (2013) outlined the psychological consequences of the Syrian crisis and the present state of the mental health services inside Syria. They described the major concerns regarding the general ignorance of the mental health needs and the psychological impact of the trauma caused by the current violence and disruption in Syria. They identified the need to establish psychological organisations to provide mental health services and meet Syrians' foreseen mental health needs.

When Hijazi and Weissbecker (2015) assessed the mental health needs of Syrians who are internally displaced and who have fled as refugees to neighbouring countries, they found a huge gap in the mental health care provision and insufficient availability of qualified services that can provide community-based integrated and high quality psychological care. They noted that several Syrian refugees in Lebanon had been admitted to psychiatric units with

severe suicidality and psychotic disorders. Finally, they highlighted the limitations of the psychosocial support and self-care resources for staff and volunteers who are working with Syrian refugees and who are more likely to be subjected to work-related stress.

A study by Verdeli (2015) in the USA on the effect of post-conflict experiences on Syrian refugees estimated that a huge number of cases have reported severe PTSD, depression, and other related mental health disorders. Verdeli added that according to the Eastern Mediterranean Public Health Network, Syrian refugees in refugee camps have mainly reported the common stressors of extreme fear and concern about the safety of their relatives who have moved to other countries, or who have remained in Syria and might have been tortured or killed. In addition, they have reported major worries regarding their daily life struggles in refugee camps (Verdeli, 2015). Thus, Syrian refugees are clearly more likely to develop existing vulnerabilities and become symptomatic of psychological disorders due to their circumstances.

On the other hand, a study by Wells et al. (2015) examined the validity of the current Western psychological instruments that have been used to assess Syrian refugees' mental health status. They argued that Syrian refugees have been exposed to a variety of stressors, and they are more likely to be at risk of psychological distress. However, although most studies have aimed to highlight and treat mental health needs among Syrian refugees, none of the employed psychological tools is valid. They added that many of the psychological tools used have been developed in Western contexts, which can undermine their validity in cross-cultural contexts. Finally, they suggested that to better understand the conceptions of Syrian mental health, it is useful to ask Syrian individuals to express their psychological and emotional distress. They highlighted the importance of using qualitative research instead of quantitative Western psychological tools to develop a culturally sensitive understanding of the conceptions of Syrians' mental health needs (Wells et al. 2015).

In light of this, it is vital for practitioners to be mindful of the impact of Syrian culture on Syrian individuals' experiences. Understanding Syrian social networks and relationships while being aware of the impact of Syrians' worldview and identity on their mental health needs is essential (Pérez-Sales et al., 2011). With this in mind, it is vital for counselling psychologists and other mental health professionals to explore the extent to which Syrian refugees understand their mental well-being and perceive positive tools for their recovery

from mental illness. This would impact on mental health awareness initiatives and other community mental health programs in the future.

2.9. Counselling Psychology and Refugees: Why does it matter?

There is a firm body of literature that looks at good clinical practice in psychological work with refugees (Warr, 2010; Connolly et al., 2014; BPS, 2018). Working therapeutically with refugee communities is largely considered to be a complex process (Warr, 2010). Research suggests that refugees and their communities are not a homogenous group and their experiences should be understood exclusively in terms of their complexity, uniqueness, needs, strengths and abilities.

In light of this, it is at the heart of the counselling psychology profession to understand the different values, beliefs, expectations and concerns of these ethnically diverse groups and respond to the unique needs that they may bring to the clinical encounter.

Counselling psychology is a profession embedded in set of humanistic ethics and values (Cooper, 2009; Woolfe et al., 2009). Focusing on individuals' lived experience, autonomy and growth are core principles underlining the profession, alongside an appreciation of the individual as a unique being who is socially, culturally and relationally embedded and who may be experiencing discrimination and prejudice (Cooper, 2009).

As counselling psychologists are faced with multifactorial clinical presentations that are influenced by a huge range of complex cultural, societal and political factors, they combine different therapeutic approaches and work closely with their clients using a holistic perspective. This will form a respectful way of relating, empowering the client, tolerating diversity and valuing the unique experience of the client's subjectivity, which is considered more relevant to a course of therapy than a diagnostic label (Connolly et al., 2014).

Building on the foregoing, the inherently humanistic values and pluralistic framework of the counselling psychology profession, combined with its special focus on multicultural and social justice perspectives, are seen as central to the counselling psychology field (Goldstein, 2010).

2.10. Chapter Summary

This chapter has reviewed the literature in relation to refugees and their mental health needs. The impact of war and forced displacement on mental health has been recognised and the current ongoing unrest in Syria and the incidence of mental illness were explored.
Cultural approaches have been adopted in order to understand the different characteristics of people in the Middle East, including that of Syria. The conception of mental health in the Middle East has been understood with perspective leads to stigmatisation. The research indicated that in the Middle East, stigma is well-embedded around mental health issues which hinder the psychological well-being of individuals.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

The previous chapter established a gap in the research investigating the subjective perceptions of Syrian community service providers and their views of Syrian refugees' mental health needs in the UK, which is fundamental to Counselling Psychology.
A wealth of methodologies and methods are available to the social researcher (Bickman and Rog, 2009), and it is essential that a solid theoretical framework is built from which to guide, support and conduct a doctoral study (Grant and Osanloo, 2014).

This chapter provides an overview of the choice of methodology and method adopted for this research project and outlines the context and rationale for this piece of research. Also, this section provides the structure to define the epistemological and ontological position of the research. It describes the specific approach to data collection and provides an overview of the thematic qualitative data analysis used and its relation to the research aims and objectives. Details of the sample and the methods used to collect and analyse data will also be given.

3.2 Research questions, aims, approach and Epistemological Position

3.2.1 Rationale and aims for research paradigm

Refugees face myriad issues once they arrive in their new host country (Bonney, 2013), and while government sectors can offer much, there are significant gaps in the help they can offer (Mayblin and James, 2018). A burgeoning body of research documents the vast basic, social, educational, cultural and psychological needs of asylum seekers and refugees in the UK (Adie et al., 2007; Bhabha and Crock, 2007; Bonney, 3013). This ranges from poverty and destitution to no right to work, lack of language, acculturation, social isolation, loss of identity, and encompasses immense psychological and emotional difficulties. Asylum seekers and refugees are classed as one of the most vulnerable and in need groups in the UK (Aspinall and Watters, 2010; Robinson, 2014).

When Syrian refugees started to reach the UK in 2011, non-governmental Syrian community organizations started to form as a response. Well-established members of the Syrian community pooled their resources and coordinated to provide independent and impartial support to newly arrived Syrian refugees in several different cities in the UK. These Syrian local communities are small, local, volunteer-run and fill gaps where capacity exists. They provide a range of services aiming at integrating and assisting Syrian refugees who arrive in the UK.

As mentioned earlier, given the sensitive and complex structure of Syrian culture, the strong social cohesion and need for group belonging encourage Syrian refugees to seek social refuge and to get support from those who are culturally adjacent. Their important role comes from providing services that go above and beyond what is provided by the public purse. They provide much-needed help to new arrivals to establish a livelihood and a stable future.
As the literature suffers from a dearth of data in this area, and given the very limited literature on Syrian refugees' mental health needs in the UK (Calanzani et al., 2013), this research intends to fill this gap in order to ascertain the full extent of this Syrian community intervention.

Building on existing refugee research, the aims of this study are four-fold: firstly, to explore Syrian refugees' mental health needs from the perspective of their service providers; secondly, to discover Syrian refugees' challenges, strengths and struggles within the specific UK context and in response to their post-displacement experiences of adversity; thirdly, to develop understanding of their coping strategies and environmental variables of the host country; and finally, to acknowledge community services role and to investigate how to enhance and to support these service. All of these aims are explored through community service providers' own voices and interpretations of Syrian refugee experiences settling in the UK reflected in personal narratives. Within this overarching objective, the research question(s) that this thesis will aim to answer are:

"What are Syrian community service providers' accounts of the challenges that Syrian refugees faced and are facing?"
"What are Syrian community service providers' understanding of the challenges that are affecting refugees' mental health and psychological well-being?"

"What elements do community service providers identify as protective or risk factors that affect Syrian refugees' mental well-being?"
"What are Syrian community service providers' perception of Syrian refugee's challenges and coping mechanisms?"
"What methods Syrian community service providers are using or lacking to effectively promote refugees' wellbeing?"
"What are the challenges to create contextually sensitive mental health services for Syrian refugees in the UK?"

3.2.2 Rationale for a qualitative approach

Methodology emphasises the overall research strategy (Gough, 2017) and the choice of methodology is mainly influenced by the research questions that a study is seeking to address, in terms of the nature of the problem under discussion (Crotty, 1998).
The goal of this research is exploratory: it seeks to provide insights into the accounts and views of community service providers and to elicit meaningful information that could inform practices in mental health and psychology. The aim is to look for patterns, meanings and themes rather than testing or confirming a hypothesis. Therefore, qualitative research is strongly indicated as a suitable mode of inquiry to identify the aims, objectives, and questions of this research.

This approach is consistent with the manner in which counselling psychology has encouraged the employment of qualitative methods in order to understand the complexities of participants' accounts (Ponterotto, 2005; Morrow, 2007). According to Parker (2005), when researchers conduct qualitative research, they are respecting and valuing individuals' many ways of feeling, behaving, interpreting, and perceiving the world.

Central to qualitative research is taking into account individuals' unique perceptions of human experiences (Bryman 1988). Qualitative studies aim to explore symbolic interactions, individual narratives, and the unique underlying meanings within individuals' experiences (Silverman, 2013). Ely (1991, p. 5) stated "*Qualitative research, then, has the aim of understanding experience as nearly as possible as its participants feel it or live it".*

As a researcher, I resonate with Ely's description of qualitative methodologies and I strove to connect with the richness, depth, nuance and context of my participants' perspectives. These terms fit well with my research aims and my own epistemology. In this, I strove to see the world from my participants' perspective and this has helped me to understand my own epistemological orientation. It is crucial to connect with my participants – that is, with individuals providing service to the most vulnerable group – and to share their perspectives of providing support to their Syrian peers.

3.2.3 Rationale for my epistemological position

Although epistemology and ontology are separate principles that exert their own influences on social inquiry, they are often brought together as the fundamental principles that underpin all social research (Thomas and Harden, 2008). The ontological and epistemological assumptions underpinning the principal paradigms have been employed to explain my stance in relation to the present research and to determine the most appropriate research methodology to anchor and shape this thesis.

Ontology is concerned with what constitutes reality: therefore, researchers need to know their stance regarding their perceptions of how things really are and how things really work (Guba and Lincoln, 1994). Ontological positions are therefore distinguished by the ways in which they view reality and make sense of the world. They range from a view that reality exists independently of the researcher (realism) to a view that it cannot be separated from human practices and is dependent on interpretation and knowledge (relativism).

Whilst ontology focuses on the nature of reality and what there is that can be known about it, epistemology is concerned with the idea of what can be known, understanding the reality and the nature and forms of generating the knowledge (Scotland, 2012; Braun and Clarke, 2013). The positivist paradigm suggests that there is a single reality and that human behaviour, reality and social science can be identified by the laws of natural science (Cohen et al., 2007). It regards the researcher as an observer of social facts and it posits a quantitative rather than a qualitative approach to *social* inquiry. The approach stresses the importance of applying rigid rules and procedures to identify the truth and views *human behaviour* as passive, controlled and *determined* by the external environment (Creswell, 2009). In contrast, the constructivist-

interpretivist paradigm assumes that there are multiple, socially constructed realities, not ruled by any natural laws but rather governed by the evaluators who hold them (Fleetwood, 2014).

Fleetwood (2014) stated that constructivists uphold that reality is constructed, from which it follows that meaning is unclear and so researchers must investigate meanings through reflections and interaction in dialogue. In this view, the discovery of knowledge, truth and reality can never be truly achieved by objective measures (Pring, 2004).

Bourke (2014) argues that researchers' epistemological values are embedded in their experiences of knowledge. Therefore, researchers are encouraged to explore their perceptions, values and stance towards the research topic as a first step. Accordingly, social phenomena and their meanings can only ever be viewed from an individual's perspective and can never be seen as definitive (Mihail, 2013). In addition, it has been argued that, in order to recognise the complexities and diverse life associated with different cultural groups, researchers are encouraged to enthusiastically explore and interpret the meanings of experiences, behaviours and views to understand the complexity of human behaviour (Willig, 2001).

The stance from which I generate this research is that knowledge can emerge from interaction between people: therefore, it is constructed and must be interpreted. As the knowledge arising from this study will be constructed and created by people in interaction with their social system, environment and other people, this research is situated within an interpretivist-constructivist paradigm, which is based on a relativist ontology and a subjectivist epistemology (Guba and Lincoln, 1989). My stance is based on the assumption that the construction of meanings is what I want to explore (rather than making claims to an objective 'reality'). I was drawn to use language as a vital tool to help me to understand the thoughts, perceptions, meanings and experiences regarding the views of my participants (Morrow, 2007). This interpretivist-constructivist paradigm fits well with Counselling Psychology research, given the constructivist and humanistic nature of therapy (Morrow, 2007).

3.3. Research Method

3.3.1 Semi-Structured Interviews

As this study was designed mainly to explore individuals' perceptions, and in order to maintain the richness of these perceptions, the principles of semi-structured interviews were believed to best suit the data collection segment of the research.

Smith and Osborn (2008) suggested that by using semi-structured interviews, the researcher will create an opportunity for the participants to add information and restructure their answers to take into account themes that are significant and pertinent to the research data. Thus, participants will be given control to elaborate upon or limit their answers to their satisfaction. Semi-structured interviews are deemed to allow participants to engage in structured but naturally free-flowing conversation, through which various relevant subjects relating to Syrian refugees' mental health needs would be mobilised and constructed (Hancock et al. 2007, Brinkmann and Kvale, 2014).

For this reason, and in order to answer the research questions, the principles of semi-structured interviews were used to obtain research data. This methodology fits well with the humanistic philosophy underpinning counselling psychology, as it aims to concentrate on accounts and interpretations of meanings, which can contribute significantly to the knowledge of counselling psychology (Roth et al. 2009).

3.3.2 Methodological framework: Thematic Analysis

This study adopted a qualitative design which is rooted in social constructionist epistemology. As the primary method to gather the qualitative data involved semi-structured interviews, thematic analysis was used as a common approach to identify the salient issues confronting community service providers about the mental health needs of Syrian refugees in the UK (Green and Thorogood, 2009).

Thematic analysis (TA) differs from other analytic methods. It is a widely-used, highly flexible approach that allows researchers to explore thorough, rich and complex accounts of the data (Braun and Clarke, 2006). Interpretative Phenomenological Analysis (IPA) aims to

gain a deep knowledge of the phenomenon in question and to understand individuals' everyday experience, in great detail (McLeod, 2001). Grounded theory analysis (GT) aims to generate a theory of the phenomena that is grounded in the data (McLeod, 2001).

Braun and Clarke (2006) stated that both IPA and grounded theory seek patterns within the data. As this study aimed to identify themes across data, it does not require adherence to any particular theory or explanatory meaning framework for human beings or experiences. I argue, therefore, that thematic analysis was undertaken in this study to facilitate understanding of community service providers' perceptions as reflected in what they said. This method of data analysis enabled understanding of the meanings and views that service providers created of their experiences working with Syrian refugees. Moreover, it facilitated identification of patterns across and between interviews and offered a clearer understanding of content that strengthened the interpretation of participants' stories (Thomas and Harden, 2008).

Thematic analysis allowed the interview data to be organised in considerable detail, which assisted in the identification and subsequent analysis of any patterns found across data. In applying thematic analysis, I categorised the data into recurrent or common themes by looking at each segment of the interview transcription. I immersed myself in the texts and engaged in asking "what is this argument about?" and "how is it similar and/or dissimilar to other sections?" This has helped me to explore the complex aspects of participants' accounts and perspectives. In this way, each section of text is inductively highlighted, summarized and coded into succinct themes that condense the key elements of the participants' views (Creswell et al., 2007).

It has been argued that this method can help researchers to take a well-structured approach to handling data, analyse it and produce a clear and organized final report (Guest et al., 2011). In this sense, and by giving participants the opportunity to voice and make sense of their perceptions, thematic analysis was chosen to help readers to understand the experience of community service providers in aiding Syrian refugees' mental health in the UK.

3.4. Research Design

3.4.1. Participant Recruitment, Inclusion and Exclusion Criteria

Due to my Syrian origins, I was able to approach different Syrian members and community organisations and advertise my research. Participants were recruited through various and repeated means of advertisements. To begin with, I advertised the research on a popular Syrian Facebook page, and I sent individual emails to organisations and members of the Syrian community in the UK. After advertising the research topic, I established contact with fourteen individuals who showed interest in the topic. I sent information via emails to these potential Syrian community services and six of the fourteen participants whom I contacted readily responded with their support and intention to partake in the research. Interested participants who replied to the initial email were contacted to inform them when ethical approval was granted. They were asked if they would still like to take part, and if so, to get in contact so that an information pack and consent form could be sent to them.
Interviews were conducted with service providers located in North West, Yorkshire, East Midlands, Somerset, Middlesex and West Midlands. Service providers who were identified as potential participants were invited to take part in a 45- to 60-minute semi-structured interview. All participants were over 18 years old, and within the sample there were three males and three females. All participants indicated that they had frequent interactions with Syrian refugees, defined as seeing one or more Syrian refugees in an office setting at least once a week. City names were utilised to ensure the anonymity of participants. Some preliminary demographic information about these participants is presented in Table 1:

Number	Name	Gender	Profession	Length of Experience with SR	Location of interview	Contact with refugees
1	North West Service Provider	Female	Psychology	5 Years	A room at a University	Weekly
2	Yorkshire Service Provider	Female	Teaching	6 Years	Participant's office	Daily
3	East Midlands Service Provider	Male	College	6 Years	Participant's office	Daily
4	Middlesex Service Provider	Male	Psychiatry	4 Years	A room in a local hospital	Weekly
5	West Midlands Service Provider	Male	IT	2 Years	A room at a University	Daily
6	Somerset Service Provider	Female	College	3 Years	Participant's home	Daily

Table 1: Demographics of Participants

Inclusion and exclusion criteria for this research were applied for the purposes of narrowing participants down to more specific areas of focus. Inclusion criteria focused on adult Syrians who were actively involved as service providers in the UK and who were offering support to Syrian refugees. No restrictions were placed on the gender, political views, sexual orientation, or religion of the participants.

As qualitative research relies heavily upon language use and the richness of data, it was recognised that the research should include the voice of those who could not speak fluent English. Therefore, further inclusion criterion was that participants must speak either Arabic or English. Inclusion criteria for the study stated that participants should have had at least six months of experience working with Syrian refugees prior to taking part in the interviews. This was to increase the likelihood that participants had established good knowledge and awareness of Syrian refugees' mental health needs. Also, participants included in this study were Syrians who had come to the UK well before the Syrian war and who were well established in the UK: this was to make sure that participants had already developed and established support systems in case topics were raised in the interviews that they found distressing. Table 2 below identifies the inclusion and exclusion criteria for this research.

Inclusion criteria	Exclusion criteria
Syrian service provider	Non-Syrian service providers
Actively engage in offering support to Syrian refugees	Not actively engage in offering support to Syrian refugees
In the UK	Outside the UK
Adult participants over the age of 18	Participants under the age of 18
Participants who can speak either Arabic or English	Participants who can't speak either Arabic or English

Table 2: Inclusion and exclusion criteria

3.4.2. Sample Size

A total of six individual interviews were held with community service providers: this represents a relatively small sample of the total population of Syrian community service providers in the UK: therefore, this limits the generalisability of the findings. However, qualitative methods place less emphasis on generalisability, and instead aim for richness and depth of information by exploring the quality of participant accounts through meaning and process (Leung, 2015; Malterud, et al., 2015). Furthermore, it is suggested that most

qualitative research studies are meant to explore meanings of a certain group and in a particular context: hence, generalizability of qualitative research findings is usually not an expected attribute (Leung, 2015).

Patton (2002) reported that a study's sample size will be affected by what can be done with the time and resources available to the researcher. Given the time and word limit restrictions of this thesis, I could only manage a certain amount of data: therefore, a purposive sampling approach was utilized and service providers were interviewed within the specific timeframe available. The sample is informationally representative and it has been selected purposively in order to gain an insight into the accounts of community service providers working with Syrian refugees across different cities in the UK (Smith et al., 2010).

As with any qualitative study, my research question and aim was to gather in-depth data and to capture the range and diversity of my participants' accounts. Therefore, my findings are not intended to be numerically representative or generalised. Despite the potential criticisms of the small sample size and lack of validity, I feel that the data were rich and that participants' accounts cannot be invalid. Polkinghorne (2007) reported that the best evidence available to researchers is participants' meanings, descriptions and views about their perspectives and interactions. This suggests that the data produced are diverse, rich, truthful and trustworthy.

3.4.3. Sample Considerations

It is important to highlight that whilst service providers were drawn together because of the shared mission of working with Syrian refugees, they presented with many different experiences, views and perspectives. Service providers showed great variation in the extent to which they understood mental health issues and ways to promote Syrian refugees' psychological well-being. Some service providers were fully aware of mental health difficulties and the available psychological support in their cities due to their professional background; others were less knowledgeable about mental health issues and ways to seek psychological support in the UK. This variance meant that I had to practise sensitivity in how I talked, using concepts of mental health needs and psychological difficulties, while not assuming any level of knowledge from the service providers.

Nevertheless, it is important to recognise that the characteristics of the sample were broad, as Syrian service providers who took part in this study were from different educational, political, professional and religion backgrounds. The diverse sample of Syrian participants with their multiple roles and responsibilities added richness and diversity to the data. This allowed the study to gain more ultimate subjectivities between the accounts reported. All participants offered fruitful perspectives based on their unique meaning-making and their distinct overall perspectives.

It has been argued that "*participants should represent a 'perspective' rather than a 'population' in order to gain 'depth' rather than 'breadth' of analysis"* (Blaxter et al., 1996: 61). In light of this, it has been believed that the sample in this study has helped to generate data through in-depth interactions with service providers, allowing the voices of individuals to emerge in all their complexity and diversity, without claiming to definitively represent them (Burns, 2000; Mason, 2010). This has provided rich and contextualised accounts of the individuals under research.

Although, it would have been interesting to hear the perspectives from Syrian refugees themselves as their experiences would add powerful accounts, however, it has been believed that exploring the role of Syrian community service providers is increasingly important as they are playing a key role in providing culturally sensitive guidance and support to those who have reached the UK. Syrian community services in the UK could provide a particularly different and useful perspective about those who are using their services.

3.5. Data Collection

This research adopted a qualitative approach to explore the mental health needs of recently arrived Syrian refugees while inviting and generating perspectives of community service providers who work directly with the population of interest. The following section will reflect on the process of conducting a pilot study, the research interviews and the rationale for choosing the specific interview questions that generated the material for this study.

3.5.1. Pilot Study

Pilot studies can be very useful both to refine the interview schedule and to highlight any gaps or research challenges that may occur (Sampson, 2004). For this reason, I felt that it would be beneficial for me to conduct a pilot interview before recruiting participants for the main study. The pilot interview was conducted with a Syrian friend, who met the inclusion criteria for the main study. The pilot stage was indeed useful, as it offered me an opportunity to closely examine any existing thoughts or practices in terms of possible cultural assumptions. It also offered a space to ensure that interview questions were as transparent as possible, appropriate for service providers and related to the research aims and objectives. The interview schedule was modified accordingly. The main adaptation was to more culturally sensitive questions and prompts, as well as the addition of more Arabic terms for the term 'psychological difficulties'. This valuable task allowed for objective feedback on the readability and appropriateness of the research questions (Teijlingen and Hundley, 2001).

3.5.2. Semi-Structured Interviews

In line with the exploratory nature of this research, and to gain an in-depth understanding of the participants' accounts of the Syrian refugees' mental health needs in the UK, I employed a series of open-ended questions which aimed to elicit profound data regarding the accounts of service providers in relation to Syrian refugees' mental health needs in the UK. In this process, in-depth semi-structured interviews yielded rich perspectives and meanings attached to key aspects of Syrian refugees' mental health difficulties in the UK.

Due to the open-ended nature of the questions, there was scope for the development of additional questions during the interviews, in accordance with the content presented (Alshenqeeti, 2014). This served as prompts for participants to expand more on the topic (Cohen et al., 2007). Use of the prompting questions facilitated the sharing of information on specific issues as well as highlighting concerns around stigma, integration, resilience and psychological wellbeing in participants' own words.

This process creates an open space and provides flexibility to the participants, allowing them to answer the questions in their way, while contributing further issues to the topic (Braun and

Clarke, 2013; Alshenqeeti, 2014; Schreier, 2014). Interviews ranged from 40 to 90 minutes long and they aimed to flexibly explore community service providers' views.

3.5.3. Interview procedure

Participants were interviewed within a seven-month period, between September 2016 and March 2017. Correspondence to arrange interviews took place via telephone and emails. Interviews were conducted based on a list of questions prepared in advance (Appendix A). Participants were given Information Sheets and Consent Sheets (Appendix B and Appendix C) to read before the interviews and were asked to provide written consent. I carefully explained the research questions, aims, objectives, and methods to the service providers. I also provided brief explanations and clarifications in Arabic.

Potential service providers were also given the opportunity to ask questions and to discuss any issues by phone/email or in person prior to interviews taking place. The right to withdraw from the research study and/or to refuse to answer any questions was made clear to all participants during the informed consent process. Furthermore, I also sought permission to use a tape recorder during the interviews and to contact participants again at a later date if necessary. In addition, participants were encouraged to expand on topics they felt to be relevant and were reassured that they could omit any topics that they felt to be irrelevant. Throughout the course of the interviews, questions were spontaneously altered as seen fit based on comments made by interviewees.

3.5.4. Interview Settings

Interviews were conducted in different venues depending on participants' preferences (see table 1). The interviews were conducted at places and times that were convenient to the participants, in order to improve participants' accessibility and minimise inconvenience. Two participants were interviewed at their organisations' premises, two at a university office, one in a local hospital room and one at the participant's home.

Since participants had control over the interview location and knew what the interview would involve, they could make informed decisions about the most suitable and comfortable locations for the interviews. According to Braun and Clarke (2013), it is important for interviews to take place in locations where participants feel comfortable and the researcher feels safe. All locations were quiet and the interviews were carried out in a confidential and secure manner.

3.5.5. Interviews and Language Switching

Due to the multilingual nature of the research and my bilingual skills, I was able to give participants the choice of whether they would like their interviews to be carried out in Arabic or in English. Handing power to participants is believed to encourage them to find and speak with their voice, in addition to promoting their narration, accounts and collaboration and maintaining analytical openness (Temple, 2006; Smith et al., 2008). Four interviews were conducted in English. However, two of the six were conducted in a combination of Arabic and English, as participants asked to use language switching when needed.

Throughout these two interview encounters, participants switched and mixed between English and Arabic, as did I. This is a fundamental skill, as it allows participants to access and express their views in all their richness and vividness. They switched to their mother tongue to convey ideas in specific situations and to enhance solidarity, whereas English was the dominant language of communication. Anderson (2006) elaborates that language mixing could be used when a speaker needs to put stress on a particular statement. For example, the East Midlands' service provider chose to use the word *"self-harm"* in English, probably because she could not find an equivalent term in Arabic. *"أذى النفس أو الأذى الشخصي"*. She used this practice while she was describing the cultural stigma surrounding mental health in the Syrian community.

يعني حتى الي شخصو ال"

self-harm

"...هن بيجوز يحكو انو والله واحد عم يفش خلقو بحالو مثلا

In addition, Lee, Sulaiman-Hill and Thompson (2014) argued that participants may lack the vocabulary and have difficulty with discussing or articulating their accounts, especially if

they had never talked about such things prior to participating in this research. They added that conducting the interviews in the participants' chosen language can be the key to a successful project. Moreover, as argued by Muthusamy (2009), individuals may switch between languages when certain vocabulary is not available to them in their first language. For example, the West Midlands service provider switched from Arabic to English to emphasize his concern towards a certain individual. He stated:

كل ما زاد مستوى التعليم..كل ما ساء الوضع أكتر بكتير...وبعرف "
Surgeon
وصل لمرحلة من ال
بمجموعة قصص" stress

Qualitative research relies heavily upon language use and the richness of data. As the researcher in this study, I have the required linguistic skills, and this helped service providers to express their views and aided the feasibility and success of this research.

3.5.6. Other Considerations

All interviews were transcribed and Arabic texts were translated into English. According to van Nes and his colleagues (2010), converting spoken word into text is much more than simply writing down what is said. They described some of the attending difficulties faced while transcribing qualitative data, adding that difficulties faced in transcribing bilingual data are even more challenging (van Nes et al., 2010).

In the present study, I faced some challenges while transcribing the bilingual data. These challenges included translation, the positioning of the bilingual text, selecting script for representing data, word-processing software, and font use. For the purposes of presenting this study, I translated all the Arabic spoken quotations into English. While translating Arabic sentences, I faced the delicate task of interpreting word-by-word while conveying the right meaning of the text. For example, when I translated one quotation, I was not clear in delivering the language source as interpreted. This was underlined by my supervisor, who highlighted the difficulty in understanding the meaning conveyed by one of the translated sentences. For example, the participant's quotation was:

هلا اكيد في حاجز اللغة..في حاجز عدم وجود ال

touching point

يعني اذا انت مثلا لاجئ مقعدينو...لاجئ هون بلبلد مقعدينو ست شهور ممنوع يدرس وممنوع يشتغل..والجيران الي ...

حواليه شايفينو هاد اللاجئ الي اخد البيوت..تبع ال

council

(West Midlands service provider)

My translation was: *"adding to the language barrier…there is the barrier of a lack of touching point…as you are a refugee in this country… six months roughly waiting for your refugee status…not allowed to access education or apply for a job"*

My supervisor's comments were: *"I'm not quite sure what this is meant to convey* ***"lack of touching point"*** *– lack of reference point? Lack of sense of purpose? Lack of contact with others? Please can you clarify?"*

Language has been defined as an essential tool that delivers conceptualization, incorporating values and beliefs and carrying accumulated and particular cultural, social, and political meanings that cannot be articulated through the process of translation (Hornberger and Johnson, 2007). Translation of this quote posed specific challenges, as while I was translating word-by-word, I could not deliver the whole concept clearly. Therefore, I realised that transcribing is not just converting speech into text, but also involves a transformation process. I realised the complication of transcribing and translating bilingual language and grasped the influences of language on constructed meanings (Blenkinsopp and Pajouh, 2010).

3.6. Data Analysis Process

In this section, I demonstrate the process of data analysis. This begins with a description of the transcription method, followed by the analysis of the transcripts.

3.6.1. Interview Transcription

All interviews were audio recorded and transcribed verbatim. Interviews were transcribed and any identifying information was eliminated. This task was done immediately after the

interviews so that I could keep track of my thoughts, reflections and speculations. Audio recordings captured the verbal interactions that occurred during the interviews. Silverman (2013) reported that audio recording is a very useful technique employed in qualitative research to capture, in detail, the naturalistic interactions of the participants in the research field and to assist the researcher to replay verbal interactions for the purpose of transcription and analysis (Silverman, 2013). I audio-taped the communicative events and conducted the transcription and translation process myself. This was useful in terms of familiarising myself with the data and in assessing the identification of preliminary themes (Gale et al., 2013).

The interview data generated were in both Arabic and English. Transcription was a time-consuming process where I converted the tape-recorded interviews into text. As noted above, this process was not a simple matter, as I faced several challenges while handling the bilingual interviews. I realized that the quality of the transcription can impact massively on the quality of the analysis. Therefore, I analysed the qualitative data manually: I immersed myself in the interview data through listening, transcribing, reading, rereading, translating and concurrent re-listening of interviews (Stuckey, 2014). I engaged in writing rough notes and reflecting upon them after conducting each interview. As I immersed myself in the data, new insights emerged from this process. This practice provided an opportunity to refine the thematic framework. Each line, sentence and paragraph was thoroughly considered, carefully analysed and coded as a potential theme (Sutton and Austin, 2015).

3.6.2. Analysis

As previously noted, thematic analysis (Braun and Clarke, 2006) was utilised to analyse the accounts of community service providers. Thematic analysis used to identify, analyse, and report patterns within the data (Boyatzis, 1998). It was selected for the present study due to its focus on content, which addresses the aims of the research. The literature has suggested that thematic analysis can be applied in an inductive or a deductive manner and themes can be identified on a semantic or a latent level (Boyatzis, 1998; Braun and Clarke, 2006; Trahan and Stewart, 2013; Jugder, 2016). This research employed an inductive approach to identify themes on a semantic level. This involved coding the data without trying to fit it into a pre-existing coding frame and identifying themes within the content of the interviews and the explicit meanings of the data (Boyatzis, 1998).

3.6.3. The Process of Generating Themes

In this phase, I engaged in searching through the raw data, identifying and highlighting all recurring, interesting statements and significant patterns in the text. These significant patterns were organised into potential categories and provisionally coded. The whole data set was worked through thoroughly with equal attention being given to each item. Themes were then categorised into main themes and sub-themes.

This form of thematic analysis is "data-driven" and not based on a particular theory or questions that would be coded around (Braun and Clarke, 2006). This approach felt suitable because the research question aimed to explore the accounts of Syrian community service providers and it seemed important to include all their views and perspectives as significant, without inflicting my opinions on this. The themes identified were therefore linked to the data itself, rather than solely to the research question. I followed Braun and Clarke's (2006) steps to record the main categories and conducted the thematic analysis as follows:

1. I familiarised myself with the data by reading and re-reading the transcripts thoroughly.
2. I engaged with the data by reflecting on my comments, thoughts, and emotions, and on the interview process. In here, I started generating initial 'codes' from the data and I identified features of the data that appeared interesting. This process was undertaken manually by writing notes alongside the transcripts and highlighting them in a corresponding colour to the text that demonstrated that code (Braun and Clarke, 2006).
3. I undertook the process of organizing codes into potential themes, by collating codes of a similar nature. I worked through each transcript individually, by collating all the highlighted texts and placing them in front of me so that I could visualize all of the codes from each transcript. The codes were then grouped into piles to form potential themes. The relationships between themes was considered, which led to the movement of some codes into different themes and the conversion of some themes into subthemes, as part of an overarching theme (Braun and Clarke, 2006). This also involved changing the names of some of the themes and subthemes to account for the additions that were made to it. This stage was perhaps the most difficult, due to the huge number of codes that were generated from each transcript. However, by the end of this phase, I had a sense of the main themes from each transcript and began to see the differences and overlaps between them.
4. I identified the relationships between the themes and I discard those that did not have sufficient support. I also examined each code on a deeper level, by visiting each transcript

and reading the highlighted texts to make sure that they were placed in the correct theme. This process thus led to the combination of some themes with others and the division of other themes into subthemes. At this stage, thematic maps were also developed to capture the final themes from the analysis (see Chapter 4). An example of this is presented in Appendix D.
5. I coded and created categories to identify themes from the data in relation to the research questions. According to Patton (2002), *"participants' reflections, conveyed in their own words, strengthen the validity and credibility of the research*" (Patton, 2002; cited in Fereday and Muir-Cochrane 2006, p.3). In this, I engaged in providing a short description to capture the contents of each theme and what was interesting about it. This stage also involved revising the names given to each theme and subtheme, depending on the descriptions that accompanied them (Braun and Clarke, 2006). Themes were strongly emphasized by the service providers' perspectives and views in relation to their engagement with Syrian refugees in the UK.
6. From all this, I engaged in writing up the Data Analysis chapter (Chapter 4). It was ensured that sufficient data was provided to demonstrate each theme. This stage was difficult, as it involved identifying and selecting which extracts to include in the review and which to eliminate, despite the equal importance of each one (Braun and Clarke, 2006). After selecting appropriate quotes to represent each theme, these were translated into English. This process was carried out by myself. Each quote was presented in Arabic and English in the final report. By the end of this stage, I developed an overall description of the identified themes and produced the final report.

Additionally, I engaged in several oral presentations where I presented an overview of the initial themes and early research findings at a conference and a workshop, as well as at regular supervision meetings. Comments and feedback from audience and my supervisor proved helpful in the development of each thematic framework. These presentations were particularly helpful in steering, guiding and directing considerations toward a focus on the original research questions. This process of generating and refining themes was an ongoing task that took place concurrently at the data collection and analysis stages.

3.7. Ethical Considerations

A growing body of research has recognised that researchers could face many challenges when undertaking qualitative research (Birch and Miller, 2000; Liamputtong and Ezzy, 2005;

Braun and Clarke, 2013). These challenges include issues related to protecting participants, maintaining boundaries, reflexivity, filed work and ensuring minimal risk (Liamputtong and Ezzy, 2005). While many of these difficulties are unique to qualitative research, they are often compounded when researching sensitive or difficult topics (Dickson-Swift et al., 2007).

In this sense, research ethics are imperative to ensure that both participants and researchers are protected, where necessary (Braun and Clarke, 2013). Ethical approval was obtained prior to the start of this study following the policies outlined by the School of Education, Environment and Development at the University of Manchester (Appendix E). A risk assessment for conducting interviews away from University premises was undertaken and this can be found in Appendix F. Ethical issues in the interviews were considered and addressed in the informed consent and information sheet forms (Appendices B and C). These forms explained the participants' right to withdraw from the research at any time and described what would be investigated in order to offer all participants an insight into the nature of their involvement. After participants had understood the details of the study, including its potential risks and benefits (Smith and Fogarty, 2016), they were asked to sign a consent form (Appendix C) to confirm that they understood the research and their commitment to it.

This study adhered in its design, conduct, and communication to the guidelines of research set out by the British Psychological Society (BPS 2014) and the Health and Care Professions Council (HCPC 2016). The principles of fidelity, autonomy, and non-maleficence referred to in the BPS ethical framework were followed as a guide to the process of this research. Particular attention was paid to maintaining the confidentiality of research participants, who were anonymised through the use of city names throughout the research process. The data were encrypted, anonymised, and stored safely.

Furthermore, and before the interviews took place, participants were informed that they could end the interview at any point if they felt uncomfortable or if they did not wish to continue. Participants were also reminded that their anonymity would be protected and that they could withdraw from the study at any time. They were reassured that the information they had provided would be kept anonymous.

The audio recordings of the interviews were transcribed and encrypted, in keeping with the university's data collection procedures. The transcription process took place on my private computer and in a private area of my home. The audio recordings and data were kept in a locked container so that no one else would have access to them (Flick, 2014), and were deleted after they had been transcribed. Anonymity was additionally guaranteed by keeping any contact details and identifiable information separate from the transcripts so that only I would be able to identify them (Flick, 2014).

When writing the report, pseudonyms were utilised to ensure the anonymity of participants and any identifiable information was removed (Flick, 2014). No identifiable quotes were presented in the data, and participants were referred to using only the names of the cities where they were providing support to Syrian refugees. These names were approved by participants prior to their inclusion in the report (Allen and Wiles, 2016).

3.8. Researcher Subjectivity and Sensitive Research

It has been argued that undertaking research on emotionally laden topics requires an in-depth examination to evaluate the impacts that the research might have on both the researcher and the participant (Williamson and Burns, 2014). I was mindful that my participants' accounts might hold potentially sensitive issues concerning the devastating situation in my homeland and highlighting Syrian refugees' overwhelming news, difficulties and struggles. Although I was aware that my Syrian background had instigated my interest in this research topic. I was also conscious about the actual sensitivity of the topic and how the study could be emotionally difficult both to the subjects and to me. Moreover, I was mindful of my own personal experience in the topic, which could place me in a vulnerable state, especially when listening to potentially distressing stories about Syrian refugees.

For this reason, I kept a reflexive journal throughout the data collection and analysis phases of the research. I also had continuous supervision meetings, which helped me to reflect and debrief on these processes and minimise potential vulnerabilities (Williamson et al., 2010). These strategies both provided me with opportunities to express difficult emotions, check my options, reflect, make sense of what might initially seem to be inexplicable and relate my thoughts to my own experiences (Williamson et al., 2010).

My physical safety was also considered when conducting the interviews (Williamson and Burns, 2014). As interview locations varied, I adopted reasonable steps and planned my actions in order to avoid any potential risk and promote my safety. I used a nominated family member to accompany me to the interview locations. I also left details of the location and time of the interview with my supervisor in case of emergency. No risk issues were raised during any of the six interviews and all interviews ran smoothly.

Williamson and Burns (2014) suggested that researchers have a range of skills that enable them to cope effectively with emotionally distressing topics. These skills are determined by the researchers' disciplinary background, psychological characteristics, professional knowledge and personal experience. I strongly believe that my counselling and personal skills enabled me to acknowledge, adopt and utilise a range of perspectives and skills that promoted a supportive and effective environment that was appropriate for this study context.

3.9. Reflexivity

Reflexivity is strongly encouraged as part of qualitative research (Haynes, 2012), as it increases its rigour and trustworthiness and aids in illuminating any subjective influences from the outcome of the research. In addition, and as a trainee in the counselling psychology programme, I have been constantly encouraged to engage in self-awareness and critical reflections. These practices have increased my ability to identify and deal with my personal prejudices, intense feelings, uncertainties and invading challenges.

I was always aware that this research is intricately bound to my Syrian origins, my identity, my lived experiences, my worldview and my professional perspective of what it is to be a Counselling Psychologist. I recognised that my position could affect and influence my engagement with the research and ultimately impact on my interpretations (Ritchie and Lewis 2003). It is therefore important for me as a researcher to be reflexive throughout the research process. Such reflexivity can also help readers to make their own judgements on how the researcher may have influenced the research (Kasket, 2012). I realised the constant need to reflect upon my thinking, my thoughts, my values, my feelings, my assumptions and my behaviour throughout the lifecycle of the research process (Cunliffe, 2009).

For this reason, I kept a reflective journal throughout the research process. I actively monitored what I did, when, and why throughout the research process to clarify my role in the research and any possible influence I might have had (Ratner, 2002). My reflections on these issues were noted throughout the data collection and analysis, and a 'Reflexive Analysis' was formed (Chapter 5).

3.10. Trustworthiness of the Research

Lincoln and Guba (1985) suggest that the trustworthiness of a study is important to evaluate its worth. In any qualitative research, the researcher needs to put the knowledge created into practice (Sutton and Austin, 2015). In order for readers to recognise any research and understand it as legitimate, the researcher needs to pay attention to four issues of trustworthiness, namely credibility, transferability, dependability and confirmability.

Lincoln and Guba (1985) introduced these original, widely accepted, and easily recognized criteria, which this study has used to demonstrate its trustworthiness. Table 3 below, lists each of these criteria, along with a description and suggestions for how they can be demonstrated.

Criterion	Description of Criterion	Methods of Demonstration
Credibility	The rigour of research and the communication of this rigour to its readers.	• Prolonged engagement • Persistent observation • Triangulation • Peer debriefs • Negative case analysis • Member checking • Researcher reflexivity • Referential adequacy
Dependability	The consistency of the research and its ability to be repeated across time, researchers and analysis techniques.	• Making the process of findings explicit • Keeping a detailed audit trail
Transferability	The extent to which research findings can be applied to other contexts.	• The researcher provides sufficient information about themselves, the research context, processes, participants and research participant relationships. This gives the reader the ability to decide how the findings may transfer to other contexts.
Confirmability	The extent to which the research is shaped by participants and not researcher bias, motivation or interest.	• Triangulation • Audit trails • Confirmability audits • Reflexivity Through such procedures, the reader will have the ability to confirm the adequacy of the findings.

Table 3. Lincoln and Guba's Criteria for Trustworthy Qualitative Research

(Drawn from Lincoln & Guba, 1985)

This research followed Braun and Clarke's (2006) guidance on thematic analysis and utilized several pragmatic choices to achieve a high level of trustworthiness. I employed the criteria from the table above as a framework to ensure that the research was as trustworthy as possible. The subsequent sections will address each criterion individually.

3.10.1. Credibility

I have demonstrated credibility by deeply engaging with the topic and examining my own relationship with the data. I spent sufficient time familiarising myself with each service provider's perspective to gain a better understanding of their subjective accounts. I also utilized my reflexivity to help me to maintain perspective and commitment to the main research question. This practice played an important role in this research, as it enabled me to acknowledge my potential influence on it (Creswell and Miller, 2000; Flick, 2014).

In addition, I engaged in regular supervision, which included peers, where various aspects of the research were discussed. Feedback from meetings with both my supervisor and peers offered valuable debriefing and confirmed the clarity of the analytic process. These meetings provided an external check on the research process, which increased credibility, as well as examining referential adequacy as a means to check preliminary findings and interpretations against the raw data (Lincoln and Guba, 1985). Feedback has also helped me to recognise my own stance from the presented data. Furthermore, the study focuses on a specific cultural group, providing an opportunity to produce more in-depth data and thus adding validity to this research (Flick, 2014).

3.10.2. Dependability

According to Tobin and Begley (2004), researchers can achieve dependability by ensuring that the research process is logical, traceable, and clearly documented. Dependability in this study is demonstrated through adapting a clear methodology (Chapter 3). In this section, I have clearly described all the steps that occur during data collection and analysis and how these steps shaped the research process. In addition, I have made the process of data collection and analysis explicit to readers so that they are better able to judge the dependability of the research. It is also believed that this study has demonstrated dependability by offering a sufficiently detailed process to allow the research to be audited by another individual (Koch, 1994).

3.10.3. Transferability

I have demonstrated the transferability of this research by presenting a detailed methodology (Chapter 3), in which the research context, process and development were made explicit. I have also provided as much rich description as possible about each service provider and how they came to participate in the research. Furthermore, the reflexive analysis in Chapter 5 provides rich detail about my background, position and reasons for conducting this research. Providing such thick description will help those who seek to transfer the findings to their own site to judge transferability (Lincoln and Guba, 1985).

3.10.4. Confirmability

According to Guba and Lincoln (1989), confirmability is established when credibility, transferability, and dependability are all achieved. In this study, confirmability was demonstrated through similar methods to those mentioned in the above points. I strove to establish clear interpretations and findings that were derived from the data. I also openly demonstrated how I reached my choice of methodology, analysis, interpretations and conclusions throughout the research process (Tobin and Begley, 2004). This provides readers with a clear base so that they can understand how and why decisions were made. Furthermore, the nature of the data in this research focuses on subjective accounts. This has helped this study to demonstrate high levels of confidence, as its findings are based on the participants' accounts and words rather than my assumptions. This suggests that the data produced are more accurate, truthful and trustworthy (Koch, 1994).

3.11. Chapter Summary

This chapter aimed to provide an overview of the methodology adopted within this thesis. The chapter commenced with an introduction to the philosophical underpinnings of the research, presenting research questions, as well as the context of the study and the adopted research paradigm. It then provided a detailed description and rationale for the use of semi-structured interviews. The design of the study was then outlined: participant details were provided, followed by information relating to the procedure and instruments used for recruiting. Subsequently, the data collection process was described and ethical issues were highlighted. The data analysis process was also described in detail, incorporating information on interview transcription and analysis. The chapter was concluded with a section outlining the trustworthiness of the research. The next chapter will present the data analysis (Chapter 4) and this will be followed by a chapter on reflexivity (Chapter 5) and then a discussion of the findings and limitations of the research (Chapter 7).

CHAPTER FOUR

DATA ANALYSIS

4.1. Introduction

The preceding chapter outlined the methodology that was utilised to address the research question. This chapter is concerned with highlighting the results of the thematic analysis in relation to Syrian refugees' mental health needs from the accounts of the Syrian community service providers that emerged within the interview process. In particular, the participants put forward a range of views outlining the complex and multi-faceted nature of the daily life demands and mental health struggles of Syrian refugees in the UK, and of service provision responses to these.

This chapter begins with an overview of the themes identified, which provides a framework for the more detailed discussion of these themes that follows. It presents the findings of the qualitative data from the Syrian community service providers' interviews using thematic analysis. The approach to data analysis will first be explained, providing details of how themes were generated from the data. Thematic maps will be used to present themes and subthemes and to structure the analytic procedure. The chapter is divided into six sections, each of which represents one of the predominant themes. Predominant themes established from the study include: challenges associated with pre-displacement; challenges associated with displacement; challenges associated with post-displacement; specific healing practices and coping strategies; the role of Syrian community service providers; and challenges for contextually appropriate mental health care for Syrian refugees in the UK. Several minor themes, to be described below, were extracted from these main themes.

Each of the following six sections will begin with an introduction and a summary of the key theme. Quotations will also be presented to illustrate themes and their interpretations. Direct and extensive use of quotations from transcripts is made in this chapter to illustrate the emergent themes and to enable the reader to evaluate the connection between the data and its interpretation.

4.2. Presentation of Findings

Among Syrian refugees, there are wide differences in terms of socioeconomic characteristics, education and employment, religion, trauma exposure, family composition, and resettlement experiences. Such diverse characteristics and needs, therefore, necessitate different mental health and psychological needs.

The thematic analysis process elicited key concepts that were evident in the data. These themes are viewed as essential in determining the understandings of all accounts from Syrian community service providers.

Transcribed individual interviews were assessed for themes. This section presents the main findings (themes) drawn from the transcribed interview data. A total of nineteen clusters emerged from the data, which reflected the participants' accounts of the mental health needs of Syrian refugees in the UK.

From these subthemes, six main themes were elicited via a process of collating and amalgamating groups of the common sub-themes. Syrian service providers interviewed in this study reported a range of challenges and struggles relating to Syrian refugees' experiences before, during and after displacement, which would seem to contribute to poor mental health outcomes. Participants also reported on how Syrian refugees in the UK are coping with their mental health needs by using specific healing practices and coping strategies. Additionally, service providers commented on their own role and the challenges they faced in delivering contextually appropriate mental health care for Syrian refugees in the UK. A summary of the main themes is presented in Table 4. The following table illustrate an overview of the main findings from the thematic analysis, each aspect of which will be discussed in further detail.

Pre-displacement challenges	Displacement challenges	Post-displacement challenges	Coping and Resilience	Service providers' role	Challenges for contextually appropriate mental health care
Socio-economic and educational characteristic	Trajectory to the UK	Cultural adaptation	Religion and faith	What do we offer?	Language and cultural barriers
Type and severity of exposure to trauma	Loss of networks	Disturbance and loss	Meaning making	What do they need?	Stigma
Stigma of seeking psychological help	Future uncertainty	Stigma and labelling	Negative coping		
		Uncertainty			

Table 4: Overview of thematic analysis key 'findings' with the subthemes

4.2.1. Pre-displacement challenges

This first theme, labelled *Pre-displacement challenges,* refers to service providers' accounts of implications that contributed to Syrian refugees' poor mental health during the pre-displacement phase. This core theme was divided into three subthemes: *Impact of socio-economic characteristics; Type and severity of exposure to trauma;* and *Stigma of seeking psychological help.*

The subtheme *Impact of socio-economic characteristics* represents Syrian refugees' level of academic attainment, which contributed to high levels of distress and anxiety among refugees. Syrian refugees in general and young Syrian refugees in particular face disruptions to their educational development. This subtheme also refers to the consequences of the lack of fundamental needs. Most Syrian refugees lived with extremely limited resources and faced various socio-economic challenges, which increased their levels of daily stressors and difficult experiences and impacted on their mental health and wellbeing. The subtheme *Type and severity of exposure to trauma* describes the degree to which Syrian refugees were exposed to mass conflict and internal dislocation before arriving in the UK. Service providers reported that experiencing torture and cumulative exposure to traumatic events were associated with higher levels of mental disturbance. The subtheme *Stigma of seeking psychological help* implies the cultural stigma associated with psychological inputs in Syrian refugees' population, and the imbedded difficulties of expressing traumatic events, which limited their willingness to access mental health support.

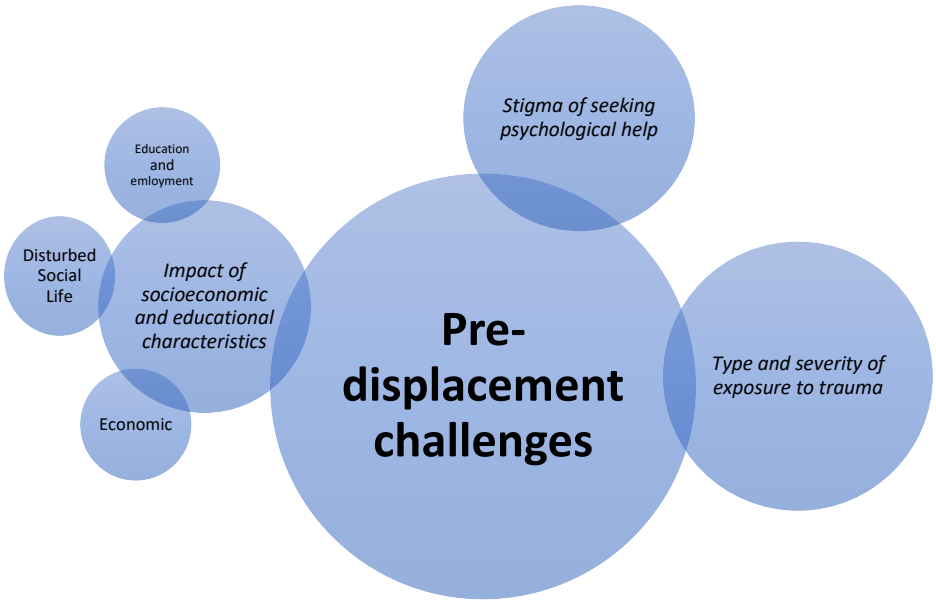

Figure 1: Theme 1 and its three subthemes

4.2.1.1. The impact of socioeconomic characteristics

Due to the heavy toll of the war in Syria, participants reported that all Syrian refugees in the UK have demonstrated different levels of psychological well-being. Participants reported that mental health struggles were frequently observed in Syrian refugees who had been previously displaced internally within Syria, dislocated in refugee camps, lived in harsh circumstances and experienced restricted economic opportunity, and who had family responsibilities.

Syrian refugees who were more educated and had social responsibilities, and who had higher pre-displacement socioeconomic status, reported higher levels of mental health problems. According to service providers, Syrian refugees came from two different educational and employment levels: highly educated and professional Syrian refugees and skilled labour Syrian refugees. The educational, economic and employment status of Syrian refugees in their pre-displacement phase are thought to be important factors to predict mental health struggles in their resettlement stage.

Respondents highlighted that educated Syrian refugees who had formerly held well-respected positions, such as doctors, teachers and lawyers, have lost their jobs due to the brutal conflict

and humanitarian crisis in Syria. Interruption in employment has impaired these refugees' ability to adapt to the difficult and harsh circumstances and affected their and their families' ability to cope, particularly in the earlier stage of the Syrian upheaval.

هي فئة المتعلمين...هي أكتر فئة متضررة، هدول من قبل ما يجوا في عندهم خوف لأنو لازم يردو يعيدو من أول وجديد بس وصلوا لهون..بين ما انت مثلا دكتور عم تعمل رقم فلاني بسوريا..بس بديت مشوار اللجوء انت ولاشي

(East Midlands service provider; 5:224)

{Translation: Those who were highly educated….the most affected, those even before they came into the UK they were concerned about their qualifications and whether they need to restart their education in order to get their degree recognised…while he was a doctor in Syrian earning respectful wages…he starts his refugee journey here and he is nothing}

Some service providers indicated that these refugees are more likely to show mental health outcomes in the pre-displacement period due to loss of employment, lower levels of daily activity, loss of important life projects and decreases in socioeconomic status. As a result, these highly educated and professional refugees were part of the first wave of arrivals to the UK:

"Lawyers, doctors, teachers and all high professionals couldn't cope… you know in Syria… so they run away...they have got the money so they can afford it…they lost their jobs…job means respect in Syria...and they lost it"

(Yorkshire service provider; 19:1071)

Participants reported that Syrian refugees' educational achievement and employment status have impacted on their self-efficacy while still in Syria. Also, they stated that educated and highly professional refugees are more aware of mental health issues and can apply suitable strategies to support their struggles and access appropriate reading materials when problems emerge.

"the educated ones are a little bit a step ahead…they can read news and articles to help them understand their health problems"

(Somerset service provider; 5:225)

Given this, it is not surprising that due to decreased self-efficacy and ongoing educational aspirations, along with the financial and employment hardships that are encountered in the

course of escaping or being ousted, educated Syrian refugees may have suffered from loss of role, which could lead to poor psychological functioning in their pre-displacement phase. On the other hand, refugees with limited educational backgrounds or skilled Syrian refugees have faced severe economic hardship while in Syria. This group of refugees were mainly displaced in several stages, internally and in surrounding countries, before they reached the UK.

''يعني هن في ناس طبعا مرت بظروف صعبة متل اي بني آدم في سوريا..في ناس بتمرق بظروف صعبة كتير..خاصة هدول اللي مابايدهم شهادة اكتر الشي تعتروا''

(East Midlands service provider; 5:242)

{Translation: I mean those refugees like most Syrians had to go through huge difficulties…so they may come across extreme difficulties again…especially those who had no education the ones who struggles the most}

For instance, some service providers found that Syrian refugees who had lower educational or economic backgrounds and who had undergone several displacement stages were more likely to experience prolonged periods of social and economic disadvantage before settling in the UK. These refugees had suffered from lower quality of life and their socioeconomic status may prohibit their ability to seek preventive care and specialty health care services. Therefore, they are more likely to exhibit more serious mental health disorders.

هدول عبعانوا من وقت اللي كانوا بسوريا...فقر وتعتير وذل ومرض...يعني من كلشي...بيجوالهون جابيين معهم مشاكل كتير..

(West Midlands service provider; 7:338)

{Translation: These people are suffering since they were in Syria...poverty, humiliation, inequality, and poor health…I mean from everything…they came here carrying on with them lots of their difficulties and struggles}

Participants also reported that if those who are using their services were less educated, they were more likely to show an increased risk of mental health disorders due to low and poor help-seeking resources. They are more likely to engage in violent behaviours such as domestic abuse and unhealthy lifestyle practices such as smoking, alcohol use, poor nutrition and lack of physical activity.

" بس انا بشكل عام الي لاحظتو انو هنن بشكل عام..كأنو من وقت اللي كانوا ببلاد اللجوء الاولى...هنن كانو دائما "شكاكين...ممم...في ناس مثلا ممكن تستغلهم مثلا ..عندهم عنف ومشاكل كتير...من الشرب وانتى عدي"

(East Midlands service provider; 5:247)

{Translation: In general, I've noticed that…since they were in Syria…they were paranoid and hold no trust in people…mmm…they always suspect people might abuse them…those have plenty of trouble and aggressiveness…starting from alcoholism and you count on…}

Loss of employment and low income were believed to be significant factors that impacted on Syrian refugees' well-being and family relationships. Service providers highlighted the issue of upheaval and disruptions to Syrian refugees' social role in the pre-displacement stage. Most Syrian refugees have lived through long periods of armed conflict, experienced restricted economic opportunity and been displaced internally within their own country. The loss of a supportive environment where Syrian refugees struggled to access basic needs, were unable to maintain social connections and relationships and were prevented from pursuing employment or economic opportunities have impacted immensely on their mental health and wellbeing.

"the situations in which some Syrian refugees were living before arriving to the UK have affected their mood…they are more vulnerable…I've seen a lot of them anxious and have no motivation"

(Yorkshire service provider; 3:127)

Due to the armed conflict and severe violence inside Syria, participants reported that Syrian refugees had suffered from disrupted social support structures and been exposed to high levels of stress. Consistent with the accounts from other service providers, North West participant confirmed a positive association between the disrupted social life in the pre-displacement stage and vulnerability, mental disturbance and substance use disorders in the post-displacement stage.

"As they flee their cities searching for safety, they have suffered from social isolation and this may lead to emotional and adjustment disorders…..I've met a lot of them in Manchester"

(North West service provider: 2:85)

Participants offered more underlying explanations, stating that Syrian refugees who had been displaced internally and in surrounding countries might have suffered from additional difficulties such as isolation from traditional social support networks, the need for safety and the uncertainty of daily stressors in the refugee camps' environment. These factors can contribute to the development of mental health problems.

"lack of social support could be a serious problem for Syrians. When this person escape to the neighbouring country without his family, he or she could spend years before they can be reunited"

(Yorkshire service provider; 20:1082)

4.2.1.2. Type and severity of exposure to trauma

According to community service providers, many of the Syrian refugees in the UK had been subjected to brutal violence, harassment, sexual abuse, incarceration, and torture while in Syria. Before being forced to flee, most had experienced imprisonment, malnutrition, extreme fear and loss of loved ones. These traumatising experiences might have lasted for months or years and will perhaps continue to disturb their psychological functioning.

كان أيام عم يسحبوه علعسكرية بمدينتو فاضطر يقعد بلبيت شي سنة وشوي...وما طلع من البيت ابدا.. وهون اطورت نفسيتو كتير...اذا حدا عطس بيخاف انو يكون في شي..

(West Midlands service provider; 5:199)

{Translation: They wanted to force him to enrol in the military at the time…so he has been forced to hide in his house for a year or so…he never left the house…and his mental health has deteriorated…now here in the UK if someone sneeze next to him he will jump…he is always hypervigilant that the worse might come}

During the pre-displacement stage, Syrian refugees frequently lost or were separated from close family members, were forced to leave their homes, witnessed torture or killing and endured extremely harsh social and environmental conditions. One participant shared:

"It is difficult to even define all of the types of events they have suffered, there is a huge amount of mental health needs... nearly all Syrian's are traumatized by the situation in Syria"

(Yorkshire service provider; 3:112)

Syrians have been exposed to violations, threats to their own and their families' lives, traumatic loss, dispossession and eviction. Due to the different degrees of the unbearable burden of violence that they have witnessed, participants reported how the pre-displacement experiences and mental health status of each Syrian refugee may differ greatly depending on the severity of trauma exposure. Some participants described how traumatic experiences often needed to be addressed on a "case by case" basis. Such experiences have been found to have differential impacts on refugees' mental health in the UK.

"Syrian refugees remember how and why they left. They remember who they left behind and how painful it was…The trauma is part of their life now"

(Somerset service provider; 2:84)

In addition, participants reported how the brutal conflict in Syria has exposed displaced Syrian refugees to violence and high levels of stress, causing intense mental illness that can continue to the post-displacement stage. Most Syrian refugees are vulnerable and they have significant demands for emotional support.

كلهم عايشين تحت الضرب...كانو عايشين تحت الضرب

بعدين طلعو عاشو بمخيم...هو ممنوع يشتغل هون

.....ممنوع يساعدهم... نفسيتو كتير متأثرة بلوضع من جوا.. اه يعني من سوريا و هو هيك...جاي معو مشاكل نفسية

(West Midlands service provider: 4:164)

{Translation: They were living under constant shooting and gun fires...then they have been forced to leave and they stayed in refugee camps…they arrive into the UK but they are not allowed to work...their psychological wellbeing is hugely affected by the news coming back from Syria…I mean they came from Syria with all these stressors…they came with lots of mental health issues}

Despite the fact that most Syrian refugees have been subjected to severe traumatizing events that indicate higher risk of mental health struggles, there were also remarkable stories of resilience and positive strengths. Service providers also highlighted that many Syrian refugees who have previously experienced harrowing events are highly resilient individuals. Many have displayed an incredible ability to overcome crisis whilst maintaining healthy and positive psychological wellbeing.

"they feel responsible…so there is almost that kind of strength or resilience that stops them from becoming unwell…"

(Middlesex service provider: 4:213)

4.2.1.3. Stigma of seeking mental psychological help

Service providers placed significant emphasis on the association between Syrian cultural identity and stigma towards mental health. All participants commented on how the Syrian cultural background and identity could act as a barrier to discussing or sharing mental health struggles in public or with strangers.

"I think there is also a lot of stigma still surrounding Syrian in general… …I think there is a huge stigma surrounding mental health…"

(Middlesex service provider; 4:190)

According to participants, Syrian refugees hold terrible self-stigma and fear of society's reaction towards individuals with psychological illness. They have to bear this stigma in addition to all other difficulties and stressors that they have encountered in their pre-displacement stage.

*"Syrian refugees can't access any psychological services**….**it is the stigma behind mental health….people feel like…oh I'm not mad…"*

(Somerset service provider; 9:480)

Also, some participants reported that for Syrians, the idea of mental health in general can be greatly compressed and subdued by wider cultural perceptions of mental health. In particular, mental health and psychological needs have been stigmatized in the Syrian community. Therefore, service providers highlighted that Syrian refugees may be reluctant to acknowledge mental health struggles and disinclined to seek professional psychological care in all stages of their displacement.

"it's this stigma in Syria about counselling…you know, that mental support…I think this is one of the obstacles they have already…before coming to the UK"

(Yorkshire service provider; 3:150)

Therefore, the stigma of expressing mental illness and other psychological needs has impeded Syrian refugees' willingness to disclose mental health needs or even to access the right support.

"Arabs and Syrians have always had the issues around the stigma that comes with mental health…I mean, families that I met in refugee camps and also in the UK…they don't want to be called crazy…or mad"

(North West service provider; 11:620)

Due to this historical stigma, Syrian refugees might be more opposed and hesitant to talk about their mental health conditions or inquire about treatment. Reluctance to openly acknowledge symptoms, stress, social stigma and alienation from addressing mental health needs are firmly embedded within the Syrian refugees' community even before they resettle in the UK.

"It's just this stigma…and what does that mean? how am I going to tell my family that I go to counselling sessions"

(Yorkshire service provider; 3:157)

In addition, psychological disturbance and mental illness were often perceived by few participants as a socially unacceptable topic for discussion with Syrian refugees. These participants reported that mental illnesses can only be viewed in the context of extreme cases that the service providers seen as severe or mad/crazy people.

انتي بتعرفي انو نحنا كسوريين بلذات مرض النفسي مو سهل يحكوا فيه...اصلا هن ما
كتير امور ما بيعرفو انو هي حالات نفسية ليروحوا يطلبوا...او شي انو انتي توصلي لمرحلة انو تقولي انا بدي استشارة
بالاساس وهيك امور...هن نفسية بتكوني عرفانة انو هاد وضع مانوا صحيح...كتير من الناس ما بيفسرو هالموضوع
.ماعندنا اياها ببلادنا ليعرفو انو هي الها دوا ولا طريقة

(East Midlands service provider; 13:718)

{Translation: You know that we are as Syrians we don't mention mental disturbance and we don't talk about it at all…actually they don't know what is mental disturbance to go and seek help…they can't recognise signs of mental illnesses to go and seek help…they probably know something mentally is not right…but they won't recognise it as an illness and it does need professional support…it's not exist in Syria therefore they don't understand it or recognise that it has treatments}

Some service providers shared their views of how the consequences of cultural stigma attached to mental health can be recognised as reaching beyond the individual. Participants described that this may be due to lack of education and familiarity with mental health. One service provider highlights how Syrian refugees will not disclose mental health struggles, as it may affect employment prospects and make them stand out in the Syrian community.

"now when you say it's a mental issue…straightaway…I think even for any Syrian…it would be hard for me as well…will it affect my insurance? will it affect my job?"

(Yorkshire service provider; 9:507)

4.2.2. Displacement challenges

This second theme, labelled *Displacement challenges*, refers to service providers' views of factors that could have affected Syrian refugees' mental health during their displacement phase. It is informed by the following three subthemes: *Refugees' trajectory to the UK*, *Loss of networks* and *Future uncertainty.*

The subtheme of *Syrian refugees' trajectory to the UK* refers to the route that Syrian refugees took to arrive in the UK. At the start of the Syrian crisis, Syrians had to face a huge dilemma by making hard choices to plan their and their families' escape routes to reach a safe destination. Syrians refugees started arriving in the UK in various ways, either by crossing the border illegally through airports or in boats or vans, where they were more likely to be separated from their families and loved ones, or through the UN resettlement programme. These two different routes have had various knock-on effects on Syrian refugees' mental health status. The subtheme *Future uncertainty* indicates how the displacement phase was marked by great uncertainty about the future for Syrian refugees, as displacement from their homes and familiar surroundings took place and while searching for and/or travelling to the location in which they planned to resettle. Additionally, the subtheme *Loss of networks* during this phase represents separation from family and close friends, which could be associated with higher rates of mental health problems and emotional distress even when Syrian refugees had arrived in the UK.

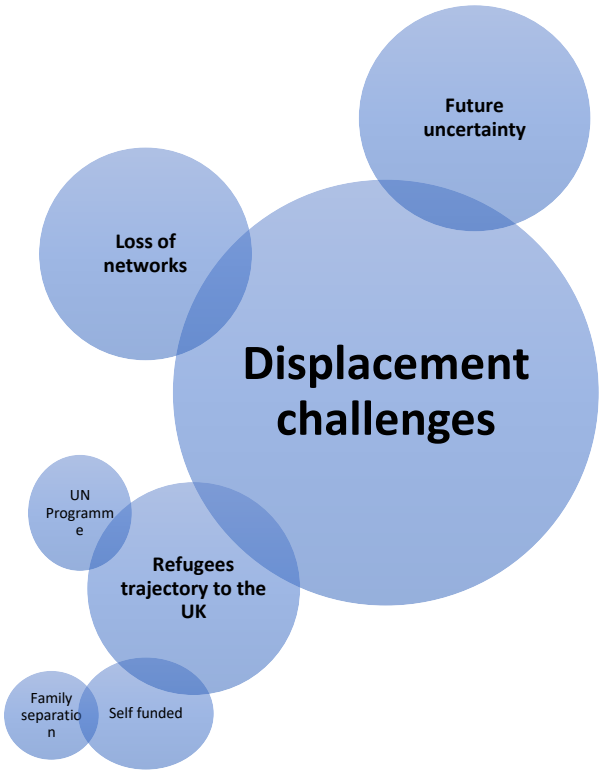

Figure 2: Theme 2 and its three subthemes

4.2.2.1. Refugees trajectory to the UK

The displacement stage involves the uncertain journey that Syrian refugees took to seek asylum. Their journeys might have involved arduous travel, refugee camps, and detention centres. This harsh journey often involved extra psychological disturbance and traumatic stressors.

According to service providers, Syrian refugees reached the UK in different ways. They either undertook self-funded perilous journeys or came through the UN programme. Thus, due to the variations in trajectory into the UK, participants reported that Syrian refugees' experiences vary greatly and have different effects on their mental health.

The first wave of Syrian refugees arrived through smuggling routes where they paid large sums of money to be transported to the UK. These refugees might have stopped in transit countries from which to cross the Mediterranean on rafts, and might have failed several times to reach their destination and been detained en route in desperation to seek a better life.

"These people who are maybe braver…or who maybe managed to do it themselves…

who have no other options…They find their way how…they tell you different stories…they suffer a lot before arrive to the UK"

(Yorkshire service provider; 7:381)

Service providers reported that these Syrian refugees often arrive in the UK in substantially worse conditions as a result of their difficult and prolonged escape route. The lack of safe and legal migration routes to seek asylum in Europe has forced Syrian refugees to make the unsafe journey across the Mediterranean and rely heavily on cruel smuggler networks. These refugees usually arrive without their families, in the hope of relocating them in the future.

"I had for example…I'll tell you how stressful the situation was…I had a phone call about eleven pm…from a lady whose siblings are in the middle of the sea…she said, is there a way we could track them…and she was very stressed and I stayed with her on the phone…and we had to call the coast guard to find where they are…so can you imagine…these kinds of situations…she's not going to be stable…she's stressed"

(Yorkshire service provider; 7:387)

Although Syrian refugees' path to the UK represents a threat to both their physical and mental integrity, for many it is the only option if they are to return to a dignified way of life. This could result in high levels of anxiety and depression and impact massively on their psychological wellbeing once they are at their final destination. As well as risking their lives by taking overcrowded and unsanitary routes to reach sanctuary in the UK, Syrian refugees are more likely to experience separation from their families, consequently suffering severe psychosocial disturbance.

"They explained how did they arrive 2 years ago, where they sent to detention centres with their children for few weeks. They were very worried because of their families left behind"

(Middlesex service provider; 2:46)

On the other hand, some Syrian refugees spend years in overcrowded refugee camps either inside Syria or in surrounding countries such as Lebanon, Turkey or Jordan, where they submit applications to enter Europe. In early 2014, the British government launched the Syrian Vulnerable Person Resettlement Programme (VPRP), which provides a safe route for selected Syrians to resettle in the UK.

"they came on the resettlement programme…they didn't come in the sea and they don't have to wait to bring their families…They came in a better situation…in a more respectful way…"

(Somerset service provider; 9:506)

With limited resources in refugee camps, Syrian refugees suffered from vital declines in essential services such as shelter, health service, financial aid, and food resources.
Due to the harsh and severe circumstances in which they were forced to live, Syrian refugees who came from refugee camps through the UN programme have suffered from numerous stressors that could have a powerful impact on their psychological wellbeing.

" هدول اللي جايين من المخيمات...طبعا هاد بغير كتير كتير كتير... كتير بغير لانو من المخيمات هنن الأشخاص الي...عموما هنن الأشخاص الي ما قدروا يطلعوا لبرا لا بل second wave ولا بل first wave"

(West Midlands service provider; 7:331)

{Translation: Those who came from refugee camps…off course this change the scenario completely…completely change it…because these are the people who failed to escape the war zone in Syrian in the first wave neither in the second wave}

4.2.2.2. Loss of networks

In their journey to the UK, many Syrian refugees, regardless of their trajectory, suffered a significant series of human and material losses. Participants reported how, during the displacement process, most Syrian refugees have experienced death, bereavement, loss or separation from family members and loved ones. In this process, vulnerable Syrian refugees are dispossessed and exposed to loss of their homeland, families, relatives and close friends. These exclusions could have a massive impact on Syrian refugees' mental health and wellbeing.

"this cannot be separated from their …continuous worry about their families back home…and that kind of anxiety about…what's happening to my parents? I lost my brother…the government arrested my cousin.....I've left them now"

(Middlesex service provider; 2:107)

Service providers also commented on how Syrian refugees have faced huge difficulties in their displacement journey related to family separation. Due to the sense of family interruption and loss of control over circumstances, it has been suggested that experiences of loss, grief, withdrawal and helplessness could emerge in future. This could make their initial period in the UK the hardest due to loss and family estrangement, which could have a massive impact on their psychological and social needs.

"...مثلا حالتهم النفسية...اذا قدرنا نقرب اكتر ونحكي عن مشاكلهم
النفسية..كتير عالم تركوا ولادهم وعيلهم..مابيعرفوا اذا
رح يلتقوا فيهم لما لأ.وعلى قد ماشافوا واتعذبوا بالطريق لهون...على قد ما عندهم هموم ومشاكل نفسية خير".

(West Midlands service provider; 9:426)

{Translation: If we can get closer and talk about their psychological health…majority of them left behind their children and families…they came here not knowing if they will be reunited with them or not…not mentioning their journey into the UK…they took risky routes and suffered a lot before reach here…as much struggles I mentioned as much mental disturbance they are suffering from…they have plenty of psychological needs}

In addition, service providers reported that Syrian refugees have faced the dispossession of their *homes*, *land*, and other personal *property*. Many of them cannot return, as they have lost their means of livelihood in their country. These stressors could impose an additional vulnerability faced by Syrian refugees in the UK.

"...I think every...every single member I've met...they've had close family or a close relative who died...lost their homes...lands...valuable belongings...so, they're going through bereavement..."

(Yorkshire service provider; 3:110)

4.2.2.3. Future uncertainty

Meanwhile, the rise of social and network exclusion could lead to uncertain futures for Syrian refugees. Service providers explained how Syrian refugees have struggled to adapt to the loss of social support during their displacement journey, while dealing with constant concern about their families left behind as well as their upcoming future in the UK.

"They arrived shattered…they took this risky journey and they don't know what to expect...will I see my husband…my wife...my children again"

(Yorkshire service provider; 3:119)

Participants pointed out how Syrian refugees have suffered from ambiguity in regard to whether they would ever reach their final chosen destination, whether they would be reunited with the left behind families and loved ones they had left behind, whether they would find a job or a career, and whether they would be accepted into their new society.

"most of them have spent months in Greece or France waiting for an opportunity to reach here…even when they were waiting, they were worried about…how I left them behind…will I see them again…can I start from scratch…and much more…"

(Middlesex service provider; 3:113)

Service providers also commented on how Syrian refugees' hopes and aspirations at this stage will be largely focussed on their uncertain future. Syrian refugees' displacement stage might impose significant challenges to their psychological wellbeing through their loss of status, on-going risks of violence and exploitation, loss of family members and social networks, poverty, and future uncertainty. Participants highlighted that all these difficulties in the context of a long and uncertain period of displacement could mean that Syrian refugees' post-displacement stage is significantly fraught.

" هدول من لحظة اللللي تركوا فيها بيوتهم ورزقهم...يعني متل مابقولوا حطوا روحهم بكفهم واتوكلوا على الله....مو عرفانين شو مستنيهم ولا شو مخبيلهم الزمان...بس من كتر الأسى اللي شافوه ماعادت فرقت معهم..."

(East Midlands service provider; 4:184)

{Translation: Those people and from the moment they left their belongings and homes…they put their lives in their hands and rely only on Allah…they don't know what to expect or what life is hiding for them in future…but because of the severe and painful experiences they went through back in Syria they don't care anymore}

4.2.3. Post-displacement challenges

This third core theme labelled *post-displacement challenges* signifies service providers' accounts of factors that is concerning Syrian refugees' mental wellbeing throughout their

final chapter of post-displacement in the UK. It is informed by four subthemes. The subtheme of *Disturbance of family structure* refers to the instability and shifting power dynamics in Syrian families' after resettlement. The subtheme *Cultural adaptation* highlights few layers of obstacles such as inability to get into the labour market, language and communication barriers, context insecurity, limited awareness of available services as well as daily life difficulties which often all lead to demoralisation and hopelessness. The subtheme *Uncertainty* represents the instability and tentative future Syrian refugees are facing in the UK. Finally, the subtheme *Stigma and labelling* stands for service providers' views of Syrian refugees' stances of being labelled as 'refugee' and 'Syrian' where both titles possess stereotype on Syrian refugees.

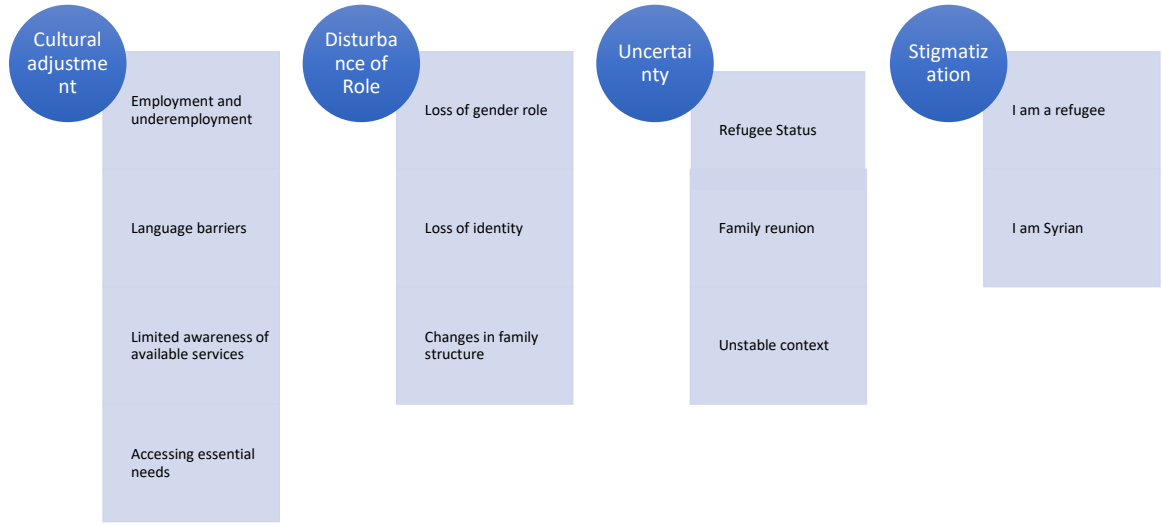

Figure 3: Theme 3 and its four subthemes

4.2.3.1. Cultural adaptation

This subtheme represents service providers' accounts of Syrian refugees' efforts to come to terms with the new environment and lifestyle in the UK. Participants reported that due to the loss of a familiar cultural framework and cultural norms, some Syrian refugees felt alienated when they arrived, and that these feelings affected their decisions about staying in the UK. Participants talked about particular experiences and examples related to Syrian refugees' acculturation and the change in environment.

"the 'honeymoon period'…which means that the refugee comes to the UK …they feel settled…safe…for some time.. they realise, you know…life is now alright now we've escaped from the danger in Syria but then gradually…the realisation hits that actually life is not as great as I had expected it to be…and you know, we can talk about various reasons that this might be…"

(Middlesex service provider; 2:79)

هلا هي المشاكل الي طلعتلهم بالبداية...قلتلك بالبداية بصير عندهم هال
euphoria
وانو هنن كتير مبسوطين ووصلو وكذا واحلام كبيرة...شوي شوي بيبدا الواقع يواجههم

(East Midlands service provider; 7:346)

{Translation: Now these difficulties they face on their arrival to the UK…as I told you before at the beginning they all got euphoria…. all feel really happy and excited that they have finally arrived into the UK holding lots of big dreams and hopes…day after day they start facing the reality}

In the UK, Syrian refugees commonly have to tailor their cultural values from one culture to another where their social roles and identities are challenged by different values and beliefs. Service providers reported that Syrian refugees confront crucial challenges and stressors in this new environment, especially in the initial stage of their asylum claim, including lack of opportunities for employment or having to suffer the indignity of under-employment, ongoing insecurity, restricted access to essential services, and more generally, huge incompetence in adapting to the new society and language. These challenges could impact massively on Syrian refugees' mental wellbeing and could result in persistent stress, anger, grief and loss.

"And first of all…the language, they have to learn the language…a big barrier…it is a big barrier for everybody"

(Somerset service provider; 6:293)

Participants added that while Syrian refugees are adjusting to their new society, they commonly face language difficulties. Language has been found to be the most pervasive problem, with all six participants indicating that English language inability is associated with

different obstacles and needs. This may affect Syrian refugees' confidence to access mainstream services and could lead them to become more isolated.

"it's a totally…totally different environment…different culture…different language…so they…you could say…they're all feeling isolated…"

(Yorkshire service provider; 3:120)

"a lot of them especially those who came through the UN are not really…educated at all…they can't…they can hardly read and write in Arabic…"

(Somerset service provider; 5:228)

Service providers also stated that Syrian refugees in general, and educated and highly professional Syrian refugees in particular, are facing vital demands to contend with language barriers and to work hard to bridge the gaps in their learning and disruptions to their education. Participants added that inadequate language skills lead to difficulties with finding adequate employment, which is believed to be a major source of distress that could affect the psychological wellbeing of educated Syrian refugees.

كل ما زاد مستوى التعليم...كل ما ساء الوضع أكتر بكتير...وبعرف
surgeon
وصل لمرحلة من ال
stress
...بمجموعة قصص...يعني هو طبعا...لما الواحد بيكون متعلم أكتر، بيصير واعي لمخاطر الحياة وأكتر

(West Midlands service provider; 2:65)

{Translation: The more they are educated the more their struggles are severe…and I know a surgeon who reach critical stages of stress due to lots of reasons…mainly…I mean when someone is highly educated, he became more aware of daily life challenges}

As participants referred to the difficulties faced by Syrian refugees in speaking and understanding English, they also commented on the consequences of this language barrier. They narrated how Syrian refugees have to escape for their own safety, leaving behind their jobs and educational aspirations. Once they are in the UK, they have to go through numerous accreditation courses in order to get their qualifications recognised and their skills transferred. Therefore, they cannot resume their professional roles; nor are their initial qualifications

recognised. With inadequate English language skills, Syrian refugees face major obstacles in their attempts to gain adequate employment, which restricts their economic opportunities.

"the challenges are…are very…huge and …like I said…looking for jobs… they can't work and the struggle to pass the English exam and therefore they're living…you know…as highly qualified professionals…they're basically living off benefits or…struggling to…to find any other work…"

(Middlesex service provider; 2:95)

Participants stated that communication barriers and lack of language competencies are often associated with lack of employment, inability to access main services and constant struggles to fulfil the demands of daily life. This could add another consideration and source of distress to the psychological wellbeing of Syrian refugees.

"the inequality…exactly…as soon as they step…in a week, I've seen it, they have to go to the job centre and sign…it's something totally new and you feel like you…you have to commit to this as soon as you…you have to find a job as well…with no language"

(Yorkshire service provider; 15:841)

For instance, as already discussed, the ability to gain employment and access mainstream services was thought to be associated with Syrian refugees' ability to speak English. Similarly, the ability to gain awareness of their own psychological wellbeing and to obtain the means to access mental health services was also thought by all six participants to be associated with English language ability.

"language can be a huge hindrance and barrier for families who are accessing support as well…Without language, they don't feel comfortable…"

(North West service provider; 10:556)

"Not speaking the language…feeling a bit alienated and isolated in…in a country that they don't speak the language of …a lot of the time they live under difficult economic circumstances…especially because they can't work"

(Middlesex service provider; 2:54)

In turn, cultural adaptation and language difficulties have been viewed by service providers as major obstacles that may reduce Syrian refugees' capacity to cope with the challenges of daily functioning. Participants suggested that the majority of Syrian refugees are mainly struggling with essential life demands and adjustment to their new environment, such as finding secure housing, accessing education services, obtaining hospital appointments, applying for jobs or even paying bills. This may then further increase their mental health and emotional needs.

"So that adds extra pressure on them…as soon as they step on UK land…within a week, they have to go to the job centre to look for jobs as any other British citizen…so the pressure they face…regardless from the war and, you know…all the other barriers…all the other issues and stressful things they've gone through…

(Yorkshire service provider; 15:822)

"A lot of things…it's the…the cultural difference between whatever they used to do in Syria…and what…what they're doing here…"

(Somerset service provider; 2:81)

4.2.3.2. Disturbance of role

This subtheme represents service providers' accounts of the challenges faced by Syrian refugees in sustaining their role and identity in the UK. Service providers commented on Syrian refugees' experiences of loss of role and identity and how this could be linked to mental health needs. Participants identified that those who reported a loss of meaningful social roles and uncertain responsibilities tended to struggle more.

"now they're in England…and their building their life…the daughter wets herself and she's thirteen…the son…is incredibly violent…father is struggling to get a job…which is…not necessarily a personal thing but it's to do with the…with the… economy and the lack of jobs for refugees…so…not finding a job is really affecting his mood…I met with him two weeks ago and he was very depressed…"

(North West service provider; 4:204)

In addition, participants highlighted the disturbance in the structure of some Syrian families in the UK. They stated that although some Syrian families found adjustment to the UK culture relatively easy, others, especially those who had arrived through the VPRP scheme, reported experiencing significant difficulties. In those families, males are usually the heads of households and the breadwinners, and had previously held a significant role in maintaining the family's economic resources. Females in those families do not work, taking care of the children and the household instead. However, in the UK, males struggle to obtain employment and both parents receive government funds. This change in gender roles and lifestyle choices is often one of the main causes of conflict and violence in these families.

"as the couple leave Syria and go to live in a different country…a lot of changes within the family…that create, like you say…situations where…the man might become abusive…grave situations…domestic…domestic violence…there is mmm…certainly an increase in…violence in families…"

(Middlesex service provider; 13:691)

Participants reported that through their work with Syrian refugees, some males claimed feelings of disempowerment and threat to their traditional gender role. While some male Syrian refugees had formerly played a central role in supporting their families, their presence and identity now face huge threats from the new norms of UK society. By not acquiring the language and not being able to find jobs, service providers reported that considerable numbers of Syrian males developed a sense of failure and resentment at the perceived loss of their traditional breadwinner role. This may have a significant psychological impact upon those individuals.

"…out of a sense of maybe incompetence…a sense of…a lack or loss of role…a loss of manhood if you like…in the broader sense…I am no longer the breadwinner because nobody is…is a breadwinner anymore…we're both relying on benefits from the state…"

(Middlesex service provider; 12:679)

However, this shift in males' gender roles was viewed by service providers as a potential source of conflict in Syrian refugee families, as men were thought to potentially feel low in mood, angry and useless as a result.

...فبتحسي الرجال صار في متل نوع من ال...ما بدي قول

depression

ولكن احباط شوي و

frustration

لانو هو معود ع حالو هو يكون ال

breadwinner

وهو الي بيطلع عالشغل من الصبح للمسا وهو الآمر الناهي فجأة صار هو قاعد في البيت وما في شغل وحتى هو احترامو لذاتو يعني وقيمتو يعني ما بقت متل ما يحسها قبل

(East Midlands service provider; 7:385)

{Translation: You feel like the men started getting some sort of…I don't want to describe it as depression but as disappointment and frustration because he used to be the breadwinner and the earner of the house to find himself suddenly sitting at home with no work even his self-esteem and self-worth is deteriorating}

Service providers also described the post-displacement effect on the whole family due to this role disturbance. Some Syrian families are challenged by ruptured bonds and disrupted structures. Children frequently become more advanced in English than their parents, acquiring the language more rapidly. Parental roles change and differences in family structure and discipline could clash with the UK norms.

هي رح تودينا لمشاكل اجتماعية بعدين وقت الاهل ما بيحكوانجليزي والولاد...بيحكو بس انجليزي...يعني انا صراحة خايفانة من هالمرحلة هي...

teenagers مرحلة مثلا...ال

كمان واختلاطاتهم والرفقة...والاهل ما عد كتير يحسنو يعرفو ولادهم ايش عم تعمل مع مين عم تحكي...بجوز جنبهم يكونو وعم يحكو...الله العليم عم بحكي مع مين وهو ما يفهم...هالموضوع...انو في شي للمستقبل ممكن يعطيكي اشارات تخافي منها...

(East Midlands service provider; 9:486)

{Translation: This will lead to huge social disturbance in the family in future while parents don't speak English and their children only speaks English…I mean honestly this will cause lots of issues in the family…for example…also teenagers and their friends…parents are not aware what the children are doing and who they are talking to…they could be sitting next to their parents and talking with someone but parents won't understand the dialogue or the subject…these are hazard signs predicting the worst will affect family structure in future}

Participants also referred to the challenges faced by some Syrian individuals and family members. Some Syrian refugees resist adjusting to their new identity and role changes; males are forced to maintain a passive role in these changes. Thus, service providers assumed that the changing gender dynamics in Syrian families were thought to potentially contribute to domestic violence and family break-up.

"there is often a change in the dynamics of the family …the woman and the man are both not working…and suddenly…the man has no reason to dominate the family and have the upper hand if you like…and the woman suddenly decides well…why should I submit to your demands and order…and that creates a change in the dynamics in the family …and that might…and the man might then resort to violence"

(Middlesex service provider; 12:672)

These changes in family composition and dynamics can significantly impact on family attachment and perceived support. This can be a major source of tension and conflict for Syrian families and it could add an additional source of vulnerability for Syrian refugees in the UK.

"You know, starting from the parents being superior…and the children can't do anything without asking permission from their parents…the wife being obedient to her husband…you know sometimes they get here and see the others are different and they try to be like them… it's the family structure…the family…who used to be like very controlling…when they were in Syria…and now when they arrive here…they lost this control…and this is a struggle for their mental health"

(Somerset service provider; 2:105)

4.2.3.3. Uncertainty

This subtheme represents service providers' accounts of the challenges of insecurity faced by Syrian refugees in the UK. According to service providers, these challenges can only be applied to Syrian refugees who have made their own way to the UK. Participants argued that Syrian refugees who have arrived through the VPRP are in a safer and more secure position compared to self-funded refugees.

In this context, while the previous theme highlighted how Syrian refugees who arrived through the VPR programme are facing multiple disturbances, ranging from loss of role to loss of social positioning within the family, they are well supported and looked after by the governmental sectors during their initial time in the UK. Help is offered in areas such as schools, housing, bank accounts, health care and benefit claim applications, all of which are managed by special teams, as these parties have been granted refugee status when they were selected by the government to enter the UK. Furthermore, Syrian refugees who used smugglers to reach to the UK are left to the voluntary sector and charities to reach out to them and look after their needs. This has created huge pressure on those who arrived by independent routes, as they have to worry about numerous issues and live under immense stress while waiting to hear the decision from the Home Office about their asylum claims.

"these people are more supported than the people who came on their own…so when you come through the UN programme, you have twelve months… kind of contract in a way… they support them…and they have the caseworker"

(Yorkshire service provider; 7:346)

Service providers commented on the process of gaining refugee status and the associated stressors. They reported that after fleeing the war in Syria, Syrian refugees have another big battle to fight in the UK. Participants reported that the majority of Syrian refugees have been recognised as asylum seekers by the UK Home Office. Those individuals must demonstrate that they are 'legitimate' refugees in order to gain refugee status. The period of waiting to gain refugee status could last for a few years, during which Syrian refugees could face feelings of uncertainty, knowing that they could be detained or deported at any time.

هلا في عندي حالة شخص صرلو تلت سنين عم يستنى
home office decision
...واهلو تحت الضرب بدرعا...بالاخر هاد شوفيني اعملو...

(West Midlands service provider; 11:526)

{Translation: Now for example I met a case of someone who has been waiting three years for the home office decision…his family back home is under fire…you can imagine…how I will be able to support such a critical case}

In addition, participants described changes in financial circumstances. Many Syrian refugees referred to being wealthy in Syria and holding high status professions as doctors, lawyers, teacher or engineers. Participants revealed that those refugees, especially those who came through independent routes, now live in poverty, as they have no right to work and earn money due to their asylum-seeker status. Furthermore, they are unable to practice their professional skills in the UK and there is no recognition or value for their qualifications. Service providers expressed that all of these challenges have affected Syrian individuals and families immensely, adding extra pressure and anxiety.

"a lot of the Syrian refugees are very…well qualified…but their qualifications are not recognised in the UK…so…and they have to do extra training sometimes for several years before they can be recognised to work….and that adds a lot to their uncertainty and frustration"

(Middlesex service provider; 2:90)

Participants indicated that these feelings of insecurity added extra stress to Syrian refugees' experiences. The fundamental disruptive aspect of lacking refugee status is family separation and reunification. Service providers highlighted the impact of post-displacement stressors, which could be aggravated by family separation. Many Syrian refugees, especially those who had made their own way to the UK, had left their families behind in the hope of gaining refugee status in the UK and then applying for legal reunification to resettle with their loved ones. Participants talked about the ordeal of separation, which could cause prolonged grief and loss.

فانا كان عندي شخص...امم...عدد افراد اسرتو كتير كبير...طول ليعطوه
decision
...هاد اكبر سبب للمشاكل
عملياً واحد ساكن بمحافظة وطلع لهون وهاد طول شي سنتين وشوي...لعطوه
decision
...سنتين وشوي على افراد اسرتو الكتير...شي ست سبع اشخاص
كلهم عايشين تحت الضرب بعدين طلعو عاشو بمخي

(West Midlands service provider; 4:162)

{Translation: I have for example a person who left behind few members of his family…home office took long time before issuing his refugee decision. This is one of the major reasons of their psychological

struggles...practically this person waited two and a half years waiting the decision and his family members…about six seven people…all living under gun fire then they forced to move into a refugee camp}

"I'm safe but what about them?...are they going to be safe?....is anything going to happened to them anytime?...I had…mmm…one of the women who I met here who she said she constantly checks her…her Facebook…her updates…to see kind of whether her family are OK"

(Middlesex service provider; 3:113)

Furthermore, given their uncertain refugee status, Syrian refugees faced the challenge of moving homes and cities within the UK. Service providers reported that, while waiting to gain their refugee status, Syrian refugees could be distributed and asked to move between different cities and several houses.

"Frustrated…frustrated…I've heard it…believe it or not for many Syrians, they want to go back…"

(Yorkshire service provider; 20:1121)

In addition, service providers stated that some Syrian refugees reported feelings of scarcity and inequity as they were distributed into different towns and cities in the UK. Refugees who have been allocated houses in rural cities such as Preston, Derby or Wakefield expressed huge feelings of unfairness and injustice. Being in a rural city acts as an additional source of social and emotional disturbance for them, including difficulties in finding Syrian communities and accessing main services, even when such services are available, barriers to accessing intercontinental shops, and persisting stigma associated with being a refugee.

"I think culturally, Manchester and the North West…is a good place for refugees to arrive because…there's such a diverse culture and community in Manchester where…they do feel welcome, they do see others who look like them…we have a really good community hub based in Rethink Rebuild…"

(North West service provider; 14:749)

participants described how Syrian refugees are striving to maintain continuity of their Syrian culture in their new changed context. Syrian refugees proactively searched for means to

match their past life with their present. Service providers shared how Syrian refugees are keen to be located in cities where they can reach resources of food from their home country; and spend time with people from their own culture; where they can talk, and share their present experiences and maintain their religious faith

*"Syrians, the first thing they would find…where is the market, where's the food…**b**ut that's if you are based in big cities…I've witnessed families who lived in, for example, York or Harrogate…**t**hey have no access to this means. It's much harder because it's not available where they are…it's more financial pressure…you have to take a longer journey…you have to go to a different city probably…to access your basic needs…the food that you used to eat…the bread you like…"*

(Yorkshire service provider; 20:1101)

Obtaining housing with long-term security was another problem, as service providers stated. During the process of their asylum application, Syrian refugees have to move house many times before they can settle. These factors were cited as being implicated in insecurity, mobility, and subsequently social and psychological wellbeing.

"to add to these struggles…they have to change houses three four times during their refugee journey…you know…government policy is to change houses depends on the stage of your refugee…huge stress and instability to the whole family…changing schools, GP's, bus routes…"

(Somerset service provider; 3:118)

Participants concluded that the instability of refugee status, family reunification and context can add massively to feelings of insecurity and can cause severe mental, emotional and social strain.

4.2.3.4. Stigmatization

This subtheme signifies service providers' views of the critical challenge of serotyping faced by Syrian refugees in the UK. Service providers stated that they had met some Syrian refugees and Syrian families who did not want to be labelled or associated as 'refugees'.

"adding to it you don't want to be called refugee…they used to hold well respected positions back home socially, professionally or educationally"

(North West service provider; 12:628)

Participants highlighted that being constantly aware of negative labelling has added to Syrian refugees' vulnerabilities and inequality. It has affected them by increasing their feelings of being different and not being accepted, as well as their sense of stigma and discrimination. This could massively impact on their ability to improve their situation and develop ideas for a better future.

فنحنا كان هدفنا انو نجمع كل السوريين الي في نوتنغهام...ما تخليهم هنن يعني..ونحطهم دايما تحت

band or title

لاجئ لاني هاد الشي اشتكوا منه كتير...كتير مأثر عليهم وعلى نفسياتهم

(East Midlands service provider; 3:115)

{Translation: So our aim was to gather all Syrians in East Midlands together...to ease their feelings…not letting them feel they are under a band or a title of refugee…they complaint a lot that this title is a heavy load on them and it's affecting their psychological wellbeing}

Moreover, participants reported that they had met some Syrian refugees who were prone to believe in notions surrounding racism, which could definitely affect their mental wellbeing. Participants claimed that Syrians in the UK in general and Syrian refugees in particular have experienced public stigmatisation by the media, who appear to drag them to the bottom of the social hierarchy due to being 'refugees' and 'Syrians'.

هلا اكيد في حاجز اللغة...في حاجز عدم وجود ال

touching point

يعني اذا انت مثلا لاجئ مقعدينو...لاجئ هون بلبلد مقعدينو ست شهور ممنوع يدرس وممنوع يشتغل..والجيران الي ...

حواليه شايفينو هاد اللاجئ الي اخد البيوت...تبع ال

council

خاصة لانو ال...

refugees

عم يسكنو هم بمناطق...شوي اصعب يعني.....بلعكس الناس يطلعو عليهن انو انت ايش جاي تعمل اخدتلنا بيت

(West Midlands service provider; 18:852)

{Translation: Adding to the language barrier…there is the barrier of lack of touching point…as you are a refugee in this country… six months roughly waiting for your refugee status…not allowed to access education neither apply for a job…your neighbours are looking at you as the 'refugee' who has been prioritised over us to take a council house…especially because those refugees distributed in rough areas…where all their neighbours are looking down at them}

Participants also commented on their own assumptions of the recent incidents attached to refugees that could evolved herald of social stigmatisation and persecution on Syrian refugees. Intensified fears and worries became significant while hate crimes against refugees became recently very present in the UK. Media acted as a powerful tool in shaping public opinion and influence general attitudes towards refugees.

"…media and news coverage mainly misrepresent refugees, they have propaganda you know, to stimulate hate towards refugees...you can imagine how much this can impact… on their ability to establish a new identity and integrate in the UK"

(Yorkshire service provider; 19:1068)

In light of this, stigma, mistrust, unfairness and lack of stable context may limit the extent to which refugees access mental health services, even if such services are available. Service providers commented on how Syrian refugees seem fixated by a precise image of the label 'refugee' and one's self-perceived status as a Syrian refugee. It is this stereotyping of the additional identity imposed on them that causes additional stigmatization and alienation in their new society.

4.2.4. Coping and Resilience

This overarching theme, labelled *Coping and Resilience*, indicates service providers' accounts of the healing and coping mechanisms that exist within the Syrian refugee communities. Participants listed their views of what skills and tool Syrian refugees used to cope with their new environment and to handle their massive stressors. This theme covers service providers' views of Syrian refugees' cultural and religious beliefs, acceptance and meaning-making, resilience and other methods of healing. The following diagram illustrates the coping and resilience theme:

Figure 4: Theme 4 and its three subthemes

4.2.4.1. Religion and faith

All service providers noted the tremendous strength and resilience shown by Syrian refugees while resettling in the UK. Service providers suggested that there are positive associations between religious beliefs, resilience and coping methods used by Syrians in general and Syrian refugees in particular. Participants highlighted how faith and related practices used by Syrian refugees were their main tools to deal with daily psychological stressors.

"And the biggest…or one of the biggest if you like…that helps people continue to…to survive if you like in the UK…has been their faith and their belief in a higher being…mmm…that is…that is able to see what is going on for them…the idea fate as being quite central…that what is happening to us is part of our fate and we've got to accept it…there is a great level of acceptance…"

(Middlesex service provider; 9:504)

Participants noted the importance of faith and religion. They highlighted how prayer and beliefs were positive and healthy tools of strength that helped Syrian refugees in difficult times.

“In my opinion…all Syrians and especially the ones who went through huge difficulties…I mean you know…they will feel safe when they use their faith…Syrian refugees can overcome their emotional stress…I mean…by getting closer to god…like praying…fasting…going to mosque…these practices making them feel safe”

(Yorkshire service provider; 14:748)

Service providers reported that faith and religious beliefs have helped Syrian refugees to begin to move forward from their traumatic past and provide a strong foundation to support them in coping and dealing with negative mental health states. They argued that Syrian refugees found support and comfort in their faith in a situation that holds many struggles and difficulties.

"عرفتي شلون...الدين عنا شغلة مهمة والكل بيتوكل على الله اذا بده يقضي شغلة او حتى اذا مرض او صابته مصيبة..يعني هدا الشي بيعطيهم شعور بالطمأنينة والراحة النفسية..."

(East Midlands service provider; 11:591)

{Translation: You know what…religion in our culture is really important and all Syrians rely on God if they are facing difficulties or struggles, if they need to achieve a task, someone has poor health or even if they are facing massive trauma they will seek asylum with their religion…this is the only thing that offer them feelings of security and put them at psychological peace}

As suggested, maintaining religious faith and practices acted as a vital tool that helped Syrian refugees to sustain feelings of hope, resilience, understanding and acceptance for the present and the future. Service providers stressed the importance of this tool, as it could be one of the main ways to explain how Syrian refugees are coping with their mental health needs and psychological difficulties.

“perhaps a moment of despair…and frustration….and even at times…a sense of kind of, I don’t want to be here anymore…kind of suicidal thoughts…my experience with the ones I have met…is that these moments are often short-lived…and they often kind of…maybe they have a strong religious conviction that keeps people away from carrying these thoughts through”

(Middlesex service provider; 9:462)

Also, service providers commented on how religion was a source of cultural continuity that provided Syrian refugees with secure spiritual support. It represented a tool of connection that kept them in touch with aspects of their homeland, language, and people from similar backgrounds, and thus provided a continued sense of security and resilience.

"Syrians, the majority are Muslims in Syria…but of course, there's many other faiths too…but, the majority of those who have had to leave are of the Muslim faith…and I think…umm…their faith…turning to their faith is really helping them, so even the people who are not Muslims, they still have strong faith…we are, I think, a religious country…even the Christians…"

(North West service provider; 16:898)

4.2.4.2. Existential meaning making

Service providers reported that Syrian refugees hold strongly to their values, morals, culture and belief systems. They noted that strength and resilience were maintained by using coping mechanisms such as constructing meaning from suffering, and focusing on the privilege of being safe.

"Of fate or destiny…or ideas like that…which are often derived from the religious conviction…so there's that…the family was… a very big resilience factor in people's minds…both their ability to rely on the family for support but also their sense of responsibility towards their family"

(Middlesex service provider; 10:515)

Despite the massive stressors, suffering and trauma encountered by Syrian refugees, service providers reported that they had created many different significant meanings and sense-making for their lived experiences. Service providers stated that most displaced Syrian refugees have shown tremendous acceptance of their fate by using an interpretive lens toward understanding the traumatic experiences they had been through and applying existential questions to deal with past experiences of oppression, violence and death.

"you know Syrian refugees witnessed horrible stories and traumatic events either back in Syrian or in their journey to the UK…what I've noticed that they left all these behind and they are focusing on their future and their children future…they thanking God that they are safe with their families where thousands and millions of Syrians are still suffering in Syria…"

(Somerset service provider; 7:372)

Participants suggested that while Syrian refugees are using meaning-making as one of their coping strategies, they have related themselves to other experiences of trauma and persecution. They also associate their lived experiences with losses and repressions.

"هلا هون انت بتعرفي نحنا منعرف عن بعضنا من بعضنا...ومنقوي بعضنا لانه بس ارتحتي لشخص بتفضفضيله كتير...هون بقلك فلان هيك صار معه وصبر وعلان هيك صار معه واخد حسبه الله... هيك ما بتحسي حالك غير هديتي وقبلتي باللي الله قاسملك ياه

(East Midlands service provider; 11:584)

{Translation: You know that we are as Syrians we know about others from each other's...we strengthening each other's…you know in our Syrian culture when you meet someone and you like this person you straight away feel safe to share your feelings and struggles…here usually the other person will advise you and share stories about people who are less privileged from you…then they will start seeing how fortunate and lucky they are comparing with disadvantaged others…this will give them huge senses of satisfaction and acceptance}

Despite the ongoing stressors and hardships, service providers suggested that Syrian refugees found ways to cope, survive, and sustain hope. Participants highlighted how Syrians in general and Syrian refugees in particular tend to use significant phrases to cultivate meaning and a sense of others' wellbeing, including freedom, by using their religion, culture and Arabic language. Participants suggested that this meaning-making skill acted as a significant tool in enhancing Syrian refugees mentally and psychologically.

"I know the Syrian refugees use their faith to cope…this helped them to accept their fate…they are constantly using quotations and verses from Quran to reflect on their experience…they compare themselves to others who are less privileged…they would say 'we shouldn't complain' we are in much better situation than others…"

(North West service provider; 16:852)

In addition, service providers stressed how Syrian refugees maintain a sense of personal meaning through efforts to restore meaningful cultural rituals and activities such as sharing memories and stories of their homeland and continuing Arabic language lessons for their children. The psychological impact and interpretations of such events would make a distinct contribution to their mental health and wellbeing.

...من ناحية الدينية مثلا... مثلا انو الناس بتتمسك أكتر...بتصير بتروح علمساجد اكتر..
....هلا ممكن الي عندو شوي بس...ممكن بيعت ولاده عمدارس يتعلمو شوية قرآن
شوية كذا ليحافظو علعربي

(West Midlands service provider; 20:951)

{Translation: From religion and cultural point of view…I witnessed that people get hold on these more…they maintain their cultural and religious beliefs and hold into them quite tight…they go to mosques every Friday…they sent their children to Arabic school to learn and maintain the language, religion and culture}

Service providers stated that although Syrian refugees encountered numerous challenges in the UK, they often intended to rebuild their new life and find meaning for it. They constantly sought answers using their cultural and religious beliefs to make sense of their horrific experiences.

...وبيلاقولها حلول لحالهم...وبيروحو علجامع مثلا او اقرأ قرآن زيادة مثلا...او بينا وبين
او هدي حالك قوم اتوضى...غسيل راسك غسيل ايدك بترتاح...نام ع طرفك اليمين...لا تقل بالاكل...هل...يعني
...كمان بدي احكي انو نحنا كمان مجتمعاتنا...نحنا مجتمعاتنا منحكي لبعضنا
منشكي لبعضنا...الانجليز ما عندهم حدا كتير مثلا...بيفشو قلبهم لل
professional...
...فبين بعضهم بيتشاورو وبيعطو نصايح لبعضهم
عرفتي شلون؟ *بيحكوا لبعض وبيفشوا قلبهم وبتكون قصص بتشيب شعر الراس...بس بترتاح بس قالتلها جارتها ايه شوفي*
...فلانه واحمدي ربك...سمعتي فلانه اش صارلها...هيك بترتاح وبتعتبر من القصص اللي سمعتهم
.....ولكن بيساعدو بعضهم علطريقة السورية

(East Midlands service provider; 14:768)

{Translation: They tend to find solutions to their problems by themselves…they might go to mosque…read extra Quran…use rituals or practices she inherited from her grandmother such as washing her hair, sleeping on her right side or having light meal…I mean they might use all these practices to calm themselves down…and as you know in our culture we do talk to each other's a lot…we vent to best friend so we might not need

professionals to speak to them…You know what I mean…they expressed the dilemma to each other's and sometimes they report horrific stories…she might get an advice from her best friend or neighbour such as 'see what has happened to such and such' and 'have you heard of the suffering of such and such'…this will put her at ease and will minimise her stressors…she will feel reluctant to complain as she is well advanced from others…this is the Syrian way of healing sometimes}

Finally, participants highlighted how Syrian refugees were passionate about finding meaning in seemingly unjustified and irrational experiences. They added that most Syrian refugees have left behind families and loved ones who are still facing injustice, genocide, torture, discrimination, cruelty and inhumanity. In order to deal with their current stressors, Syrian refugees utilised symbolized individual and collective experiences and objectified their misery and suffering compared to others who were left behind in Syria. It has been suggested that this has helped Syrian refugees in the UK to boost their resilience and to re-build their hope and emotional wellbeing.

"this kind of broad family sometimes…provides a reason …for the refugee to continue and to…to resist kind of getting into that…deep depression…or deep kind of mental breakdown…so they want to stay if you like…they want to stay…mmm…well for their family…so they feel responsible…so there is almost that kind of strength or resilience that stops them from becoming unwell…because they need to be there for their family…for their children…for their wife…for their parents back home…and so on…"

(Middlesex service provider; 4:217)

4.2.4.3. Negative coping strategies

Service providers reported that these negative coping strategies were perceived as a tool to help Syrian refugees to 'forget' or 'deal with' intense negative emotions. Prominently, Syrian refugees have to deal with the burden of carrying memories of their past experiences and baring their painful memories. Participants stated that Syrian refugees expressed different ways of coping with these memories and experiences. Some learned to carry them and showed great resilience, while others adopted negative ways to numb the experiences.

"I think they arrive with…a real…array and complex issues…some of them I have met who…have come incredibly resilient…have had no problems…their children have mixed into schools so well with other children…parents have managed to find a job quite…early

on…and they're really building a life…other families…you'll have the complete other extreme…where…the father is struggling with PTSD, sleeping difficulties, smoking, violent…the mother is struggling also…one of the children might be struggling…and then, they can't function in school properly…father can't function and get a job…so…there are so many complex issues"

(North West service provider; 4:170)

Service providers added that some Syrian refugees are at risk of developing negative coping strategies such as suppression and withdrawal. They reported that although female Syrian refugees gained greater social freedom on reaching the UK, their male partners were thought to be more unmotivated and resentful.

"the pressure they face…regardless from the war and, you know…a lot of them are struggling…mainly men…you see them walking in streets…smoking…wasting time, they have no motivation to do anything as it's hugely difficult task…finding a job, a house, a community……and you don't know the country or the language"

(Yorkshire service provider; 15:826)

Service providers further highlighted that, as Syrian refugees are bound to adapt to the new UK culture and to deal with their long-lasting traumatic experiences as well as facing huge additional emotional stressors and demands, some of them have found it hard to cope with the weight of these stressors and obligations. Some Syrian refugees consequently developed negative maladaptive behaviours in terms of mental wellbeing. This could manifest as low mood, anxiety, and violence.

"Certainly I am aware perhaps of many incidents…of…divorce within families…as they…as the couple leave Syria and go to live in the UK…a lot of changes within the family…that create, like you say stress and anxiety and…situations where…the man might become abusive…aggressive situations…domestic… violence…there is mmm…certainly an increase in…violence in families…"

(Middlesex service provider; 12:655)

Participants also suggested that mainly male Syrian refugees, due to their perceived feelings of failure and loss of the traditional breadwinner role, have developed unhealthy coping

strategies of alcohol misuse, domestic violence and depression. The impact of these negative coping strategies was viewed as contributing negatively to refugees' mental health.

بينما الرجال عم شوفهم انو بعد هي الفرحة الكبيرة...انو المستقبل بالنسبة لالهم غامض...ما معروف...بجوز ما يحسنو يحصلو شغل حتى بالشغل الي كانو يشتغلوه هن بسوريا هنن بهالمستوى اللغة...والعمر ايام زمان كلن يلعب دورو وهون جينا لسبب انو بدينا نحاول ندخلهم باعمال reference يعني...واحد ممم...ما في سنين خبرة ببريطانيا ما في تطوعية ونحكي مع جهات تقبلهم ليشتغلو ليحسنو يكبرو...المشكلة الرجال عندهم احباط شديد عبدخنوا وبضيعوا وقت كل النهار

(East Midlands service provider; 8:410)

{Translation: While men…as I witnessed them, after the excitement and happiness of getting into the UK…they realised that they have unclear future…unknown…they are struggling to get same job they used to do in Syrian. Their language skills is low, they are old and they have no reference to apply even for voluntary job…this is causing lots of depression especially with men…you see them always walking in streets with no aim or motivation…smoking cigarettes and feeling useless}

4.2.5. Service Providers' Role

This main theme, labelled *service providers' role,* signifies service providers' explanations of their responsibilities and duties as well as the limitations of their role with regard to offering services to Syrian refugees in the UK. This theme covers service providers' role in offering mental support as well as helping Syrian refugees with daily life challenges. It is informed by the following two subthemes: *what do we offer?* and *what do we need?*

The subtheme of *what do we offer* refers to how Syrian service providers perceived their role as a key factor in offering newly arrived Syrian refugees trust and culturally competent social and emotional support. They viewed their role as vital because it helped Syrian refugees to approach them and seek help and to disclose many of their issues and difficulties. The subtheme of *what do we need* represents community service providers' views of how to best accommodate Syrian refugees and what are their future aspirations to deliver contextualised service and support. The following diagram illustrates this core theme:

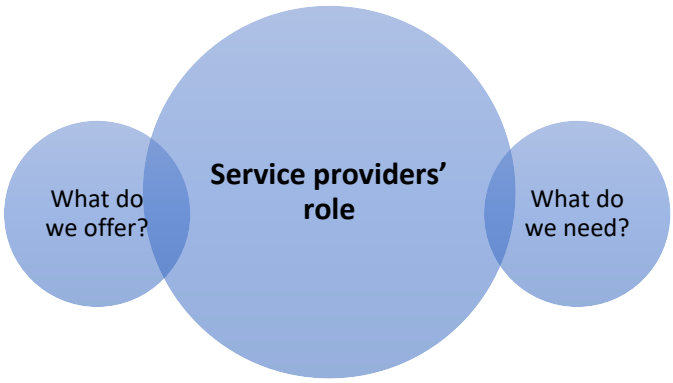

Figure 5: Theme 5 and its two subthemes

4.2.5.1. What do we offer?

Service providers described their responsibilities as a welfare and social service offering essential social and practical support to Syrian refugees and families in the UK. Through their service, they provide social gatherings, information and resources, English classes, professional consultations and seminars. They added that their initial aim was to meet Syrian refugees' basic needs: therefore, older generations of Syrians in the UK formed these community services in different cities and worked together to welcome and help the newly arrived Syrian refugees. They formed social media groups to better inform and generate ideas for the best service support and to help Syrian refugees to deal with their daily life challenges, as well as to improve their social and emotional wellbeing.

"It's a group on…on WhatsApp... and Facebook group…I have…I think it's got like over 150, 160…People…a very big group…because whatever they want to ask, you know, question…they find somebody else went through the same problem and will tell them what to do and how to get out of it…and all that…so they keep asking all sorts of questions about…everything you know… they're asking each other…and if they can't find the answer we step in and help them"

(Somerset service provider; 7:339)

Service providers stated that they acted as a frontline, offering countless effective support and culturally sensitive care to meet Syrian refugees' needs on their arrival. According to service providers, Syrian refugees relied on the social and emotional aid offered by community service providers, where the focus was to provide the necessary support and advice to maintain daily life demands and challenges.

يعني انا كتير فيني ركز على شي فعلا يكون

productive

للعالم...يعني انا اوقات بضيع حالي باني قاعد عم ترجم رسالة فاتورة مي لشخص...ف...و...فانا انا...عم

providing this service... for free

... بس لانو ما في حدا تاني يأمنلو هالخدمة

... فالفكرة هي انو هون بتصير انت ك...انو اوكي...عندي عالم بتغرق بشبر موي

بس في شغلات اهم فيني اشتغل عليها

(West Midlands service provider; 15:732)

{Translation: I mean I can concentrate on more productive tasks where I can offer not only basic support to these people…sometimes I spend hours translating home office letter or utility bill for a person…I know I'm providing this service…for free…but I feel no one else can offer this basic support…these people can't cope, they could struggle to maintain their basic daily life challenges…we need to be there for them although I believe I can offer more advantage support from only translating a letter or calling doctors for appointment}

Participants also identified their role as the first point of contact for Syrian refugees. They reported how they offered Syrian refugees a pathway to access mainstream services when required. Indeed, they commented on how they offered practical training to enable Syrian refugees to understand the new system of health, educational, home office, and social housing services, which many Syrian refugees found complicated and confusing.

"she's not come through the UN programme…so she's got nobody else, you know…to go and ask…that's why I believe sometimes, the community is a need now…it's not like…an option…she, she has a responsibility to look after herself and to register with the GP by herself…to find a school…we spent about two months and a half just contacting…you know…I think when you don't have anybody to support you…if there's no community to support you…there's nobody else…"

(Yorkshire service provider; 8:405)

In this regard, participants reported how they offered support to Syrian refugees in accessing major resources, including health, employment, benefits and housing. They commented on how Syrian refugees found it hard to understand the UK systems, were unable to apply for support due to inability to communicate, and did not know about their rights or entitlements. Service providers identified their role as fundamental in reducing Syrian refugees' daily struggles and improving their ability to access key services.

هي نحنا لسا ما حكينا عن مشاكل المراهقين والي بيجو بعمر مراهقة وبيدخلو رأسا عل
و A levelوال GCSE
struggling
بالدراسة..
..ومستقبلهم عم يتحدد بوضع هنن لسا مانهم جاهزين big challenge فهدول فعلا عم يواجهو يعني
لذلك كان همي انا ادبرلهم متل دروس تقوية بالمواد الاساسية...السبت...يوم السبت يروحو عليها برات المدرسة...علوم ورياضيات وانجليزي..
لانو هنن شوي اندمجو بالجو شوي...كل...حتى لغتهم كل بيستفيدو من هالموضوع اكتر...ولكن مشان هيك عم بقلك...في مشاكل للستات شي مشاكل للرجال...شي مشاكل ال
teenagers
والشباب شي...مشاكل للولاد.
نحن عمنساعد الكل على قد قدرتنا ومعرفتنا...شي بدروس لغة وشي بجمعة عل عيد وشي دورة نجارة او خياطة للستات

(East Midlands service provider; 10:544)

{Translation: If I want to talk no only about the parents but going into the teenagers' difficulties especially in language and the education system in the UK where they came straight to do their GCSE or A level they are really struggling. Their future is on the edge and they are facing a big challenge. Therefore my role was to provide language classes including maths and English to both parents and children…as I said before each member of the family is facing different challenge, mum is facing challenges, dad is facing different challenges, children, teenagers and youth are facing different ones as well…our role as a service provider is to acknowledge all these challenges and offer the needed support with our basic skills and knowledge…by providing language classes…organise social gathering…even carpentry or sewing classes}

Service providers spoke about the importance of trust as being essential in Syrian culture to enable sharing of difficulties. Participants also commented on the obstacles of sharing difficult emotions and struggles with outsiders. They identified themselves as a source of support and comfort who are experts in faith, language and culture.

"because now we know them better…they trusted us…I think the most important thing when you make them feel very valued…it doesn't matter that your qualifications are not recognized yet…it doesn't matter if you're not working yet…it doesn't matter if you're not speaking the language…you're still a very valuable person…and that… to just assure them that you will get there…when you…when they feel that somebody… feels their pain, understand their culture and values…they're not just doing their job…"

(Yorkshire service provider; 14:774)

Service providers described their role as 'internal helpers' who share the same culture and experience. They stated that their main role involved building social environments where Syrian refugees are able to develop social networks and gain support from their peers and from other Syrian refugees. Practitioners perceived their service as vital in restoring identity, a sense of safety and belonging, and attachment and connections. They believed that all of these aspects massively impact on Syrian refugees' mental wellbeing by offering them autonomy over their lives.

*"Yeah…and giving each other a lot of things…recipes…whatever… they started…**s**ocialising…helping each other and meeting regularly…so we've got another group now…for cooking and recipes and all that…"*

(Somerset service provider; 9:458)

Finally, service providers identified the support and service they provided as social agency, multidisciplinary and community-based support that meets the social and emotional needs that many refugees have, especially in their initial stage of resettlement. They added that their services have been established in an attempt to provide opportunities for socialising, overcome social isolation and reduce barriers to receiving or accessing essential services.

"I can only speak from my experience within Middlesex...and I certainly think that the community…which again…is very mixed now… the old Syrians that have been here for many years…or the newly arriving ones… …I think it is providing a lot …to bring in that integration…to help the new…the newly arriving Syrians to feel part of …a bigger …community of Syrians…it's almost like created a small Syria in Middlesex…I think a lot has been done…not specifically targeting people with mental health problems…but more to create that kind of…social atmosphere for people"

(Middlesex service provider; 6:313)

In conclusion, service providers believed that they fulfilled a key role in supporting Syrian refugees with their mental health problems. They reported that with their sympathetic awareness of Syrians' faith and culture, they were able to offer sensitive, empathetic and understandable community support, which could be critical in any refugee's recovery.

4.2.5.2. What do we need?

Through the broad range of services that they provide, it is clear that Syrian community services recognise that Syrian refugees have a diverse set of mental health needs. However, a few participants reported that they did not know how to identify mental health difficulties, where to refer refugees who exhibit mental health traits, and how to obtain mental health training and education in order to help Syrian refugees.

"we can't do anything more than…if…whatever they ask us we're providing…I really don't know what we can provide more…I don't know if mental health services are free…can it be accessed by their GP…I don't know…do they have to pay…"

(Somerset service provider; 12:638)

Service providers identified that they have a lack of understanding about mental health and psychological difficulties and of the mental health service system, and therefore they requested clearer and more detailed information so that they could pass it on to Syrian refugees when required. This would help to reduce some of the overwhelming anxiety that service providers experienced when faced by cases in need of help with mental health.

"But I've noticed if we're talking about mental wellbeing…the language is an issue…a comfortable place is an issue…that relationship…you can't jump in straightaway…oh, let's have a counselling session…you need really…a bit of an introduction…to build a relationship and eventually you could do…you could have really…a great impact, because there is a huge need for it…in the community…just need to get the right approach"

(Yorkshire service provider; 16:883)

Participants highlighted the privilege of their role and how it has offered them an opportunity to identify refugees' main difficulties and issues and facilitated avenues for further support. However, participants also commented on their lack of awareness of mental health concepts and available services. They expressed their inability to facilitate access to mental health care, which often intersects with refugees' social needs and welfare.

في عندي اكتر من حالة ممكن انا
refer them...او ممكن الزلمة يروح طبيعي ما في مشكلة....
mental health services
ايش في ببرمنغهام...
... .. والله مثلا اذا اجاني شخص عم يبكي بلمكتب مات اخوه
... ممم ووصلهم خبر هلا انو مات ابنو...انا جاي شخص عم اشتغلو طلب وصلو خبر انو اخوه اعتقل
... طيب انا لو بعرف هي...لو بعرف هاد الزلمة بقلو طيب شو رأيك انو نروح لهاد المحل؟
بس انا اذا ما بعرف ما فيني...ببساطة

(West Midlands service provider; 16:784)

{Translation: I have more than one case where I know that the person will accept to go and see a counsellor or a psychologist however I have no clue what *mental health services* available in West Midlands or how to *refer them* into it…for example: a man came to the office crying as he received a news of his brother has died back in Syria…another family just received a news of their son has died…also one was sitting with me filling a form he received a text message saying the Syrian regime arrested his brother…in all these cases I don't know what to do or where to refer them…if I knew I will take them to the service but simply I don't know how or even if it's available for Syrian refugees}

Participants also commented on the huge demands and pressures they are facing in their daily contact with Syrian refugees. They described their work as lacking essential knowledge and skills, and most of them reported reaching high levels of exhaustion and burnout.

"I think you will find common themes…you will find people working with refugees…trying almost unconsciously to find ways of…reducing that psychological burden…the risk of burn out …that compassion fatigue that you might get if you work too much and for long hours…for a long time with…very or extremely traumatized or vulnerable people…"

(Middlesex service provider; 11:588)

Service providers also presented ordinary hopes for the future, one of which was to be able to offer culturally and socially sensitive psychological support to help Syrians in general and Syrian refugees in particular. Given the cultural stigma and social rules to which Syrian refugees are bound, all six participants stressed the importance of replacing the western psychological and mental health terms with more culturally sensitive ones. It is therefore recommended that all Syrian refugees, regardless of their mental health status, would hugely benefit from changing the existing mental health terms in order to approach psychological services.

"the girl who…is bedwetting…the GP gives her the medication and six weeks later, it hasn't gone away and the mother goes back…the GP is then…forced to look for a plan B, and the mother is then…gets the courage to tell him the problems and then…they might eventually get access…it's only when the child, you know…gets depressed in school that the teachers notice and then they ask for support…so I think it's only when the symptoms are really presenting strongly…that the families get support…but there are so many families that are living with so many trauma symptoms that…nobody knows about"

(North West service provider; 11:606)

In addition, participants indicated that they had met some Syrian refugees who showed clear psychological difficulties. They added that in their role, they can only increase perceived social support and resilience, whereas they encounter a huge lack of information on mental health knowledge and a massive gap in their psychological awareness. This could massively hinder service providers' perceptions about the psychosocial needs of Syrian refugees and of service responses to these needs.

"So I think the approach probably could be in different ways…understanding our culture and what does it mean in Syria…to ask for counselling…or even to have counselling sessions…me personally I don't know what to expect in counselling session…how could I explain it to them? We need to build our own knowledge first in order to refer them or help them to approach mental health services…"

(Yorkshire service provider; 4:168)

While some service providers reported that they lacked the knowledge and expertise to provide the appropriate mental health support needed, they also reported feeling swamped

and overwhelmed: swamped due to the relentless bad news coming from Syria through the social media and overwhelmed by the needs of Syrian refugees. They stated that there were often insufficient resources to meet to the needs of all their service users.

الضغط...الضغط كتير كبير...من الشغل ومن ال social media ومن الاخبار اللي بتجيكي كل يوم من التلفزيون...وما في training...

اي يعني هلا شفتو من حالي...شفت ال burnout يلي صار فيني...دخلت ب depression كتير كبير...

فالفكره انو بس...كل الاشخاص الي اشتغلو بهاد ال position...مممم الي قبلي وانا والي بعدي والي قبلو...

أكلو انتهى من الموضوع انو هو صار عصبي اكتر... ...مافي training وشغل كتير الناس ٢٤ ساعة عبيطلبوا

(West Midlands service provider; 21:1022)

{Translation: The pressure…the pressure is huge…from work and from *social media* and from the news on TV…add to this huge pressure the lack of *training*…I can give an example of my situation…I reached the *burnout*…I didn't realise…I also ended up in *depression*…the idea is…all people who worked in this *position*…the people who were before me myself and the people who came after me to this position all ended up in becoming moody and angry most of the time…with no right *training* and huge case load where refugees are demanding my help 24 hours a day…I can't say no and I'm not trained enough to direct them to the right resources or services}

Participants also highlighted the vital need to provide counselling and psychotherapy in Arabic. Adding language barriers to the existing mistrust and stigma around mental health may also militate against Syrian refugees' engagement with mental health services.

"I was just helping her with translation… so the father kind of turned to me and whispered and said something along the lines of…I thought it would be so easy, but then he said to me, don't tell her that because she's English …but he didn't want to share it with her, not to offend her…whereas with me, with my headscarf and speaking Syrian, it was fine to say it to me…that's it, he relates to me…so I think it's that…sometimes we miss really important messages…because we don't speak the same language"

(North West service provider; 9:491)

Finally, participants commented on their own psychological needs and wellbeing. Service providers highlighted the fact of the continued brutal war in Syrian and the daily possibility of losing friends and family members in the conflict. They added that this has had a profound effect on their wellbeing as well as that of refugees. Some of them stated that feelings of guilt and blame were their main drivers to step into the role of community service providers.

اي عم بسمع قصص...يعني عمليا.....انت عم تحكي على حرب لساتها ماشية...يعني مرة عم بمشي بلمكتب ف...فعم قلو ل مديري...عم قلو انا اذا صار معي

burnout

... لا تتفاجؤو...قلي ليش...قلتلو طيب اوكي...عددتلو المشاكل الي عم بسمعها...انت ماشي بلسنتر

... عم تسمع مثلا عم بسمع قصة وحدة تعرضت للاغتصاب...

...ممم تعذيب...اخوه انقتل...كتير عم يجو لعندي عم يقولو اخوهم انقتل تحت التعذيب

.وشافوه بعتوله صورته عل موبايل او عل واتس...فالفكره انو كل هي القصص

هاد أساسا بينعكس على ال

quality

... لانو انت...انت بتكون متعاطف اكتر

...بس متوتر أكتر

(West Midlands service provider; 15:701)

{Translation: I do hear lots of horrible stories…practically…the war is still ongoing in Syria…last time I was walking in the office and I've told my manage if I reached *burnout* don't be surprised…he asked me why…I explained to him the amount of horrible stories I've heard on that day…a lady who has been raped…one who exposed to severe torture…one who heard that his brother has been killed…I met lots of refugees who came to me reporting that their brothers back home have been killed under torture. His brother has been killed under torture and he saw his brother's body as they sent it to him through social media…the idea is that I'm hearing all these stories during my day and this is impacting massively on the *quality* of the service I'm offering…because I feel quite emotional but massively anxious at the same time}

4.2.6. Challenges for contextually appropriate mental health care

This final core theme, labelled *challenges for contextually appropriate mental health care,* refers to service providers' views of the difficulties and barriers faced by Syrian refugees in the UK when seeking to access mental health and psychological support.

This theme covers service providers' perspectives of different factors that affect Syrian refugees' likelihood to seek psychological help and support for their mental health challenges. These factors play an important role in discouraging refugees from seeking mental health support when they need it. Factors can include: insufficient mental health awareness, lack of support and trained interpreters, lack of awareness around the services available in the community that they might access, as well as the underlying social and cultural stigma

around mental health. It is informed by the following two subthemes: *language and cultural sensitivity* and *stigma.*

The subtheme of *language and cultural sensitivity* refers to English language barriers and the lack of language capacity within health and mental health services in order to provide an effective service. It also highlights the quality and availability of interpreting services as a further problem. The subtheme of *stigma* represents community service providers' views of the huge social and cultural stigma around mental health in the Syrian refugees' community. They highlighted the huge need to overcome cultural barriers before it is possible to provide mental health services effectively. They also suggested ways to tackle this stigma and provided solutions to overcome it. Service providers also described their own understanding of mental health concepts and tools they are using to look after their own mental health needs. The following diagram illustrates this main theme:

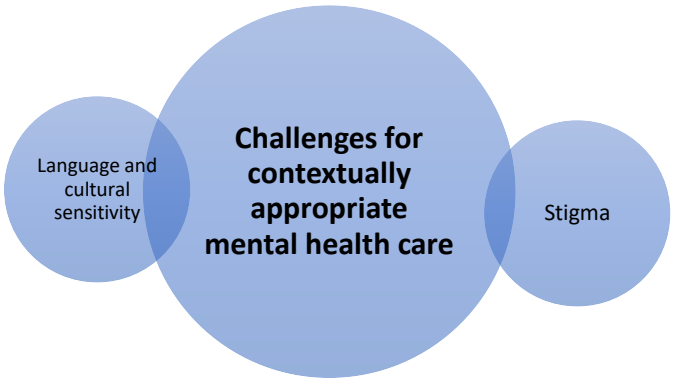

Figure 6: Theme 6 and its two subthemes

4.2.6.1. Language and cultural sensitivity

Service providers reported that the existing mental health services suffer from a lack of knowledge around Syrian cultural issues and a lack of Arabic language facilities to provide effective psychological services.

"there could also be other reasons to do with the language as well…if you don't speak when you want to see a psychologist, you've got to have a good grip of… kind of…talking about feelings…"

(Middlesex service provider; 5:257)

Participants described how Syrian refugees will not be able to access services that lack knowledge or understanding of the traumatic events they have experienced, especially as they do not speak the same language.

"I don't think they will go to…think that the GP will help…the thing is…a lot of the time they're not providing them with interpreters…so…and they can't tell the GP what's wrong with them…so they keep saying what's the point of going? ...so if they've got mental pain…like mental distress...they won't go to the GP…and definitely would not go to a mental health service"

(Somerset service provider; 8:419)

They stated that most Syrian refugees did not trust professionals with their problems because of the language difficulties and cultural differences. They suggested that Syrian refugees will find it hard to express their mental and psychological struggles to the medical profession, whereas they might feel more comfortable to express their struggles to professionals from their culture.

"When families are desperate they will try to access support…I think this is where we really can be sensitive and provide support…so when I talk to families, I never talk about being mad or mental health problems…I stay away from mental health problems as much as I can because I understand as a Syrian myself, the stigma around these words…I'll show them examples of others who might be facing mental health problems…but I won't label it as mental health problems"

(North West service provider; 12:634)

In addition, participants cited that Syrian refugees found health services in general and mental health services in particular to be a source of anxiety and stress. This is due to not knowing how to express their issues using different language as well as not knowing what

sort of service or support to expect. Therefore, language barriers could hinder Syrian refugees' willingness to approach mental health care in the UK.

"This is what counselling means…and it was very difficult to find it…the right terminology to explain it because…in Arabic…and it was …as soon as we said, and we tried to explain in easier terms…and he refused…and he…was obviously in need…but, as you know…a doctor can't force these kinds of services"

(Yorkshire service provider; 3:142)

Service providers recognised the need to provide sensitive, intensive and culturally appropriate mental health services. They added that language barriers and limited availability of interpreters could potentially be strong reasons for not accessing mental health services.

"there's a big push to become more sensitive, and to provide more support…I mean, there is…I think in the last three years…the service…GP services that can provide mental health support for refugees has been cut dramatically"

(North West service provider; 9:502)

Service providers stated the implications for Syrian refugees working with interpreters. They reported that they had met some Syrian refugees who had found that interpretation services were not readily available and not easily accessible. Participants suggested that Arabic interpreting services should be routinely offered to Syrian refugees seeking health care at GPs or hospitals. This provision may ensure that Syrian refugees and their families receive the health care they need.

"I mean if you go to a GP and you said you need an interpreter…they would do it…but I've heard so many feedbacks that they…there's not always a therapist available…and they could delay your appointment by far so…and it depends how friendly it is…If you go to any GP now, you can…OK, there's a 'welcome' in different languages… which you would guess that, you would be able to communicate in that language…but it stops there"

(Yorkshire service provider; 8:425)

4.2.6.2. Stigma

Participants highlighted their concerns that accessing mental health support would be too difficult because of a combination of language and cultural problems.

"it's this stigma in Syria about counselling…and, you know, that mental support you need…I think this is one of the obstacles we have already…without even going in to the system and all the barriers they have…It's just this stigma…and… what does that mean?"

(Yorkshire service provider; 3:150)

Despite the severe psychological difficulties outlined by service providers, the majority of Syrian refugees will not seek help from mental health services. Participants reported that only severe cases will approach psychiatric or hospitalisation support.

"I think that…it's only when families are presenting with severe problems that children are…and families are then accessing support…I think there are so many families now, at home, struggling with so many issues…and nobody knows about...I know them"

(North West service provider; 11:599)

Service providers reported the issue of mistrust that Syrian refugees encountered in the UK. They added that most Syrian refugees preferred to seek a Syrian specialist to provide support for them or their families.

"Especially close friends who are…professionals…or semi-professionals…so they may feel unsafe to share with their GP doctors…for example I've had some of my own Syrian refugee friends come to talk to me…kind of take me to a corner and say…can I have a chat with you because I'm struggling at the moment…"

(Middlesex service provider; 5:241)

Some service providers identified their own huge lack of awareness and knowledge of available services and the way in which these services work. They added that they are not fully aware of Syrian refugees' entitlement to access mental health care in the UK.

اول شي ما منعرف... ما منعرف ال

options

system NHS الموجودة...يعني...هلا بحكي انجليزي وكل اموري تمام...لبين ما فهمت
ما ضل حدا لحدا...ما حدا شرحلي...فالفكره هي انو نحنا ك...
community centre
ما اجانا
training
بالقصة...يعني انا اكتر اكتر
referral
كنت اعملو هو
citizens advice bureau
ممكن يساعدوه بس اكتر من هيك ما... ما منعرف شو الجهات النفسية ...ما منعرف شو يلي...
for free

(West Midlands service provider; 16:772)

{Translation: First of all we don't know…we don't know the available NHS options…for example…I speak fluent English but it took me ages to understand the NHS system…the idea is we as a community centre we never received training of mental health needs or the available support…I mean the only destination I refer Syrian refugees to is citizen advice bureau as in my knowledge they are the only service who can help refugees… we don't know where to refer…or even if it's free?}

Also, participants shared their views of how Syrian refugees hold massive concerns that mental illness will burden or stigmatize the whole family, feelings of shame at being labelled mentally ill, and fear of losing rights of legal status, accessing services, applying for insurance or even losing their children to authorities. In addition, participants reported that Syrian refugees found the experience of approaching mental health services challenging and fearful in terms of expectations. They reported that mental health services have been perceived by some Syrian refugees as being highly negative services, as they could act as a means to take children away from their parents or even imply a reduction in their benefits or insurance entitlements.

"For example I had a call from a family who were very worried as school contacted them saying they want to send their son to counsellor….the boy is 12 and he is self-harming himself…they asked if they will lose their son or his siblings if he went to counselling…will they lose their benefit, council house waiting list??? They even ask if their son will be expelled from school because of his mental issues…I don't know to be honest with you…I said this could affect the son in future…he may struggle to get a job in future"

(Somerset service provider; 3:125)

Service providers highlighted that Syrian refugees generally do not proactively seek help for mental health needs. Barriers to seeking help or approaching mental health services include poor knowledge about psychological concepts and meanings, unfamiliarity with treatment options and reluctance to disclose emotional problems outside the family, as well as unwillingness to accept any support for what is perceived as a mental health problem.

ليروحو يطلبو...او شي انو انتي توصلي لمرحلة انو تقولي انا بدي مممم...استشارة نفسية بتكوني عرفانة انو هاد وضع مانو صحيح...كتير من الناس ما بيفسرو هالموضوع ال
anger management
وهيك امور...هن بالاساس ما عندنا اياها ببلادنا ليعرفو انو هي الها دوا ولا طريقة

(East Midlands service provider; 13:719)

{Translation: To go and seek psychological support…or to reach a stage where you realise that you need… psychological help that's mean you understand that you have something not right…lots of these people don't interpret their symptoms for example as *anger management* and so on…originally, we don't have these terms or diagnosis in our country neither they know that these disorders has therapy or medication}

Participants stated that approaching mental health services can be challenging to most Syrian refugees, as it usually brings huge feelings of shame and social stigmatisation for having a mental illness. They added that most Syrian refugees may not even recognize mental illness as such and may not understand the process of therapy itself. Also, they suggested that some Syrian refugees may not be willing to accept that they have mental health problems, and therefore may not be willing to undergo counselling or therapy.

انتي بتعرفي انو نحنا كسوريين بلزات مرض النفسي مو سهل يحكو فيه...هلا هو بيحكو في بحالواحد انعرف...انطش بين الناس....وقت الي حكايته بتطلع عن حدود العادي...بس بلعادة يعني ما بيعترفو انو بوجود...اصلا هن ما...كتير امور ما بيعرفو انو هي حالات نفسية...ليروحو يطلبو...او شي انو انتي توصلي لمرحلة انو تقولي انا بدي مممم...استشارة نفسية بتكوني عرفانة انو هاد وضع مانو صحيح...كتير من الناس ما بيفسرو هالموضوع انه بده
anger management
وهيك امور...هن بالاساس ما عندنا اياها ببلادنا ليعرفو انو هي الها دوا ولا طريقة

(East Midlands service provider; 13:710)

{Translation: You know that we are as Syrians we can't mention mental health problems...it's not easy at all to talk about them in public…unless someone gets severely mentally disturbed...and all neighbours and community heard about his situation…I mean his case become beyond the community normality…however usually they won't admit of any mental health difficulties…actually they don't even know what is mental health disturbance in order to seek help…they need to reach a stage of awareness or knowledge to be able to recognise the issue as an illness or a struggle…to approach mental health services they need to realise that what they are going through is not normal…lots of Syrians don't interpret their symptoms as needed anger management for example…they never encountered it back home so they are completely unaware that it exists or it has a treatment.}

4.3. Overview of Findings and Chapter Summary

The impact of displacement on Syrian refugees' mental health needs and psychological wellbeing from the perspective of community service providers were presented in this chapter. Important and consistent factors and predictors of mental health struggles were also identified.

The construct of psychological difficulties was of relevance to the Syrian refugees in the present study, with several themes reflecting factors that have been shown to impact on their mental health and wellbeing in positive or adverse ways. Service providers talked about those who are using their services and reflected on Syrian refugees' significant vulnerability to mental distress. Factors impacting Syrian refugees' mental health and wellbeing within the predictive accounts of service providers revealed important views for identifying risk and the best approaches to intervention.

It was found that although Syrian refugees have been through extremely stressful events, they are still facing the challenges of daily life demands in the UK. The difficulties faced by Syrian refugees in the UK in order to overcome their inherited social stigma and cultural barriers were also highlighted. Moreover, it has been recorded that despite all their struggles, Syrian refugees have exhibited tremendous resilience and strength.
The implication of faith, resilience and meaning-making could hold the key to a more comprehensive understanding of Syrian refugees' positive mental health and psychological wellbeing. Community service providers' accounts showed that although Syrian refugees in the UK were not protected from all negative experiences, they were able to succeed in the face of such adversity due to a number of factors such as faith, resilience and social support.

The thematic analysis provided rich and valuable data from the accounts of community service providers. The analysis illustrated the complex and interesting lives of Syrian refugees in the UK, highlighting areas of difficulty, struggles, resilience and strength.

CHAPTER FIVE

REFLEXIVE ANALYSIS

5.1. Introduction

The quality and trustworthiness of any qualitative research is emphasised by the researcher's critical self-awareness and the way in which his/her own values, interests, assumptions, experiences, and preconceptions could influence the interview process and the collection and interpretation of data (Patton, 2002; Morrow, 2005). It has been reported that when researchers conduct interviews to gather preliminary information and to understand a phenomenon, they are heavily dependent on their existing knowledge of the topic area (Knox and Burkard, 2009). This suggests that my interpretations and analysis of the data may differ from those of other researchers.

According to Ponterotto (2005), a researcher's interpretation of data is a combination of participants' reflections as well as the researcher's position. It depends on how individuals perceive an event, how they construct its meaning, and how they behave, interact and influence the direction of the findings, as well as the influence of social context on all of these aspects. Thus, it is possible that different researchers looking at the same data and interview transcripts might identify different themes. It is therefore important to highlight and explore the nature of my involvement in this research, as it will open up areas of thought for me and will enable me to become objective, to analyse my own work, and to re-read my work (Gale et al., 2013).

Dickson-Swift et al. (2008) highlight the difficulties that researchers might encounter while conducting qualitative research. They state that when researchers investigate sensitive issues to enhance understanding and knowledge of topics of interest, many challenges may arise due to researchers' involvement and focus on the topic. Researchers can therefore face a number of vulnerabilities when in-depth and detailed data are gathered about specific issues while conducting their research.

With my Syrian background and as the events in Syria unfolded, I developed an interest in this research topic. I was aware that this topic might increase my emotional vulnerability and

cause me further exhaustion when listening to potentially distressing stories and analysing challenges that impacted aspects of other people's lives. It was thus important for me to constantly express and reflect on my cultural background, biases, values, emotional resilience, and my previous experiences to ensure that these feelings did not overly influence the interviews or their interpretation (Bracken-Roche et al., 2017). This process was about understanding how my position could affect the research and addressing how my lived experience and worldview might affect my engagement with the research and ultimately influence my interpretations.

It is believed that such transparency and reflexivity will enhance the rigour, consistency, trustworthiness and divergence of the research (Etherington, 2004; Morrow, 2005). Maintaining this transparency will enable clear exposition of methods of data collection and analysis. Likewise, this approach will promote readers' ability to critically interpret data, make judgments about the applicability of the research findings, and make their own decisions about the extent of my impact on the research (Etherington, 2004).

Therefore, I decided that the following chapter should provide a clear and coherent picture of my experiences throughout the data collection and analysis, which enabled me to undertake this study and helped me to fully understand the accounts of service providers addressing the mental health needs of Syrian refugees. I will outline my reflections on the research process and the possible impact I might have had on it. I believe that integration of these thoughts will strengthen this account of my intellectual journey.

5.2. Ethical Considerations

The purpose of this research was to explore, analyse and describe community service providers' accounts of Syrian refugees' mental health needs in the UK. A key part of this process has involved attending to the associated ethical standards and protocols and addressing the aspects that emerged in order to safeguard the wellbeing of the participants.

5.2.1. Confidentiality and Anonymity

As researchers devotedly seek to make meaningful contributions to the field of knowledge, they need to balance their desire with their responsibilities towards participants (Etherington, 2004). Ethical dilemmas will inevitably arise in any research and what matters most is that when they do arise, researchers should acknowledge and highlight them in a manner that respects the autonomy of participants and safeguards their wellbeing (Sanjari et al., 2014)

In keeping with these ethical demands, prior to the commencement of interviews, participants were informed that their data would be anonymised and that any identifiable information would be removed (Braun and Clarke, 2013). Also, a full description of the intent, scope, purpose and benefits of the research was sent to each participant in the introductory email, and participants were given the opportunity to ask questions prior to their interviews. Informed consent was obtained and participants were made aware of their right to withdraw from the research at any time in order to minimize any risk in the data collection.

Given the nature of the participants' experiences, roles, backgrounds, and length of stay in the UK, I am mindful that they might know each other. Therefore, participants were informed that they would have privacy, confidentiality and anonymity. Also, I ensured that all identifiable information from all interviews was made anonymous in the transcripts to minimize any chance of participants being identified.

5.2.2. Medium Risk

Although there were no explicit risks to participating in this study; I was mindful that some service providers that work with Syrian refugees might themselves have been refugees in the past. This could possibly invoke participants' anxiety or distress: therefore, research questions were selected in a way that would not trigger negative or uncomfortable past memories. I also actively sought to address these risks by reducing participants' anxiety and not inquiring into their backgrounds. Furthermore, I gave particular thought to potential areas that might create possible discomfort or anxiety for participants within the research. I ensured that all participants had knowledge about available support should any element of the study cause them distress. Therefore, participants were given a list of available counselling services

in case they wished to discuss distressing issues that might have been uncovered through participation in the research. Thankfully this was not needed.

5.3. Recruitment Issues

According to Adkins (2001), researchers should be aware of the importance of establishing trust and rapport with participants before embarking on recruitment or data collection. She added that this is a vital criterion for any research in order to proceed ethically, and this, in turn, can facilitate the protection of participants and enable more accurate analysis of the collected data (Adkins, 2001). In this research, I am aware of my privileged insider position, which enabled me to connect easily with my participants, such as my cultural immersion, which helped me to understand the culture and communication aspects. I am also aware of my insider limitations: an area which will be discussed later.

5.3.1. Sample Size

Regarding the current thesis, as a member of the same community, I expected the recruitment process for the service providers to happen quickly. I anticipated enthusiastic participation, since this research aims to highlight gaps in Syrian refugees' mental health needs and find ways to address these needs. However, despite advertising my research to a number of different agencies and in various social media groups, I found it quite challenging to recruit participants. Six participants contacted me via email, while four other participants showed initial interest but then disappeared. I think this can be explained in two ways. Firstly, as most Syrian service providers are doing this job in addition to their existing daily jobs, they are likely to be busy with work, family commitments and helping Syrian refugees, and might not have time to consider engaging in any other activities. Secondly, it could be due to participants' reluctance to participate in a study that discusses mental health issues, especially because this could be seen to be a sensitive, unspoken, uncomfortable and cloudy topic in Syrian culture.

5.4. Interview Skills

My Syrian background offered me valuable knowledge that informed my interview skills. The six service providers whom I interviewed shared their views and accounts of Syrian refugees' mental health needs in ways that might have taken a different form had they been interviewed by a Western researcher. I was able to understand the implicit and explicit meanings of the participants' words, non-verbal communications and gestures. Our shared culture and language helped me to acknowledge my participants' pauses, inflections, emphases, and unfinished sentences. I believe that I was not merely representing their language: I was also mirroring the social and cultural contexts of the discourses in question. I built trust and rapport with the participants and I was sensitive and empathetic to verbal and non-verbal cues. I also strived to monitor any discomfort and encouraged participants to actively share any feelings and thoughts after the interview (Roulston, Demarrais and Lewis, 2003).

5.5. Multilingual Research Considerations

As I can use both Arabic and English languages fluently, I offered my participants a choice as to which language they would prefer to conduct their interviews in. I faced complications at the interview, transcription and translation stages. In this section, I will identify, address and reflect on the language-related challenges and concerns I encountered in my research, including translation and transcription challenges and feeling distracted by my own language use.

5.5.1 Transcribing and Translating Complications

Being both the researcher and the translator, it is important that I engage with and reflect on this issue. Since I immigrated to the UK in 2005, I have acquired fluent English language skills and since then I have always experienced the use of two languages, translating for my children, English/Arabic code switching and being heavily involved in the traps of translation. Therefore, the communication across two languages was entirely normal for me.

Despite the fact that Arabic is my first language and English is my second, I felt more comfortable with using English to ask questions and reflect throughout the interviews. This

can be explained by the fact that since I started my doctorate, my main focus has been on enriching and enhancing my second language and striving to master everyday English. Therefore, my Arabic language has become less robust and the intense focus on improving my English language has caused a kind of retention of my native Arabic language.

After conducting interviews in both languages, I faced various challenges and dilemmas. For example, when English was used, I was very self-aware and conscious of the need to pay attention to my language and accent. At times, I was worried about sounding too direct or complex, especially with the participants for whom English is their second language. In addition, although my Arabic language offers me more freedom to use humour and makes me feel more relaxed, I struggled to fully express my reflections and prompts in Arabic. As a trainee psychologist myself, I am always mindful that I am bringing to my work my own assumptions about what it is like to work using my native language. I immersed myself in acquiring perfect English language skills because it was the main language needed for my course.

As a result, I have always questioned my ability to perform therapy sessions using purely Arabic. This issue was put into practice when two of my participants asked to use Arabic as their preferred interview language. Both participants asked to use code switching when needed and they showed strong desire and belief that utilising Arabic/English code switching would make it easier for them to understand and to communicate.

As language involves the use of values, beliefs, and thoughts (Polio and Friedman, 2016), I found it hard at times to find exact translations into English. This generated pressure, especially when I could not find the Arabic alternatives for some words, which led me to use language-switching. Luckily, all my participants reported that they had the capacity to speak English fluently and the two who asked to conduct their interviews in Arabic both asked to use language switching. It was comforting to know that I could revert to English when needed.

According to Verdinelli and Biever (2009), language-switching could be a valuable tool through which individuals could increase their understanding and engagement in the topic, facilitate emotional expression and build a strong bond, alliance and trust.

When reflecting on this, I felt more at ease and less anxious, knowing that I could use code switching rather than using Arabic as the sole method of communication. I strongly believe

that the use of Arabic was quite practical when my participants struggled to understand difficult concepts such as “psychological wellbeing” and “mental health issues”, so explanation in Arabic was necessary. Code switching made it quite easy for me to access concepts in both languages. These include the mechanical challenges of translation, including translating specific points of speech, technical and psychological terms and concepts, as well as nuances of translation such as the partial loss of meaning, since the same Arabic word may hold different meanings in English (Stadlbauer, 2016).

5.5.2. Converting the Data into Text

I converted the tape-recorded interviews into research texts. Two of the six interviews were conducted in Arabic, with extensive code switching being used throughout these interviews. In this particular task, the transcribing mission was more complex, as the study generated a great deal of bilingual data, with Arabic interspersed with English words and phrases. It was quite challenging to deal with materials that were in two languages and to convert two different spoken languages into one text. This task was time-consuming and difficult, as the Arabic/English word-processing software that I used was complicated and not user friendly. The process involved making decisions, developing rules and creating guidelines at every step of this conversion process.

Once the tape was transcribed, I read the text while listening to the tape to check for any misspelt words, errors or gaps. I made a few extra corrections, insertions, and deletions to the text to aid a clear extraction of the exact data. While translating the chosen Arabic quotations, I actively engaged in finding conceptual equivalence between Arabic and English and searching for concepts and meanings for the Arabic words used by the participants in order to establish an understanding across languages. This included making decisions about the cultural meanings which language carried, and spending time trying to evaluate the degree to which different words share the same meaning. In this process, I came into close contact with my data and got to know it thoroughly, which helped in highlighting the main themes and their subthemes.

5.6. Field Notes and Personal Journal

After each interview, as encouraged by my supervisor, I engaged in writing my initial notes and personal reflections on emerging themes, process, techniques, my own feelings, thoughts, and any other comments that emerged from the interviews.

In this study, I felt that the transformation of the verbal conversation, feelings and personal observations into textual form has a multi-layered influence. These entries facilitate concurrent analysis, act as a tool to aid in the modification of the interview process, highlight the emergent themes and sketch my reflexive thoughts. As recommended by Krueger (2000), field notes can provide auxiliary information, such as non-verbal gestures, interview dynamic and interactions between researchers and their participants, which cannot be derived from transcripts.

To enhance this process, a journal was maintained through the duration of this study. This journal acted as a quality control mechanism. It comprised a collection of observations and personal reflections from reading related papers, meetings with my supervisor, field notes, and thoughts that emerged from individual interviews, all of which aimed to capture the context in which participants' stories were told, to capture cultural observations, to alert me to areas where interview techniques could be improved and to identify the preliminary themes. Also, it permits sufficient time for in-depth reflection upon emergent themes and helped with instant openness in reporting my own bias, feelings, thoughts and opinions during the process.

5.7. What ought to be explored?

This paper ought to explore Syrian refugees' mental health needs from the perspective of their community service providers. My initial thoughts before conducting any interviews were to investigate the psychological and mental difficulties amongst Syrian refugees, including the available social and psychological interventions. My pre-assumptions were to heavily engage in writing about Syrian refugees' depression, anxiety, emotional disturbance and trauma disorders. However, the data shifted to a different angle and revealed multi-layered unmet needs. The exploration of the practical and mental health needs of Syrian

refugees living in the UK highlights a diverse array of needs. It shows not only that their psychological needs are unmet, but also that their basic daily needs are still unfulfilled. Most service providers engaged in describing their views on issues of general concern and daily difficulties amongst Syrian refugees, and mental health needs were considered secondary at this stage. All participants highlighted that based on what they are witnessing, Syrian refugees in the UK are facing huge daily life challenges, thwarted aspirations, insufficient access to main resources, devalued identity, poor employment and uncertainties.

Service providers touched lightly on how these unmet needs could account for poor psychological well-being and mental health difficulties among this group. As data revealed the unmet priority needs, and due to their inverse association with emotional and psychological difficulties, the emphasis of this paper diverted to address all of these diverse basic needs, to highlight their impacts on Syrian refugees' mental and psychological wellbeing, and to reflect on how such a multi-faceted array of needs is being viewed and handled by community service providers.

5.8. My Intellectual Journey

Over the past three years, I have enthusiastically engaged in self-reflection and analysis. This has shaped my responses to issues, questions and discussion. During the analysis stage of my thesis, I constantly explored how my position as a Syrian immigrant living in the UK, and as a doctorate student, has influenced my research and how the research has affected me both personally and academically. In this section, I will highlight my intellectual journey and reflect on issues that led me to question my own world views.

5.8.1. Mind the Gap

Although data analysis shows many potential barriers to Syrian refugees' ability to access psychological support, indications for psych-education and raising awareness amongst community service providers have been divulged. Four of the six service providers disclosed their own beliefs about mental health needs and highlighted their prejudice and lack of knowledge about psychological difficulties. Whilst two participants valued the role of psychological support, others described their own inherited perceptions of the difficulties

preventing Syrian individuals in general from accessing services and engaging in any form of psychological support. They suggested alternative activity-based interventions, including coffee mornings, food gathering, football groups and art groups.

This recognition has opened my eyes to what I left behind in my home country of Syria. The process alerted my 'put on hold' mode as regards the taboo subject of mental illness in Syrian culture and evoked my previous experience about the lack of open discussion about mental health problems. I recalled how in Syria, and while I was working as a psychologist in the mental health field, people with mental health problems would conceal their diagnosis and strive to keep it private and not openly discuss it.

This has signalled my own keenness to learn more about structural stigma and the concepts of collective identity and cultural and societal norms. I searched the literature in more depth and looked at the process of stigma throughout different cultures and how stigma works as a system. In doing this, I expanded my understanding of how my Syrian community perceives many mental health problems as the will of God, such that treatment for this disorder could be seen as unnecessary. Also, it enhanced my appreciation of the importance of the grip of religion, the great value of traditional life, and the protective circle of one's social network.

5.8.2. East vs. West Conflict

My birth and my historical and cultural background as a Syrian individual, combined with my doctorate education and training as a British citizen, have destined me to reflect on these two roles. Conducting this study has incited me to reflect on my position as a Syrian Muslim researcher who is affiliated with a Western university, researching Syrian community service providers in the UK.

I am mindful of how my role as a counselling psychologist in training has made me deeply immersed in the field of mental health needs and psychological well-being here in the UK. I am also aware of how this acute engagement has steered me away from my prior experiences of the culturally sanctioned stigma around mental health in Syria. Benson (2004) highlighted the importance of understanding cultures in order to understand their different ways of responding to distress. She argued that the low utilization of the western methods of

treatment could lead to mistakes and ineffective responses to minorities' psychological concerns.

Since my enrolment in the professional doctorate course, I actively strive to pursue different paths of integrating mental health practices between East and West. I have always been aware of the need to create culturally relevant approaches and appropriate methods to guide treatment. This awareness has helped me to deconstruct my own work and to pay close attention to the trap of prejudice, which could lead to detrimental consequences for the individual, their families, communities and society as a whole. It has also raised my willingness to emphasise the importance of addressing the Syrian stigma surrounding mental illness and its consequences, especially through raising awareness of mental health and wellbeing in Syrian communities in the UK. In addition, it has made me more vigilant towards my own motivation and involvement in the topic while conducting this study.

I was aware of how unconsciously I am driven by Western psychological models, some of which stand in contrast to the beliefs of the Syrian culture. This awareness became more tangible when a few participants described their mental health as being influenced by their holistic environment, including their relation to God, spiritual beliefs, and social network support.

5.8.3. Insider vs. Outsider

As a researcher, it is important to keep informed reflexive notes to represent my own experiences and subjectivity in data interpretation during the research process (Bourke, 2014). Therefore, I feel that it is important, at the outset of this study, for me to outline my position as a researcher and as a member of the researched group.

Being able to acknowledge my insider-outsider role in the research process has enabled me to be vigilant towards aspects of my own culture, personal beliefs, values and experiences. Although this has pushed me beyond my comfort zone as a researcher, it has made me more cognizant of aspects of my role and identity and highlights potential challenges associated with being aware of my own positionality.

As an insider, I felt privileged to be able to access the Syrian community in the UK and to possess intimate knowledge of the Syrian culture and its members. This insider status offers me advantageous cultural knowledge and thorough insight into the participants' narratives. Initially, I assumed that my insider position would give me fairly instant access to participants and interview data, whereas an outsider who is detached from the group would be seen as a stranger and might struggle to form such an approach. I believed that these values of shared knowledge and understanding of the Syrian community would offer me greater access to cultural interpretation and would help to facilitate normative rules, values and belief systems. My insider knowledge offered me deeper understanding and allowed me to see the Syrian situation more clearly, and this local knowledge contributes to minimize tension and to maximize rapport-building, which contributed to the legitimacy of this research.

As a Syrian individual, I was an insider with all of the participants. We shared a common bond, as we were all interested in different aspects of Syrian refugees in the UK. This shared interest contributed to achieve a greater sense of solidarity with participants, with the end goal of understanding Syrian refugees' needs and struggles. Conversely, I soon discovered that in many ways I retained an outsider role among the Syrian participants while being very much an insider. I realized that we shared the same culture, race, language and country of origin; but what about class, religion, gender, educational, socioeconomic, social and political differences? How could our similarities be flattened and erased in light of these differences?

These questions pushed me to think of my role as an outsider researcher. One main complication involved in this role was becoming a kind of "western insider," especially in discussions concerning sensitive issues related to mental health needs and psychological wellbeing. From my own experience, I thought that my insider position would offer me easy access to these issues simply by initiating interviews with almost any Syrian service provider.

However, as soon as I started the interview process, I felt that four of the six participants deliberately tried to avoid answering certain questions by changing the direction of the conversation. For example, after I had conducted an interview with a Somerset service provider, she approached me to report that she found it strange that I was asking about Syrians' mental health when I should be aware of how sensitive and unspeakable a topic this is. She said that although she had lived in the UK for over 30 years, she would never seek

psychological support, especially in public. While she talked about the boundaries of Syrian cultural norms and traditions, she started to advise me about the important questions to ask about the Syrian refugees' basic needs in the UK. She said that she personally would not ask any Syrian refugees about their mental health needs, as she knows that this is not a public topic to be discussed. She also advised me that she had been approached by a Syrian woman complaining about her aggressive husband and how she had advised her to be patient and not to report him to the authorities. Although I understood her view, I engaged in explaining what the questions were intended to achieve and that I wanted to explore and understand not only Syrian refugees' basic needs but also their mental health needs.

This has led me to think about how distant I am from my 'own people' although I am an insider in their community. It also pushed me to examine my own positionality as a bilingual, ethnic, female researcher, affiliated with a British institution, conducting ethnographic research with Syrian service providers in the UK. I realised how I have been too involved within the psychology discourse and concepts. I also realised how my insider-outsider status could help me to investigate my own marginality, resilience and empowerment. I scanned back through my past experiences and my role as a practitioner clinical psychologist back home, and recalled how I was fully engaged and aware of this huge stigma and stereotype surrounding mental health needs. However, while immersing myself in the counselling psychology profession, I unconsciously steered away from the Syrian traditional norms concerning psychological and mental health needs. As an outsider psychologist, I realised the constrictions within the boundaries of traditional explanations and conceptual frameworks that rarely spoke of the psychological needs and mental health experiences of Syrian individuals.

Indeed, my multifaceted position in this research has informed my awareness of the conflicting perspectives and discourses that have taken place among Syrian service providers as they seek to construct their views about the mental health needs of Syrian refugees in the UK. This awareness has motivated me to seek more meaning about my own role and identity. Moreover, it impelled me to search for common themes within my identity and life experiences as a marginalized ethnic minority female living in the UK. This flooded me with valuable information and made me increasingly aware of the contribution of the different levels of my own cultural identity to my research. It opened my eyes to aspects of my overarching roles as a Syrian individual enmeshed with what I identify as a western

psychologist. Thus far, I see myself as a Syrian, a humanist, a social justice advocate, a psychologist and a critical researcher.

According to Hall (2017), individuals' identity is an ongoing process of shifting and positioning. In light of this, and when I started reflecting on my cultural, social and political identity, I thought that I would steer back to my roots and upbringing. In fact, I realised that my identity is an endless process of changing and developing, it will never be a completed process and it cannot reach a singular, completed or concluded state of being.

5.8.4. Personal Experience of Syrian Refugees' Crisis

My perspectives in this research are coloured by my personal exposure to the Syrian refugee crisis and to the displacement discourse of Syrians, and by being closely in touch with its complexities. Due to the increased violence, brutal attacks and constant bombing of my city, Aleppo, in which a few family members and several friends have been killed, and after a bullet narrowly missed the side of my brother's head, my 63-year-old mother and my 20-year-old disabled brother made a heart-rending decision to flee their home and cross the borders with only two suitcases and a backpack. They both left behind all of their memories and possessions, as well as my father's grave, several of my mother's siblings and many of their friends, who are still inside Syria.

With no idea where to go, their chapter of displacement started in 2015. As they started this disturbing journey and moved between several countries, they grieved over the possibility that they would never return to their home. My mum reported constantly that she had lost everything that she had worked for all her life.

My mother and brother eventually arrived in Germany as Syrian refugees. Although they are physically safe, they are both struggling in all aspects of life. They are mentally traumatised and emotionally disturbed due to the harsh journey they made and the humiliating and degrading process of becoming refugees in a foreign land. For instance, the consequences of displacement on their physical and psychological wellbeing have been devastating: they both feel deeply low in mood, have no motivation to integrate and constantly feel despairing and anxious due to the huge demands of their daily life challenges. As they are both feeling particularly vulnerable, they repeatedly report their willingness to return home, stating their strong historical ties to their land and memories. Their distress is palpable, but their demand

for a better life is legitimate. They still feel that they are strangers in a strange land and complain about the poor governmental, local and community support available and the total lack of psychological support offered. Their attempts to build a place of safety and a meaningful life, where they can rest, recover, trust, integrate and settle in Germany, have faced great obstacles.
I have been in constant contact with the magnitude of their crisis and their daily stories of loss, distress, fear, despair, hope and survival wherever they go. I have been overwhelmed by the many and varied basic needs that my mother and brother are battling to fulfil, and strongly aware of the huge lack of social and psychological support that they so desperately need. My closeness to the situation has helped me to realise that the war has stolen a beautiful life from my mother and brother, and from many others. I was thus inspired to research the topic concerning refugees' mental health needs from the perspective of community service providers. Therefore, I believe that it is important to reflect on my role as an individual intimately affected by the researched topic.

While going through this tough time, I recognised how I always stepped into the role of consultant to help my mother and my brother and to ease their stress. I have been in constant contact with other Syrian refugees in Germany to share information and experiences in order to develop a mutual understanding of the existing support and services available. As I have listened to their ongoing and uncertain demands, I have been struck by the ways in which their stories of fleeing Syria and undertaking precarious journeys to reach safety were not only specific or personalised but also represent part of a global narrative, which speaks of the experiences of millions of displaced Syrians worldwide. I also grasped the huge differences between the UK and the German systems and acknowledged the huge communication difficulties faced by individuals who lack the basic skills of the required language.

However, while conducting the interviews and engaging in data analysis, I recognised that my family situation is not unique and that all Syrian refugees share to some extent similar concerns and struggles. I established a good understanding of how Syrian refugees, including my mother and my brother, are diverse. Nonetheless, they may share many common characteristics, including their experience of the brutal and violence war in Syria, trauma, grief, separation, loss and confused future aspirations. Also, they may share experiences of dealing with the complexities of integrating in an unfamiliar country, including adapting to new language and cultural norms.

Throughout the journey of this thesis, the global picture of Syrian tragedy and forced displacement has shifted dramatically, with millions of Syrians becoming displaced each year. I strived to fit the pieces together and to discover my own strength in the midst of this tragedy. I realised the complexity of conducting such research, especially when it became apparent that I am constantly shifting between a number of completely different positions: mother, wife, daughter, sister, refugees' supporter, psychologist and a researcher. In doing so, I identified the multiple and complex range of positions that I held, and how these positions were often subjectively determined, ambiguous, fluid, shifting and dependent on where I stand in relation to others.

5.8.5. Self-Care Practices

As I was going through my research journey, I was aware of the emotional weight I carried due to the sensitivity of this topic and my close position to the Syrian crisis. Moreover, I felt significantly responsible for my participants' stories, thinking of how best to analyse their accounts and to provide a unique perspective to the stream of refugees' literature. In addition, the ongoing and uncertain situation in Syria, the countless news reports, and the increased level of media attention that was being given to the Syrian refugees have added extra weight to this challenge.

To address these issues, I employed reflexive practices and journal writing while developing and recording my research findings. I engaged in a constant evaluation and analysis of the knowledge produced throughout the research process. This has helped me to understand and define how my role as a researcher has shaped, constructed and generated my knowledge. Self-awareness has encouraged and provided me with a specific focus to explore my identity and to discover my past and present experiences and my aspirations for the future. This has promoted and nourished my skills and resources despite the adversities surrounding the research topic.

Keeping reflective logs involved placing my account into wider perspective and considering how this can affect the production of my research. This has also helped me to be explicit about my own cultural, social and political positions, and has facilitated my knowledge in

creating a visible and accountable analysis process. Moreover, my sensitive position in relation to this research has led me to acutely focus on reflexivity and to constantly evaluate my approach to data analysis. Concerns about how to avoid tipping into bias, assumptions and self-beliefs formed part of my reflective practices. I also had continuous supervision, which helped me to reflect on these processes and minimise potential vulnerabilities.
I strongly believe that this reflective stance has influenced the effectiveness and quality of my research, analysis process, evaluation and overall performance. It has offered me a space to recognise the different voices of my participants and empowered me to focus on ideas of how I could give voice to my participants and effectively frame and broadcast their voices.

Reflexivity was an important tool that helped me to engage in different ways with the research topic. The emphasis on critical self-awareness has helped me to reflect on my own values, experiences, interests, assumptions and preconceptions. It has also influenced the process of collecting, interpreting, transcribing and analysing my data. Additionally, it facilitated my ability to recognise the possibility of maintaining an objective stance towards the researched topic. Reflexivity was vital in emphasising the need to engage in continuous self-reflection in order to develop my self-awareness and build progressive self-knowledge.

In addition to reflexivity, I utilized other practices to promote healthy and positive self-care. This involved many different activities, such as maintaining acceptable social activities, engaging in regular exercise, spending time with my family, and attending religious practices. These different practices have helped me to maintain healthy boundaries between the professional and personal parts of my life, and to know my abilities and limits.

5.8.6. Reflections on My Own Feelings

Self-awareness is critical for success in conducting any research (Fuller, 2003). This self-awareness is closely associated with researchers' ability to reflect on their role, emotions and position of the research and data analysis (Dowling, 2006).
As I was deeply immersed in the topic of Syrian refugees and mental health practices, I faced serious fear about my mother's and brother's displacement. As such, and although I experienced challenges in having to adapt to the overwhelming Syrian news, being exposed to inevitable toxic stress, and dealing with its emotional implications, I attempted to

experience positive and opposing ways of theorizing about the world. My experiences in sustaining multiple and sometimes contradicting emotions, seeking comparability, consensus, dispute and reflexivity, helped me in expanding my knowledge rather than narrowing the different aspects of the analysis process.

I was mindful that doing research in this area would be physically, emotionally and mentally draining. Nevertheless, I hold a strong belief that conducting this research was important, as my experience could provide a valuable perspective, fill gaps in the literature, and produce meaningful details about the researched topic. During the process of data analysis, I was able to recognise my limits and vulnerabilities as well as my strengths. I actively engaged in closely monitoring the process of determining the research problem, finding ways to create the research design and analysing the data. This process was governed by my own curiosity, personal experience, gaps in the literature and my keen interest in the topic.

As I worked through the data analysis, I realised that I had become more attuned to my emotional compass and sensitively literate about the topic, understanding that it will be a very human and individual process. This understanding has offered me some kind of protection when facing weakness, loss, grief or emotional challenges. Overall, my experience of emotional labour has helped me to become more reflexive as I analysed and wrote up the data, making me more sensitive to my own emotional reactions and how these reactions have shaped my approach. It has shaped who I am and how I make sense of and engage with the world and others.

5.9. Chapter Summary

According to Krieken (1998, cited in Perry et al., 2004), while researchers are engaged in exploring a social world of which they are part, they are inevitably emotionally immersed in the researched topic. As such, writing this chapter has helped me to acquire essential knowledge and to develop appropriate experience, which has influenced this research.
The chapter has reflected on ethical and recruitment issues that were considered throughout the research process. I reflected on the complications of utilizing two languages and how these challenges were resolved. These reflections have offered me a significant and beneficial role within my research and enhanced my understanding. They have helped me to share my thoughts, feelings, experiences and emotional journey, and I strongly believe that they have

facilitated the production of a meaningful analysis. They have also prepared me to face difficulties and challenges and find solutions to them.

Another important issue was my reflection on my stance towards the research topic and my personal experience in relation to it. I felt that this practice has enabled me to more fully immerse myself in the world of my participants and to gain a greater insight into their narratives. In addition, by reflecting on my insider/outsider position, I gained an in-depth understanding of meaningful and significant events that added an extra layer to my identity as a researcher. Within these reflections, I became more aware of my stance in terms of my subjectivity, objective opinion, reducing experiences and bracketing emotions.

Furthermore, I was aware that my knowledge, experiences and emotions were informing my approach to the data analysis and my perspective on the research in general. I developed a valuable concept concerning the need to be objective or distanced from the research topic and I realised that this was neither possible nor desired. Also, I established a different level of knowledge by reflecting on my own cultural values and personal experiences, and by reframing and drawing on my own position within the research process.

Ultimately, it was my hope, as a researcher, to provide some insight into what it is like to conduct research in a sensitive area, especially a topic to which I am personally, emotionally and experientially connected. I hope this chapter has provided readers with sufficient researcher reflection to enable them to understand my perspective, my position and my approach to this research. I hope that knowing this will help interested readers to make their own judgments about the main intellectual influences that have impacted and shaped my research (Hodgson, 2002).

CHAPTER SIX

DISCUSSION

6.1. Overview of the Chapter

Addressing the complex mental health and psychosocial needs of Syrian refugees, who represent a particularly vulnerable group in the UK, is an important human rights concern (UNHCR, 2015). Documenting the experiences and accounts of community service providers (Wynaden et al., 2005; Mayblin and James, 2018).) that provide daily support to Syrian refugees (Abbara et al., 2016; Almoshmosh et al., 2016) would assist with the development of a systematic framework for understanding and responding to the needs of Syrian refugees in the UK and potentially in other European countries.

In the context of this gap, this study aimed to explore service providers' accounts of the mental health needs with which Syrian refugees in the UK present when they approach their community services for help, as well as the service provision responses to these needs. In order to do this, a qualitative study was conducted focusing on service providers' perceptions about the mental health needs of refugees in the UK, and of service responses to these needs. Six service providers who indicated a desire to lighten the burden of those most vulnerable shared their narratives about newly arrived Syrian refugees in the UK. Beyond this, the following chapter focused on the journey of the research questions and provided an interpretation of the findings in light of the existing research literature and in relation to the study's aims and objectives. It examined links between the themes presented in Chapter Four and existing research literature. It brings together the multiple stories that have been embedded in this research, reflecting on the participants' accounts and what can be learnt from their narratives. A consideration of the limitations of the current research as well as directions for future research will also be presented in the next chapter.

6.2 Aims and Research Questions Revisited

While this research aimed to explore the mental health needs of Syrian refugees living in the UK from the perspectives of service providers, participants perceived Syrian refugees' needs

as wide-ranging and complex. A broad aim of the research was to learn about the perceptions of Syrian community service providers regarding their understanding and experiences of Syrian refugees' mental health and psychological wellbeing.

The perceptions of community service providers illustrated that Syrian refugees are individuals with a host of different basic and psychological needs based upon an array of interconnected factors. This research intended to contribute to the sparse body of knowledge of what we know about Syrian refugees' daily challenges and mental health needs from the perspectives of service providers. In this, and building on the existing literature, this research spread to explore the challenges that Syrian refugees faced or are still facing in the UK, taking into account the effect of forced displacement in the emergence of these challenges.

Additionally, this research focused on the role of the existing community services and the extent to which these services are adequately and appropriately designed to meet the challenges faced by Syrian refugees. It also engaged in exploring the degree to which the community service providers are aware of Syrian refugees' mental health challenges and psychological needs, as well as investigating the degree to which these community services correspond to Syrian refugees' mental health challenges.

I was also curious to discover what might be done to enhance community services' role in order to promote Syrian refugees' psychological well-being. Obtaining a focused understanding of the community service providers' perceptions may help to enhance Syrian refugees' care and facilitate future consideration to eliminate possible barriers to accessing mental health services and to find solutions to reduce challenges. The research questions were as follows:

- What are Syrian community service providers' accounts of the challenges that Syrian refugees faced and are facing?
- What are Syrian community service providers' understanding of the challenges that are affecting refugees' mental health and psychological well-being?
- What elements do community service providers identify as protective or risk factors that affect Syrian refugees' mental well-being?
- What are Syrian community service providers' perception of Syrian refugee's challenges and coping mechanisms?

- What methods Syrian community service providers are using or lacking to effectively promote refugees' wellbeing?
- What are the challenges to create contextually sensitive mental health services for Syrian refugees in the UK?

In the following paragraphs, I will discuss the findings in light of the main research questions.

6.3 Summary of Main Findings

In order to direct policy makers towards how best to support Syrian refugees in the UK, it is necessary to know how community service providers assist Syrian refugees and how they understand and deal with a range of complex mental health problems. The present thesis showed that, in their view, community service providers believed that they are offering vital support to newly-arrived Syrian refugees in the UK. Service providers reported that because of their limited awareness of how to deal with Syrian refugees' mental health needs and of the services available, they are mainly engaged in offering help with basic daily needs.

Particularly, service providers shared their views of what could help to improve the psychological well-being of Syrian refugees and they identified specific issues contributing to poor access to mental health services. They engaged in highlighting what skills and tools they hold and use to boost Syrian refugees' mental well-being. They summed up their views by explaining the support they need in order to maintain high levels of support. This research will add to the growing body of literature related to refugees' service providers and will identify factors related to Syrian refugees' mental health from the providers' perspective in order to ultimately improve the quality of support provided.

6.3.1. What Factors Affect Syrian Refugees' Mental Well-being?

All participants interviewed stated that the key to understanding Syrian refugees' mental health needs is distinguishing the three stages of their displacement journey. Service providers' perceptions have been conceptualised through three phases: pre-displacement, during displacement and post-displacement. For each of these phases, specific stressors may influence the psychological well-being of refugees (Fazel and Stein, 2002; Porter and Haslam,

2005; Steel et al., 2009; Murray et al., 2010). Service providers emphasized the importance of being familiar with the immense experiences endured by Syrian refugees before arriving in the UK as well as their massive struggles in their new host country. Therefore, Syrian refugees' mental health needs will be identified according to their service providers through these three distinct stages.

6.3.1.1. The Way to Sanctuary

Service providers highlighted that Syrian refugees in the UK are presenting with various challenges. Several of these challenges are related to Syrian refugees' pre- displacement and during-displacement phases. This phase refers to the period when Syrian refugees were displaced internally in their land of origin or externally in surrounding countries in refugee camps. It describes Syrian refugees' mental health needs before they flee to the UK.

According to service providers, during this phase, numerous risk factors instigated Syrian refugees' departure from their homeland. All participants depicted the harsh circumstances endured by those who are using their service prior to their arrival into the UK. They highlighted how many Syrians have witnessed or been survivors of brutal war, severe trauma, extreme violence, bombings and chemical attacks. In addition, they stated that many Syrians have experienced humiliation, imprisonment, torture and multiple losses of family members and friends. Service providers believed that all these experiences compound the harsh circumstances of suddenly becoming a refugee or a displaced person in places that are crowded and relatively unsafe. These perceptions are similar to those reported by other service providers (Miller and Rasmussen, 2010; Lahiri et al., 2016; Schouler-Ocak et al., 2017). According to the findings of this research, Syrian refugees decided to leave their homes to escape violence and to ensure their own and their families' safety, in addition to moving to a country where they could continue with their lives and secure their future.

Previous literature has indicated that these challenges could massively impact on refugees' psychological well-being (De Haene et al., 2007; Robjant et al., 2009; Refugee Health, 2011; Almoshmosh, 2016; Siriwardhana et al., 2013; Amawi et al., 2014). Service providers shared several examples of stories they had heard from newly arrived Syrian refugees concerning the severe violence, instability and numerous obstacles that contributed to make it difficult for

refugees to continue with their daily life demands. Syrian refugees' experiences are not much different from other refugees' experiences. For example, Gorst-Unsworth and Goldenberg (1998) highlighted the accounts of Iraqi refugees who experienced the brutal war in Iraq. Feelings of uncertainty, fear, loss of social network, and a sense of suffocation suggested that these experiences could strongly contribute to physical and mental disturbance and could prevent refugees from settling in their new host country.

In the wake of conflict, brutal war, forced displacement and disturbance, service providers reported that most Syrian refugees have been exposed to highly traumatic experiences. These disturbing experiences can be fraught with danger, loss, instability, physical and mental health risks (Porter and Haslam 2004). Syrian refugees who have experienced conflict and violence often face a range of mental challenges after settling in the UK.

Tribe (2004) emphasised the need to understand the strong relationship between refugees' mental health difficulties and their past exposure to brutal conflict, being victims of violence, experience of torture and/or imprisonment, separation, loss and destruction of social networks. Moreover, Pickren (2014) highlighted the relationship between refugees' poor physical and mental health and their exposure to traumatic events pre-displacement. He suggested that refugees' mental health has been shown to deteriorate when they encounter severe stressors, violence, insecurity, and family separation (Pickren, 2014).
These findings also concur with the conclusion reached by Simich et al. (2009). In their study, they highlighted the complex psychosocial needs that refugees are facing. They recognised the relationship between refugees' mental wellbeing and their exposure to prolonged periods of severe stress during the displacement phase. They concluded that traumatic experiences seem to affect refugees' physical and mental functions, as most refugees undergo a multitude of traumatic experiences throughout their journey to safety, such as loss, violence, illness, family disturbance, and living under unsafe conditions. These findings are interesting in the light of service providers' perspectives that Syrian refugees in general experienced violence and are facing psychological and mental challenges after settling in the UK. These challenges occurred before and during their displacement stages.

Porter and Haslam (2005) looked at refugees' psychological requirements and ways to address these needs adequately. They agreed that uncertainties, exposure to high levels of stressors, crowded living conditions and enforced inactivity imposed by the life at the refugee

camps contribute to severe emotional disturbance, stress and anxiety amongst refugees. In addition, they found that many refugees reported trauma-related symptoms related to the experiences that compelled their departure from their home countries. Moreover, Peddle (2007) identified several other components that could lead to traumatic occurrences in the lives of refugees. As refugees may encounter several stressors in their search for safety, they may face extensive mental, emotional and physical difficulties while trying to resettle in any new country. These stressors include, but are not limited to, unemployment, lack of financial resources, lack of health care, violence, uncertainty, family separation and lack of education opportunities.

Service providers reported that the Syrian war has had a detrimental effect on the psychological well-being of Syrians as a whole. They suggested that here in the UK, Syrian refugees are at increased risk of developing adverse mental health outcomes, including emotional and behavioural problems, that are largely related to experiences of a number of displacement variables. Factors such as economic hardship, educational background and employment status could impact massively and exhibit different mental health needs depending on Syrian refugees' past experiences. This is similar to research reporting the impact of war on mental health and well-being within other Arab populations (Karam et al., 1998; Amowitz et al., 2004; Okasha et al., 2012). In their study, Schweitzer and his colleagues reported that approximately 25 percent of Sudanese refugees experience high levels of psychological distress, including mood disorder, anxiety disorder and depression. They highlighted the importance of community social support, as it plays a significant role in predicting mental health outcomes (Schweitzer, Melville and Steele, 2006).

Given the consistency with which these findings have appeared in the literature, they strongly harmonise with the findings of the present study while indicating the mental health needs experienced by refugees who are using the services discussed. The pre-displacement and displacement phases are full of experiences that could lead to fearful psychosocial distress. These experiences seem to be due to exposure to trauma, worry about reaching safety, huge uncertainties, losses, family disturbance and ways to reach safety.

Thus, the findings of this study demonstrated participants' perceptions of the great impact of forced displacement on Syrian refugees in the initial stages of their displacement journey. They particularly highlight the huge emotional, mental and psychological impact placed on

Syrian refugees due to witnessing brutal war and the violent conflict, and being subjected to multiple risks and uncertainties. Identifying these stressors and the associated person-related factors can guide policy-makers, researchers, and mental health professionals on approaches to engage and work with Syrian refugees for better mental health.

6.3.1.2. Post-Displacement Stressors

Service providers stressed the difficulties Syrian refugees are facing with regard to resettling in their new place of residence. These include insecurity, uncertainty and multiple losses, which include loss of role, control, culture, community, and language. In addition to this, service providers highlighted the challenges of adapting to a new environment and the difficulties in settling into a new culture and assimilating its meanings and tasks whilst refugees are simultaneously seeking to maintain their own culture (Silove et al., 1997; Turner et al., 2003; Schweitzer et al 2006; Refugee Health, 2011).

Research has suggested that post-displacement stressors represent a period that could increase individuals' psychological distress (Thompson, 1999; McColl, Kwame and Bhui, 2008; Jamil et al., 2010). This could be due to the prolonged and uncertain process of gaining asylum status, unemployment, cultural adaptation, language barriers, disturbance of identity and role as well as loss and interruption to family life. All these intertwined factors could impact massively on refugees' mental well-being and may lead to particular challenges (Heptinstall et al., 2004; Robjant et al., 2009; Wessels, 2014).

This section will discuss service providers' perceptions of the challenges that Syrian refugees are facing in the UK. Syrian refugees and their families arrive in the UK with great hope and expectations for a safer and better life (UNHCR, 2014). All six participants shared a common focus on the importance of understanding some of the difficulties that Syrian refugees are facing in the UK and finding different ways of ameliorating them.

Studies evaluating psychological disturbance in war refugees revealed that these refugees, once settled in their new host country, are at higher risk of psychological morbidity, including post-traumatic stress disorder, depression and anxiety disorders (Marshall et al., 2005). This concurs with the present research findings, where service providers explained their own observations of the consequences of compulsory displacement, experience of

traumatic events, and resettlement in new cultural settings with challenging socio-economic circumstances. Service providers reported that while many Syrian refugees believed that upon leaving their home country, their struggles would be behind them, the journey to the UK has proven to be a long and difficult one. For example, service providers shared stories of Syrian refugees experiencing huge anxiety, low motivation, somatisation, and inability to cope with their daily demands. Steel et al. (2009), in a meta-analysis of mental disorders among refugees exposed to mass conflict and forced displacement, found that cumulative exposure to traumatic events, brutal violence, and high levels of political terror were among the strongest factors associated with mental disturbance and psychological disorder.

Some of the service providers in the present study recalled their experiences of working with newly arrived Syrian refugee families. They narrated their observations of how Syrian refugees have evoked strong emotions such as fear, anger, sadness and the recollection of previous losses and rejections. Schweitzer, Brough and Vromans (2011) suggested that due to the nature of dislocation, many refugees face inadequate social support networks, loss of identity, and numerous cultural barriers. They conceptualise social support as a vital tool to rebuild and diversify refugees' communities. Thus, they stressed the importance of identifying refugees' state of crisis, fears from the new environment, financial instability, profound sense of relationship losses, anticipated rejections, and the punitive judgement from their new host society (Schweitzer et al., 2011).

Service providers recognised the complexity of Syrian refugees' experiences and emphasised the importance of understanding the range of these experiences and struggles. Moreover, they highlighted the significance of capturing issues outside of mental health struggles, as Syrian refugees' difficulties are not limited to psychological and mental concerns. In this, and according to service providers' interpretations, the resettlement process and the challenges of integrating into a new environment, system, and culture has been proven to be quite stressful for Syrian refugees. These challenges may include the loss of one's self-identity, culture and social structure, which is argued to potentially result in feelings of sadness, anxiety, low motivation and guilt (Wessels, 2014). Conversely, research revealed that ongoing stress in a resettlement phase may block refugees' capacity to heal from the trauma (Tribe, 2004; Miller and Rasco, 2004; Fazel et al., 2005).

Whilst the literature has clearly shown that refugees' exposure to traumatic experiences has direct impact on their mental health, research also indicates that experiences within the UK are often viewed by refugees as more detrimental to their mental health than the atrocities they underwent in their countries of origin (Miller and McClelland, 2006; Deuchar, 2011).

Service providers have suggested that social and cultural factors could impact massively on Syrian refugees during the relocation process, and this could lead to dramatic consequences. Upon reflecting on their views, service providers emphasised the need to consider the massive consequences of the war on Syrian refugees. They believed that many refugees who have used their services have showed intense stress and trauma related not only to the conflict, but also to the huge destruction and ambiguities in their new context. Hassan and his colleagues (2015) reported that hundreds of thousands of Syrian refugees were at risk of conflict, violence and displacement where they lived in disrupting circumstances facing deprived opportunities. They found that exposure to post-displacement trauma such as immigration status, obstacles to reaching mainstream services, difficulties in employment, racial discrimination, loneliness and language struggles were strongly associated with diagnosis of PTSD (Hassan et al., 2015). Similarly, Schweitzer et al. (2006) found that post-migration factors, such as delays in processing Home Office applications, insecurity, separation and lack of social support, explained more variance in PTSD symptoms than did pre-migration experiences alone.

In line with this, service providers highlighted the detrimental effect on mental wellbeing in Syrian refugees as a result of mandatory routine practices and uncertain processes in the UK (Silove et al., 1998; Silove and Ekblad, 2002). Service providers emphasised the ways in which Syrian refugees are responding to cultural bereavement, where it is thought that Syrian refugees are particularly at risk of being unable to thrive in the new socio-cultural context due to a range of factors (McColl et al., 2008; Isakson et al., 2015).

Service providers focused broadly on the difficulties of the process of resettlement and integration within the UK. They suggested that when Syrian refugees are resettled in the UK, they often experience massive stressors such as poverty, lack of understanding of the culture and systems in the UK, separation from their families and friends, language barriers, and discrimination (McBrien, 2005; Weine, 2011). Additionally, service providers reported that

refugees who used their services appeared to be suffering from a wide range of emotional and mental health problems.

The findings suggested that participants believed that Syrian refugees are suffering sustained trauma and exposure to environmental stress following the 2011 Syrian conflict and their subsequent resettlement in the UK. They suggested that Syrian refugees in the UK are at increased risk of facing multiple stressors and detrimental psychological struggles.
It was interesting to find that cultural norms, meanings and beliefs are underlying the concept of mental health and defining how mental health is expressed by Syrians in general and Syrian refugees in particular.

This research supports the view that psychological struggles result not only from displacement and the challenging experiences that ensue, but also from resettlement stressors such as social support, housing, education and employment. The findings of this study strengthen the need for further research to understand how resettlement stressors interact with past experiences in Syrian refugee populations in the UK in order to improve their psychological wellbeing. In addition, understanding the ways of how Syrian refugees are expressing their mental health struggles that are strongly bound to their social and cultural norms. Identifying and understanding these culture-specific expressions and alleviating refugees' post-displacement adversity may ease refugees' reluctance to seek psychological help.

6.3.2. Enhancing Syrian Refugees' Psychological Well-Being: Protective vs. Risk Factors

In this study, service providers commented on how Syrian refugees are resettling in their new host country. Over the course of this section, I will discuss service providers' visions of the variation and interconnectedness practices Syrian refugees are using in the UK.

6.3.2.1. Coping Strategies, Resilience and Drawing strength from social support

Service providers reported that despite the challenges of everyday life, many Syrian refugees showed much success and resilience in facing these difficulties. While Syrian refugees were confronted by a wide range of difficulties, including family separation, future uncertainty, loss of role and identity, they displayed the most salient expansion and promotion of strength

and competencies. Participants argued that many Syrian refugees adapt well in the UK despite their histories and the continued adversities they encounter in their new society (Fox et al., 2004).

The literature indicates that many refugees have exhibited great capacity to integrate into their new host communities (Creighton, 2013; Oka, 2014; Familiar et al., 2016). Service providers suggested that many Syrian refugees revealed a tendency and desire to be active participants in meeting their own needs, coping with their struggles, facing harsh daily demands and integrating with their new environment (Burnett and Peel, 2001). They added that most Syrian refugees exhibited positive coping skills and resilience.

Furthermore, service providers described how Syrian refugees actively engaged in practices to maintain continuity in their new changed context. These practices were based on proactively seeking different ways to integrate aspects of refugees' past life with their present. This included eating Syrian food, visiting continental shops and socialising with other Syrian people, with whom they could engage in Syrian customs and traditions; talking about present and past experiences as well as maintaining religious and faith practices (Masten and Powell, 2003; Beiser and Wickrama, 2004). This concept of continuity can be understood in some sense of keeping values and traditions and enabling resemblance between the past and present. Through this, refugees will be able to maintain a continuous sense of self, mediate feelings of loss, stay in touch with their roots and reduce the sense of threat posed by changes in the environment (Raghallaigh and Gilligan, 2010).

Also, service providers explained that the Syrian refugees with whom they came into contact drew strength and resilience from different cultural traditions and religious beliefs. This research emphasizes the salutary factors that gave Syrian refugees strength and power, such as family and community ties, religion and faith, extensional meaning-making and building hope for a better future. These factors are all believed to work as resources that help Syrian refugees to gain post-traumatic growth and resilience (Nishi et al., 2016). In reference to previous research, findings indicate that refugees may rely on their faith to cope with challenges posed by displacement processes. In their study, Ai and his colleagues (2005) found that Muslim refugees from Bosnia and Kosovo used their religious practices and faith to cope with their daily stressors. The authors found that refugees drew their coping strategies from their religious beliefs, which promoted active coping, resilience and optimism. They

elaborated on the importance of understanding refugees' coping practices through their belief system in a given religion (Ai et al., 2005). The topic of the influence of resilience and faith on Syrian refugees is paramount to the field of research in order to further our knowledge, so that the effects of forced displacement, and related needs, are understood in their entirety.

The findings highlighted an important issue in understanding Syrian refugees' help-seeking for mental health. Coping with stress and daily pressure through religious, faith and social practices has many positive effects on mental well-being, and has been shown to lessen psychological problems (Renner, Laireiter and Maier, 2012; El-Khani et al., 2017). These findings have implications for the long-term care of Syrian refugees. Understanding how different cultural practices could boost their resilience and act as positive coping style could bring awareness of how some refugees exhibited better wellbeing and found a way to negate mental illness.

However, while service providers reported that these practices do have benefits, it is unclear whether they are sufficient to address Syrian refugees' mental health needs and this requires further examination. Moreover, it seems that presuming that these practices represent a source of coping with problems could decrease and diminish abilities to recognise the need for mental health support. Supporting a network of faith groups, unions and civic institutions may foster means of active coping and resilience. In addition, assessing refugees' social identity, cultural beliefs, attitude towards religion and spiritual healing practices may promote the establishment of appropriate, tailored and culturally sensitive mental health support.

6.3.2.2. Restoring Role and Identity

Service providers shared their perceptions on how Syrian refugees have suffered multiple losses as a result of fleeing their country and are striving to restore their role and identity in the UK. They highlighted that they had met several Syrian refugees who disclosed feelings of loss, fear and grief. It has been argued that the loss of one's self-identity, culture and social structure could potentially result in a grief reaction marked by feelings of guilt, anxiety, constant regret about leaving one's homeland, abandonment, family separation and preoccupation with the past (Lustig et al., 2004; Porter and Haslam, 2005; Nelson et al., 2016). Service providers identified that these feelings have been found to act as significant

stressors. Deng and Marlowe (2013) reported that complex grief can be powerfully characterised by themes such as loss of family and friends, changing roles, family fragmentation, forced displacement, resettlement, shifting status and identity. These findings have substantial mental health implications for assessment and intervention following mass trauma and forced displacement.

This thesis found that almost all participants in this study endorsed that Syrian refugees who attended their services have faced multiple traumatic events, including deprivation, separation, loss and grief. These ongoing stressors in the post-displacement period included difficulties in language competency, unemployment and worries about whether their families would be reunited. In their study on a large group of Iraqi refugees, Nickerson and colleagues (2014) found that refugees who had been affected by conflict-related stressors such as trauma, bereavement and loss were more likely to have PTSD and adjustment and adaptation difficulties in their new host country, difficulties related to loss of culture and support as well as difficulties in language proficiency. They concluded that refugees who have been exposed to mass trauma and loss will display specific symptom patterns that emerge as a result of their post-migration living difficulties (Nickerson et al., 2014).

Moreover, in this research service providers indicated that several Syrian refugees were frequently involved in domestic violence and other negative behaviours such as excessive smoking as a consequence of their traumatic experiences and post-displacement stressors (Bush, Bohon and Kim, 2010; Streel and Schilperoord, 2010). They reported that domestic violence, family conflict and divorce within the Syrian refugee community were attributed to the loss of role and widespread unemployment, especially for men. The findings were in line with previous research that shows that males generally express feelings of loss of status, control, competence, strength and reputation (Kimayer et al., 2011; Hassan et al., 2015).

Friedman (2008) stated that male refugees frequently experience increased vulnerability and heightened sensitivity due to being subjects or witnesses of brutal violence and torture. Extra post-displacement stressors will merge as a natural result of resettling in a new culture. The combination between these vulnerabilities and stressors often leads male refugees to resort to domestic violence in misdirected efforts to re-establish control, restore their role and gain power (Friedman, 2008). Furthermore, German (2004) argued that refugees' sense of identity is threatened by multiple losses and other challenges related to settling in a new culture.

Service providers stated that many Syrian refugees have experienced loss of their identity, role, reputation, sense of belonging and connection; these losses conspired to leave them exposed and vulnerable in their new environments as well as attesting their status as a vulnerable population. The literature implies that for many refugees with mental health problems, individual, family and social risk factors will interact (Giallo, Riggs and Lynch, 2017).

These findings have important implications because both males suffering such despair and female victims of domestic violence will endure huge complexities and psychological difficulties in their daily life as a result (Nilsson et al., 2008; Asaf, 2017). Moreover, conflict within the family has been shown to impact on relationships, impede children's adjustment and increase negative beliefs (Howell, Barnes, Miller and Graham-Bermann, 2016). Therefore, promoting psychological well-being, self-sufficiency, language skills and employment opportunities, could be especially salient in promoting harmony for Syrian refugee families. It is vital to educate refugees by significantly addressing trauma, emotional disturbance, domestic violence and their repercussions on the successful resettlement process.

6.3.3. What are the complexities for contextually relevant mental health services?

Whilst service providers commented on their views of Syrian refugees' mental health struggles and needs in the UK, they highlighted the obstacles affecting refugees' access to mental health care provisions. This section will discuss service providers' perceptions of the challenges hindering Syrian refugees' ability to access mental health care in the UK.

6.3.3.1 Mental Health and the Invisible Burden

The vast majority of empirical studies evaluating the efficacy of mental health services have emphasised the dilemma of the global burden of mental health and the need for mental health support services (Ferrari, Charlson, and Norman, 2011*;* Thornicroft, Mehta, and Clement 2016*;* Bhugra, 2016). Mental health and psychological well-being remain major health issues throughout the world (WHO, 2018).

Service providers in this study shared their views of the inherited stigma and the misconceptions associated with mental disorders among Syrian refugees who are using their services. Participants highlighted that although most Syrian refugees are suffering from psychological disturbance due to their past experiences, there is huge reluctance to approach mental health support. They stated that mental illness is often related to fear, lack of acceptance and lack of knowledge about mental illnesses. In addition, they stressed the importance of raising awareness of mental health, which is fundamental to provide a better life for those who need support in this regard (Ngui et al., 2010).

Service providers explained that Syrian refugees brought with them a cultural and societal stigma related to mental health disorders. They described how Syrian refugees are less likely than their UK-born counterparts to seek out mental health services, even when they experience comparable levels of distress. With this point, it can be argued that in Syria, as in many other developing countries, mental health services are associated only with severe psychotic disorders for which individuals need custodial treatment (Okasha, Karam and Okasha, 2012). In addition, the literature highlighted how the huge lack of education and awareness around mental illnesses and its treatment is widespread among refugees from the Middle-East (Kirmayer et al., 2011). Not surprisingly, as a consequence, Syrian refugees approached mental disorders with high stigmatization and they showed extreme reluctance to attribute symptoms to a mental disorder. In their study, Fazel et al. (2009) investigated a school-based mental health service designed specifically for refugees. They indicate that many refugee families do not follow up with referrals to traditional mental health service settings, possibly because of the stigma associated with these services, and in turn, this delays them from seeking care, preventing timely diagnosis, treatment and recovery.

Moreover, service providers described the effect of stigma not only on refugees themselves but also on their siblings and other family members. This stigmatization could affect individuals' general physical health, their accessing of support, education, and employment, and their capacity to integrate and contribute to society (Ahmedani, 2011). They highlighted different factors related to Syrian individuals that discourage their desire and openness to seek professional help, for example, feeling ashamed of mental struggles, preference for self-help and family support and stigmatizing attitudes towards mental illness and psychological therapies. In studies of stigma (Conner et al., 2010; Ahmedani, 2011; Cheon and Chiao, 2012; Henderson et al., 2013) it has been found that stigma plays a vital role in mental health

as it not only impedes mental health recovery but can often result in psychiatric readmission (Ahmedani, 2011). Research revealed that those who are suffering from mental illness often face a great deal of rejection, social isolation, unjust, diminish relationships and discriminatory behaviour (Stuber, Meyer and Link, 2008). As a result, individuals with mental illness strive to evade social interactions which may leads to lack of confidence and a lower quality of life (Ahmedani, 2011).

These findings emphasise the importance of determining the underlying causes of stigma and its associated attitudes and practices. This will help to deduce whether community awareness programs could help in providing educational information on mental disorders and the available interventions. It could also facilitate the building of community capacity, refuting negative generalisations, ensuring cultural significance, and minimizing power disparities. It would be interesting to confirm whether greater awareness of mental health needs and psychological disorders would lead to more recognition of the need to seek psychological help in the Syrian community in the UK.

6.3.3.2. Combining cultural awareness, Language Competency and Approach to Therapy

Service providers identified different structural and cultural barriers, and they shared their perceptions of how best to encourage Syrian refugees to gain access to services that could improve their mental health outcomes. They shared not only refugees' struggles, but also their own fears and concerns about approaching psychological services in the UK. They stated that Syrians' mental health problems may not be understood by Western health care providers because of cultural or linguistic differences and fear of stigmatization (Kirmayer, Weinfeld and Burgos, 2007).

This reflects the lack of ability to access mental health services, lack of linguistically accessible services, a desire to deal with problems on one's own, the concern that problems will not be understood by practitioners because of cultural or linguistic differences, and fear of stigmatization (Whitley et al., 2006). All participants stated that Syrian refugees' lack of disclosure appears to arise through feeling unsafe regarding the anticipated experience of stigma and the impact of culturally insensitive services. Research suggested that refugees' inability to utilize mental health services is often due to many barriers, including language

incompetency, cultural beliefs in relation to health, and lack of awareness about available services and ways to access these services (Kirmayer et al., 2007; Ahmedani, 2011; Szajna and Ward, 2015).

Miller and Rasco (2004) highlighted the need for cross-cultural awareness training and underlined possible reasons why refugees may hesitate to seek mental health support. They stated that refugees from different cultures understand and respond to distress accounts in different ways. In this, recognising and appropriately addressing mental health needs among new refugees poses different challenges (Szajna and Ward, 2015). Identifying differences in language and culture and acknowledging refugees' unfamiliarity with Western methods of treatment and culturally sanctioned stigma could be key strategies in the approach to mental health assessment, prevention and treatment for refugees (Lindert and Schinina, 2012).

These findings highlight the importance of investigating the existence and preference of psychological sources of therapy available for Syrians in general and Syrian refugees in particular. Such knowledge will help professionals, policy-makers and stakeholders to gain a better understanding of the Syrian culture, associated help-seeking practices and conceptions of psychological support. In addition, this knowledge could prevent unnecessary expenses and insensitive resources in delivering mental health services that may be ineffective for the Syrian culture, and may be validated by other cultural methods that do not adequately support Syrian refugees' mental health.

With this in mind, proposing a standard model for working with Syrian refugees would disregard the subjectivity of the individuals and the pluralistic values of Counselling Psychology. Past studies argued that different models of psychological therapies may be valid and that it is unnecessary to reduce these into one (Cooper and McLeod, 2007; Hanley, 2011). The pluralistic approach aims to meet the unique individual need, and develops a sense of stability, safety, trust, and control over their lives: offering such approach to individuals, families (McLeod, 2013), and even communities (Armstrong, 2008) could place great emphasis on their social growth as well as changes in response to adversity (McLeod 2013; Young, Bantjes and Kagee, 2016). Counselling psychologists value the collaborative nature of therapy and place considerable emphasis on the pluralistic model, which promotes positive personal change; engaging Syrian communities will promote integration, improve cultural communications and contribute to community development and growth. Such an approach

may facilitate effective relationships with minor communities and enhance the commissioning of appropriate, sensitive and accessible mental health services.

6.3.4. Helping the Helpers

This final section is deemed the most important, since it addresses service providers' contributions and needs, addressing the potential value of this study. Such knowledge may be vital, as it could contribute to enhancing our understanding of what these service providers can offer and how best we can support them. The following section discusses the findings of this study, exploring service providers' hopes and fears, which emerged as major themes in the interviews with six service providers in the UK. Included is an exploration of service providers' experiences of perseverance, reconnecting, strength, growth and empowerment. I will also discuss service providers' work satisfaction as well as their frustrations with working in this field. Thus, I will highlight the role of service providers and the potential to help Syrian refugees to adapt, grow and integrate. Furthermore, I will highlight service providers' struggles in light of identifying psychological needs and/or offering much-needed psych-education and directing Syrian refugees to seek psychological help.

6.3.4.1. The Importance of the Community Services

Research suggests that community involvement and support lie at the heart of successful integration and intervention for newly arrived refugees (Ager and Strang, 2004; Yu et al., 2007). Community service providers can act as a point of contact who can offer refugees much-needed essentials and meet their immediate needs, entitlements and cultural requirements. Research suggests that over time, and with the right support from the surrounding community and service providers, many aspects of refugees' mental distress are reduced (Bracken et al., 1995; Temple et al., 2005; Fenta et al., 2006).

This study highlighted how the Syrian conflict and brutal war has torn apart the social fabric of the Syrian society. Participants stated that many Syrian individuals and families who are refugees in the UK found themselves isolated from the surrounding community and disorientated from their culture. In response to the increased number of Syrian refugees in the UK, the existing Syrian community formed civil services and made them available to these new refugees. Syrian community services have been established by a diverse team of

community members with intentions to help and facilitate the resettlement of Syrian refugees in the UK. They have prepared and organized themselves to support the anticipated influx of Syrian refugees scheduled for resettlement in the UK. Evidence from this study suggests that service providers were aware of the significant barriers that Syrian refugees will face in the UK in terms of adapting, integrating and accessing the right support. They believed that Syrian refugees' voices may not be heard and their needs may be misunderstood and overlooked (Penrose, 2002).

Previous literature has suggested that social isolation contributes to post-migration stressors, whereas individuals' sense of self, worth and identity are determined by interactions with others (Bhugra, 2004; Marshall, et al., 2005; Schweitzer, et al., 2011). Temple and Moran (2005) emphasised the vital role that ethnic communities are playing in helping refugees. They argued that these community services are acting as a vital network for refugees, offering social and emotional support where they facilitate a space for socialising. All these practices believed to reduce refugees' isolation and loneliness.

Participants in this study believed that Syrian refugees' struggles and problems are a combination of their past experiences and their current difficulties while trying to build a life in the UK. They shared their positions of establishing advice services that provide support with benefits, job searches, and immigration matters, thus working to improve the economic and social well-being of Syrian refugees and helping them to become self-reliant in their new environment. They stated that they target all newcomer refugees. They offer Syrian refugees culturally and linguistically appropriate orientation in which they inform them about various aspects of life in the UK: education, employment, rights and responsibilities, in addition to other things related to accommodation and housing. Moreover, service providers reflected on how they see their mission as empowering Syrian refugees in achieving a seamless transition and relocation to the UK through connecting people to the right services and support networks. This is believed to be an essential provision in order to co-ordinate refugees' wellbeing and to ensure that they have easy access to the support they need in order to live in safety (Murray, Davidson and Schweitzer, 2010).

The responsibilities and facilities described by the participants of this study were congruent with those identified in research by Boyd-Franklin (1989) and Purkey (2013), who also highlighted the importance of supporting refugees and empowering them to interact

successfully with external systems. It has been shown that by supporting refugees and pulling them together, community service providers can offer opportunities for collective resilience-building and empowerment (UNHCR, 2006). Riggs, Davis and Gibbs (2012) reported that ethnicity, faith and communities fulfilled a key role in supporting refugees and enhancing their psychological well-being. If refugees are able to receive help from their local community in the new host country, they are more likely to receive support, advice, empathy and understanding: elements believed to be critical to refugees' recovery (Craig, 2015).

Additionally, service providers stated that they aim to support Syrian refugee families and promote their wellbeing. They envision a matured wave of Syrian refugees who are well-integrated into the culture of the UK society and are leading goal-filled lives. They spoke about the power of having friendly and positive relationships with Syrian refugees within services. They believed that with such relationships, they can promote refugees' personal qualities and resilience and help them to deal with uncertainties (Newman, 2002).
Service providers' views reflected previous findings on promoting refugees' resilience, social integration and well-being (Lukes, 1997; Murray, et al., 2010; Vidal, et al., 2014). They were, however, overwhelmed by the needs of Syrian refugees and there was often a lack of resources to attend to the needs of all of their members. This will be discussed in the following section.

With this, service providers considered that their role is to improve the quality of well-being of Syrian refugees while being mindful that it is not possible to undo their past experiences. All participants agreed that their roles are based on providing help and support to improve experiences and promote the aspirations of Syrian refugees. They also highlighted the importance of bringing the Syrian community together during these difficult times experienced in their mother country through organising social gatherings and occasional seminars to promote overall wellbeing (Strang and Quinn, 2014).

The current study suggested how reciprocal relationships, social support and community involvement can assist and enhance refugees' well-being. This study emphasises the importance of acknowledging and empowering community services, as they are playing a vital role in supporting refugees. While competency and language barriers were deemed the strongest obstacles to the provision of culturally sensitive mental health services, community

services can provide cultural and social understandings in dealing with Syrian refugees as well as advising on problematic barriers to psychological help-seeking.

Such collaboration may serve to increase the levels of use of mental health services among Syrian refugees by decreasing stigma, increasing awareness and engaging in culturally meaningful ways. In addition, this may enhance therapeutic outcomes by evaluating and disseminating effective practices and interventions that meet Syrian refugees' needs.

6.3.4.2. Ill-equipped Community Services and the Ignored Challenges

Evidence from this study indicates that despite the vital role that community service providers are playing in offering support to Syrian refugees, obvious challenges and inadequate skills have been highlighted. Service providers underlined their current pathways that seek to target refugees' basic and social needs, where mental health support remains blocked by broader systemic and cultural issues (Burnett and Peel, 2001).

With this, service providers stated that they had numerous conversations with Syrian refugees which often revealed acute personal needs. Participants listed a number of barriers that they identified to be vital in order to help Syrian refugees to overcome their mental health difficulties in the UK. They shared their concerns about the lack of awareness of the available mental health services, ways of accessing these services and navigating refugees into the right care. Limited resources to direct refugees to mental health services represented a main theme, as majority of service providers stated limited knowledge of available mental health services in the UK. Andersen and colleagues reported that in order to facilitate better access to mental health care, commissioners have to enable easy access to resources as well as to made information about services available in a culturally sensitive manner and in all relevant languages (Andersen et al., 2007).

Lack of information on how mental health care operates exacerbates the difficulty in accessing services and might deter individuals from seeking treatment (Ross et al., 2015). It can lead to lack of the knowledge needed to identify features of mental illnesses, increased risk of stigmatization, perceptions of being discriminated against, reluctance to approach services, and prejudice against mental health professionals (Henderson et al., 2013). Henderson and his colleagues suggested that improving public knowledge, attitudes, and

awareness will reduce individuals' negative experiences with health professionals and will consequently improve their willingness to seek mental health help. It is thus necessary to facilitate interdisciplinary and collaborative models of training in order to effectively improve service providers' knowledge and attitudes towards mental health issues. Guidance and awareness-raising, aimed at improving accessibility, developing the resources of various communities and service providers, and strengthening the quality of care for this population, are much needed.

The findings also suggest that more education about mental health and the consequences of forced displacement may be needed to support service providers in providing adequate care for Syrian refugees. In order to help Syrian refugees to integrate more harmoniously into their new surroundings, forums and training programs could play a vital role in educating both service providers and newly arrived refugees about the social and health services systems available, and in tackling mental health and psychological awareness.

Moreover, participants argued that if culturally sensitive services were made available, Syrian refugees might have access to mental health care provision; however, numerous factors and barriers could affect the extent to which such access is gained (Foley Nolan et al., 2002). Despite having complex healthcare needs, participants highlighted their concerns about the inadequate health care available for Syrian refugees, mainly due to language competency and cultural barriers (McKeary and Newbold, 2010). Across provinces, all participants shared their perceived barriers in terms of the availability of mental health services, shared resources and the lack of related culturally sensitive provisions. Service providers also highlighted difficulties related to language barriers, lack of awareness of treatment options, and culturally insensitive health and social care systems.

The findings from this study highlight the importance of offering linguistically and culturally appropriate services to all refugees seeking mental health care. Service providers ultimately recalled that if they themselves were struggling to approach mental health services despite their good English language capacity, these challenges would be multi-fold for newcomers who are lacking basic English language skills. Meeting this need is a particular challenge and it could become even greater because of other cultural constraints such as stigma (Schwartz et al., 2010).

In response to service providers' concerns about the appropriateness of mental health services in the UK, identifying these challenges, understanding the difficulties they may bring and

incorporating culturally-sensitive therapy approaches is essential in the delivery of services to those who need them (Dixon, Holoshitz and Nossel, 2016).

Many participants expressed the view that health services, and the mental health system in particular, need to be more culturally sensitive. The extensive body of literature investigating the prevalence of mental health outcomes in refugees singled out special concerns in this area (Tsoupas, 2011; Udomratn, 2011; Silove, Ventevogel, and Rees, 2017). Participants shared many examples of Syrian refugees attempting to access health services where health professionals demonstrated insensitivity to their cultural or/and religious beliefs. Research has emphasised the importance of improving cultural awareness and supporting culturally-competent practice amongst health care professionals who provide services to refugees and their families.

Result from the present study support the notion of building cultural awareness among health staff to enable them to deliver quality service (Saha et al., 2008; Truong et al., 2014). It was argued that knowledge about refugees' background, social and cultural context would empower refugees to voice their own needs and would enable care providers to deal with individuals in a more appropriate manner (Foley Nolan et al., 2002; Galvin, 2004; Palmer and Ward, 2006). Therefore, culturally appropriate services are essential to help promote optimal outcomes for refugees (Truong et al., 2014). Greater cultural sensitivity would enhance refugees' awareness and implement better access to psychological services (Schwartz et al., 2010). In line with this view, it can be argued that mental health professionals need to bridge the gap between mental health knowledge and salient attitudes about mental struggles and take into consideration cultural and social values.

An important question arises for policy-makers and stakeholders: are the sources of psychological help being offered to reduce mental distress for refugees in general and Syrian refugees in particular been adequate, and could help-seeking from both mainstream mental health services and community services be a viable option for Syrian refugees in the UK?

6.3.4.3. Strengthening partnerships between community services and mental health services

An individual's mental health is influenced directly or indirectly by personal, cultural, social and political stressors (WHO, 2014). Findings from this study highlight the importance of recognising Syrian refugees' specific cultural needs and language proficiency as well as their ability to access mental health services across the UK (Minas et al., 2013). Service providers identified their limited knowledge about eligibility and availability of mental health services. They also stated major concerns about the unsuitable nature of the mental health services presented to the Syrian communities in general with its low cultural and language competencies.

Interestingly, narratives from service providers often mirrored one another. Participants reported that in order to overcome mental health challenges, collaboration and partnership with mainstream services should be prioritised. Research has revealed that individuals' mental wellbeing is affected by their ability to access social and psychological resources (Brewin et al., 2000; Adams., et al., 2006; Slade, 2010). Participants in this study harmonise with previous findings, as they report that both they and Syrian refugees are facing difficulties in accessing mental healthcare services, lack of awareness of entitlement, cultural stigma and the absence of linguistically competent services. As all of these can act as barriers preventing Syrian refugees from receiving the psychological healthcare they might need, it is crucial to provide formal and informal psych-education support. Research has revealed that in general, individuals with better mental health awareness have better mental health outcomes than others (WHO, 2012; Silove, et al., 2017).

These findings present the value of engaging the Syrian community in order to address the mental health needs of Syrian refugees, which entailed a partnership between community organisations and local public services to raise awareness about mental health among these communities in the UK. In their pilot outreach project, Mantovani, Pizzolati and Gillard (2017) found that minor communities often endorsed taboos, ascribed stigma, and demonstrated a lack of knowledge about psychological difficulties. They suggested that in order to enhance these communities' mental well-being and to encourage active engagement and change, active involvement of these communities is needed to understand mental health issues, as this would improve their knowledge and equip them with bespoke skills to be able to talk about such sensitive issues (Mantovani et al., 2017).

Moreover, service providers stressed the importance not only of developing culturally and linguistically sensitive mental health services, but also of offering assistance, training and public awareness programmes to minority ethnic communities. Thus, community engagement as well as offering a care delivery system that is sensitive to Syrian social, religion, and cultural contexts should be appropriately sought out and utilized (Ager et al., 2015). With this, education and awareness of mental health issues, practices and referral systems will prepare both service providers and Syrian refugees to overcome feelings of inequality, discrimination and disempowerment (Elliott, 2016). This will empower Syrian refugees as British citizens instead of leaving them isolated and will help service providers to facilitate the integration of mental health and social care services, thus aiding early intervention that is characterised by access, choice, quality and timeliness (Healthy Living, 2003).

Furthermore, respondents agreed on the importance of being mindful of the Syrian community structure and its predominantly religious aspect. In the Syrian community, religious life is not readily distinguishable from broader social and cultural life (Shihadeh, 2016). This finding reflects the focus on improving mental health and managing mental health care through partnership working between health and social care services in the UK and Syrian communities. It has been argued that community services' involvement will aid the preparation of cultural profiles of new refugee populations (Lukes, 1997). These services are usually practical, flexible, needs-led and designed to help refugees in their resettlement stage. This is an important consideration when working with Syrian refugees, whose culture carries various challenges as well as stigmas about mental health. Therefore, community service providers may need to be empowered to meet Syrian refugees' needs and to better understand and plan for the predictable mental health challenges that they are likely to face as a natural consequence of forced displacement (UNHCR, 2017).

Ideally, this means that to overcome health inequalities and vulnerability within Syrian refugee groups, we should acknowledge the important role that community services are playing in building resilience and engaging Syrian refugees in the UK. Therefore, it is fundamentally important to support these frontline staff by increasing the coordination between them and other mental health services, offering them much-needed training regarding the effectiveness of mental health issues as well as notifying them about the available psychological support and services. This is believed to help in tackling stigma

around mental health and wellbeing as well as enabling greater levels of integration of Syrian refugees into their new host country (WHO, 2001).

In addition, findings from this study emphasised the importance of working in a network with other partners so that service providers can provide ultimate care to Syrian refugees and their families. This can be best offered via training, education and awareness campaigns (Ager and Strang, 2008). Participants stated that their partnerships with other organisations that are providing English courses or job hunting opportunities have enhanced their capability to help Syrian refugees. In this vein, partnership working, workforce development and involvement of the Syrian community in the health care force will have multi-faceted outcomes (UNHCR, 2016a). This study suggests that in order to gain a better understanding of mental health difficulties faced by Syrian refugees arriving in the UK, policy makers need to establish an in-depth insight into the causes of these difficulties, identify solutions that might be available, and involve community service providers to better inform, guide and enrich knowledge and skills in offering best practice to refugees (UNHCR, 2016a).

Among the key recommendations, participants suggested the delivery of mental health awareness through other mainstream services. Findings highlighted the vital role of local schools, language classes, health services and local council in providing assistance with access to mental health services. This multi-layered support will actively involve those suffering from mental health problems in helping to identify their psychological needs and taking on visible and active roles to break down stigma and raise awareness in their community (Mental Health Foundation, 2012).

6.4. Chapter Summary

Based on the above findings, this exploratory study has indeed met its objective of uncovering the views of community service providers and their role in working with newly-arrived Syrian refugees in the UK. These findings have been discussed in relation to previous literature and implications for Counselling Psychology. This knowledge aims to educate readers on Syrian refugees' mental health needs and the role of community service providers in enhancing refugees' wellbeing. It is believed that these findings will contribute to the current literature on refugees' mental health. Specifically, several overarching themes were found in this study. First, Syrian refugees arrived in the UK with a diverse range of mental

health needs depending on their three displacement stages. Second, service providers assumed that Syrian refugees' mental well-being is embraced by strong faith and religious beliefs, which are understood to be the most valuable tool for resilience. Third, it was revealed that the service providers believed that stigma, language competency and cultural sensitivity are still playing a vital role as barriers to accessing mental health services and seeking psychological support. Fourth, interviewees revealed the reality of how ill-equipped they are to deal with Syrian refugees' mental health difficulties.

In sum, this study highlighted the role of enduring contextual displacement factors as moderators of mental health difficulties among Syrian refugees in the UK. The psychological needs of Syrian refugees after displacement depend crucially on a range of factors such as educational, economic, social, trajectory, trauma exposure, and cultural conditions. These factors have a massive impact on Syrian refugees' mental health and well-being and consequently on their ability to cope and integrate in their new host country. Subsequently, these findings will offer readers some insights on Syrian refugees' need for psychological intervention. The final section of the chapter collated the information from this research and previous literature to form recommendations for offering culturally sensitive psychological support to Syrian refugees.

CHAPTER SEVEN

CONCLUSION

7.1. Introduction

This chapter provides a summary of the key findings of the thesis with an overall conclusion from these findings. It outlines how this research is a contribution to knowledge, specifically in the field of Counselling Psychology. The limitations of the research are highlighted and implications of the findings for research and practice are followed. This chapter will conclude with suggestions and recommendations for further research.

7.2. Overview of the Thesis

The research question that this study set out to answer was to gain an understanding of the accounts and views of community service providers who are offering direct support to Syrian refugees in the UK, and particularly their awareness of Syrian refugees' mental health needs and the role they are taking to enhance Syrian refugees' well-being. The thesis began with an introduction, which provided a personal and academic justification for the research. The research topic was introduced and the Syrian conflict and Syrian refugees' crisis was described. I also explained the UK's engagement in resettling Syrian refugees through the VPR scheme and I highlighted community services' role in helping Syrian refugees in the UK. I outlined my rationale, personal engagement and thought process before deciding on the following research question:

"What are Syrian community service providers' accounts of Syrian refugees' mental health needs in the UK?"

While little research could be found on Syrian refugees' mental health needs, particularly the role of community services in promoting these needs, research on refugees from the Middle East region was used to guide investigations in the current thesis.

The literature review indicated that war, violence and forced displacement have inevitable impact on refugees' mental health and could significantly hinder their physical and psychological well-being. In addition, the literature review highlighted Syria crisis and spotted the vulnerability of Syrian refugees as 'at risk population'. Moreover, the literature signified the limited awareness of mental illnesses, lack of mental health services and the huge stigma surrounding mental health disorders in the Middle East including Syria. Whereas mental and psychological struggles are a secondary concern compared to meeting basic needs of refugees, failing to address the impact of forced displacement on mental well-being is detrimental not only for psychological health at an individual level but for society as a whole. With the vital role of community service and voluntary sectors in supporting refugees to settle in their new context; it therefore felt vital to explore the accounts of this population through asking them to communicate their views and observations of Syrian refugees' mental health needs and daily struggles.

Moreover, the existing literature concerning Syrian refugees' mental health needs appeared to concentrate on symptoms of pathology and little attention was given to the role of community services in supporting refugees' mental difficulties. This is seen as problematic in the field of Counselling Psychology, which values the subjective experiences and perspectives of individuals. The dominance of this paradigm not only affects how the needs of refugees are conceptualized, but also affects the development and implementation of intervention and support programmes.

Six service providers were interviewed in different locations that were selected by participants. The current thesis adopted semi-structured interviews to collect data while employing an inductive thematic analysis approach to describe and explain service providers' accounts of Syrian refugees' mental health needs in the UK. This method allows participants to express views and perspectives in a flexible manner and allows for identification of meaning of the participants while considering their social and cultural context. Following the presentation of the data analysis, a chapter was dedicated to reflexivity. This was important to establishing trustworthiness in the data. This reflective commentary allowed the researcher to share her personal engagement in the topic, to reflect on the decisions made throughout this study, and to acknowledge any predispositions and experiences that may have influenced the study.

Through this thesis, knowledge about Syrian community services role in supporting Syrian refugees in the UK, service providers' strengths and limitations, as well as understanding Syrian refugees' mental health struggles, were made available. Subsequently, the findings were discussed in relation to previous literature concerning Syrian refugees and community services engagement. The research conveyed how psychological difficulties were related to pre-, post and during displacement factors as well as attitudes towards mental illness and coping styles that were rooted in Syrian Arab culture. The findings from this research were combined with previous literature to form recommendations for working psychologically with Syrian refugees. Furthermore, the findings were developed to guide researchers, professionals and policy-makers on approaches to engage and work with Syrian refugees for better psychological well-being.

7.3 A Summary of the Findings

In this study, the findings showed that community organisation representatives believed that the Syrian brutal war has displayed detrimental impact on the well-being of refugees who access their services. Syrian refugees came forward with mental health struggles that were related to all stages of their displacement journey and were not clearly expressed due to strains in daily life demands, sigma, lack of awareness of mental illnesses and seeking different coping strategies. Findings provided information about Syrian refugees' mental health difficulties and coping strategies, from their service providers' perspectives, which may play a role in explaining their overall psychological well-being. Resilience, social support and religious beliefs were identified and found to be widespread within Syrian refugees. These practices recognised to help this population in handling their ongoing acculturation struggles and to deal with their multiple losses and difficulties.

The vital role of community services in the UK in supporting Syrian refugees were also underlines. Services placed a strong emphasis on addressing practical daily needs and offering social support while mental health needs were overlooked. The findings suggested that community services utilized to respond to Syrian refugees' daily needs such as facilitating access to the employment, housing and education, providing direct assistance, raising awareness of available public services and identifying and enabling access to resources. However, community services did not attempt to directly meet Syrian refugees'

broad range of psychological needs due to lack of awareness, lack of capacity, untrained staff, stigma, and the absence of culturally sensitive mental health services in the UK. Moreover, community services addressed the particular attention they are participating which believed to promote Syrian refugees' mental health. Joining community groups, talking with culturally sensitive trusted person, socialising with friends, offering support to meet daily demands were all tools and practices used by community services to enhance refugees' overall well-being.

7.4. Contribution to Knowledge

The purpose of this study was to add to the growing body of knowledge about Syrian refugee' psychological needs from the provider perspective, which is important to improve awareness and identify specific issues contributing to mental health well-being.

Previous research has consistently documented the negative views about mental illnesses and the huge stigma and burden surrounding seeking psychological help in refugee populations (WHO, 2001; Cheon and Chiao, 2012; Burgess, 2016). In addition, studies documented how mental health stigma is specific to and rooted in the Middle-Eastern culture (Okasha, 1999; Al-Krenawi and Graham, 2000; Ahmedani, 2011). Social support, group belongingness and religious practices have been well-documented in the literature as strong resources of psychological help, and exploring Syrian community service providers' perceptions of the mental health needs of Syrian refugees are believed to be imperative. With cultural understanding and social awareness, these community services could provide vital information about Syrian refugees' mental health needs, and they may facilitate important sources of psychological help and enhance mental health care. With the growing number of Syrian refugees in the UK, I hope that this research has provided a contextualisation of this population's culture, religion, resilience, coping strategies and mental health needs.

This study adopted qualitative approach to understand service providers' perspectives towards Syrian refugees' psychological struggles. I believe this is different to other literature in the field, which has been statistical or aimed at providing general information about services and organisations involving in supporting Syrian refugees, rather than from a subjective perspective (Ozcurumez and Yıldırım, 2017; Mayblin and James, 2018). As most past research utilized western quantitative methods, surveys and tools to conceptualize

refugees' mental health needs; this qualitative investigation conveyed an in depth understanding of community service providers' role in supporting Syrian refugees and enhancing their psychological well-being from a Syrian cultural perspective. I consider this information to be beneficial in guiding Counselling Psychologists and other mental health professionals who wish to work with Syrian refugees, in understanding their mental health needs and areas of strength.

Accordingly, this research, through the methodology underpinning its findings, revealed the critical role of community services in meeting Syrian refugees' basic needs as well as indirectly easing their mental health difficulties. It has addressed a gap in the literature with its focus on community services and their task in supporting Syrian refugees in the UK, meeting their emotional needs and basic daily life demands. Such research has hopefully made valuable contribution to knowledge on community services' involvement with Syrian refugees and how Syrians in the UK conceptualize and deal with psychological needs.

This appears to be unique especially with regard to the role of Syrian community services who have experienced direct contact with Syrian refugees in the UK. Findings have thus elicited factors which appear specific to Syrian refugees in the UK, and clarified how these needs are having an impact both on refugees' psychological struggles and the wider daily life demands in their new context. These needs give further insight into the impact of cultural change on refugees, the emotional, social and practical constraints inserted by the new cultural demands.

Furthermore, the findings of this study are particularly relevant for professionals and mental health practitioners who are involved in providing mental health support to Syrian refugees in the UK. The findings provide an overview of the practical and psychosocial needs of Syrian refugees in the UK and also provide a contextual account of community service providers; work in supporting and meeting these needs. This knowledge is vital when developing mental health support systems for Syrian refugees while considering issues such as language, coping mechanisms, help-seeking behaviour, resilience and the burden of stigma surrounding mental and psychological difficulties. While findings demonstrated that communities are working towards increasing refugees limited social networks, constant isolation, uncertainty and the persistent sense of lack of belonging; it has been suggested that a larger focus on using community as a tool for healing and improving the well-being among Syrian refugees could

be helpful. Many service providers agreed that their role is indirectly linked to improving mental difficulties that will lead to better psychological well-being.
Moreover, this study provides some thoughts on ways to enhance access to mental health services for Syrian refugees and highlights concepts such as cultural sensitivity and cultural competence. This research also recognises ways that may empower and support Syrian refugees. By identifying and building upon their resiliency, religious beliefs, social practices, and doctrines, policy makers and service provisions can expand on these coping strategies and validate this population. On the other hand, however, Syrian refugees have numerous practical and psychological needs which cannot be ignored. These needs include, but are not limited to: language barriers, cultural bereavement, multiple losses, social network ruptures, accessing services in general and mental health services in particular.

Finally, I am optimistic that this research has given readers a deeper understanding of community services' role in supporting Syrian refugees in the UK, which may be indicative of developing methods to enhance other Syrian refugees' well-being. Furthermore, I believe that this research is a contribution to the Counselling Psychology literature, as it has examined the subjective accounts of community service providers who offer direct support to Syrian refugees. The qualitative nature of the research fills a gap in the existing literature and adds a humanistic touch to it by placing an emphasis on meanings, perspectives and views of participants. Hopefully, this will provide readers with an opportunity to view service providers from a holistic perspective.
I hope this research has indicated the importance of understanding the Syrian culture, Syrian refugees' different needs and the role of community services in meeting these needs. I hope that this understanding will reduce possible stereotypes held about Syrian refugees, and cherish the belief that Syrian refugees have the right to be treated with dignity and respect, with special attention to diverse cultures, valuing and celebrating how they enrich the UK society. The ultimate hope is to inspire others to acknowledge and promote the needs of Syrian refugees in the UK.

7.5. Limitations of the Research

Despite all efforts to make this research as robust as possible, it does not come without its limitations. It must be noted that the findings were the perspectives and opinions of community service providers who reported on the mental health needs of Syrian refugees.

The strength here is that this approach provides insight into the account of community service providers themselves and allows us to understand those who serve and support this vulnerable population. But a limitation is that the views must not be taken as direct experiences of Syrian refugees. The perceptions of Syrian refugees in the UK would have significantly enhanced our understanding of the significance of their psychological needs and improved service provision responses.

In addition, reporting the accounts of individuals who have their own drive, motivations and investments to participate in the study may be skewed in various ways. For example, participants may have overemphasised the practical needs of Syrian refugees described in order to seek applications for funding. Moreover, the findings suggested that mental health needs were perceived by Syrian refugees as low priority, but on the other hand, they also suggest a great demand for culturally sensitive mental health services. Further research is needed in this regard.

Similarly, while community services are providing daily care and support, these services are not the only service providers for Syrian refugees in the UK. Nonetheless, it is arguable that mental health needs of Syrian refugees could be largely addressed and met by the National Health Service. Thus, it may be necessary to include the perceptions of psychological and mental health service providers outside of the Syrian community sector, such as those working in charity sectors or in the formal mental health provision. This will conceptualize the mental health needs of Syrian refugees and how professional mental health services are responding to these needs.

A number of issues regarding the sample need to be considered. It could be argued that the sample size utilized for this study is small and does not represent sufficient accounts to provide readers with a comprehensive understanding of Syrian community services role and how they perceive Syrian refugees' mental health needs in the UK. The sample size in this study was restricted by time and word limits. In addition, the objective aim of this study was to gather in-depth data; therefore, meeting criteria for statistical generalisability was never its intention. Furthermore, the recruitment criteria only included service providers who had been in the UK for a long time. Thus, the sample may not be representative of those who are relatively new in offering support to Syrian refugees in the UK, as a different set of data could emerge.

In addition, as a researcher, I would have undoubtedly impacted the interviews, their direction and interpretation. As previously discussed (see Methodology chapter), the language-switching used in interviews was not an easy process in terms of transcribing and translating. On the one hand, this practice may have encouraged service providers to discuss and explore their accounts and enabled me to gain a more multi-faceted understanding of their perspectives; on the other hand, it may have hindered the process, as the interpretation of any given interview fragment brings the possibility of losing meaning and information while translating certain concepts or phrases. However, a similar problem could be underlined for the interviews that took place in English. It could be argued that in order to present their accounts and experiences, participants will engage in a difficult process, attempting to select the right words in their second language. In this, a further limitation could be highlighted regarding the ease of replicating this research. My ability to conduct interviews in Arabic may be an advantage; however, it may also be seen as a drawback if another individual were to attempt to replicate this work. Furthermore, I did not have the capacity (time and word limit) to analyse the impact of language-switching or changes in meanings through translation etc., which could have provided extra layers to the findings.

Lastly, I have considered how my Syrian background could influence the research. Growing up in Syria and resettling in the UK fifteen years ago, and then immersing myself in the counselling psychology profession, has impacted on my understanding of mental health concepts from a Western British point of view, yet I understood it from the Syrian culture's point of view. This has interestingly guided me to notice the cross-over between the two cultures. Conducting the research from a non-Syrian viewpoint might generate different findings.

During this research process, I was aware that my own personal values and perspectives would influence this research. My choice of research question, methodology and analysis impose bias on the research, as their selection was based on my perspective of what would be important to explore. One thing that stood out was the depth in understanding the differences in psychological concepts between Western and non-Western culture, and knowing that some things can seem totally diverse depending on the cultural context you are in. Therefore, I believe that every researcher would inevitably impact their research from their unique angle, and so bias cannot be eliminated.

In this sense, I anticipate that my Reflexive Analysis (Chapter 5) has been useful in driving my understanding of how I impacted on this research and the positions I took that generated different point of views, whether from the perspective of a human being, a counselling psychologist, a daughter and a sister of a forcibly displaced refugees, or a Syrian individual. This process allowed me to identify and address all the encountered challenges and concerns. It resembled the significance of self-reflection and supervisor support in developing self-awareness and self-knowledge, which in turn enabled me to produce this research and improved the quality of the findings. The study therefore emphasises the importance of continuous professional and personal growth. Hopefully this will allow readers to make their own judgements about my influence on the research and its overall trustworthiness as a result.

7.6. Suggestions for Future Research

This research is only a small fraction of what needs to be researched in the field of Syrian refugees' mental health needs. I hope this study will pave a way for some more research on mental health and psychological needs not only in Syrian refugees but in the Syrian population as a whole. Being an immigrant myself, I have witnessed how difficult it can be for some people to cope with the new cultural demands and adapt to the new environment. Further studies will be crucial in order to explore factors promoting or hindering Syrians' mental and psychological well-being in the UK.

Furthermore, more attention should be paid to Syrian children and adolescents who are forcibly displaced and resettled in the UK due to the Syrian war. This would be of benefit to future research into how this population has been disrupted and the impact of this disruption on their mental and psychological health. School support and psychological intervention are likely to be essential to support this population in overcoming their strains and struggles in order to lead to a healthy upbringing and future.

In addition, as mentioned earlier, this study addressed Syrian refugees' mental health needs from their community services' perspectives. It will be essential to explore the subjective accounts of Syrian refugees themselves, as their voices will add fruitful information on this topic. In particular, it would also be interesting to further explore Syrian refugees' awareness

of mental illnesses, determining the exact nature of barriers encountered by Syrian refugees in accessing mental health services and practices they are using to cope with their difficulties. Finally, I strongly believe that it is vital to hear the accounts and views of service providers who are supporting Syrian refugees in refugee camps in the countries bordering Syria. It is important for this population's perspectives of Syrian refugees' psychological needs to be explored, as these appear to be totally ignored amongst the urgent humanitarian aid that is being viewed as more important. This population is dealing with Syrian refugees who have not reached safety and settlement, therefore their accounts regards Syrian refugees mental and psychological needs will differ.

7.7. Chapter Summary

In this closing chapter, an overview of the thesis was provided and the findings were revisited, along with the main aim of the research. I have underlined the implications of this research and discussed how these implications will contribute to knowledge and benefit different readers. I have also discussed the value of the research within the field of Counselling Psychology, policy makers and mental health provisions. Following this, I have listed some of the limitations of the study and recommendations for further research in the field.

I hope this thesis has been beneficial in enlightening readers about the Syrian culture, community service providers' role in supporting Syrian refugees in the UK, and the accounts of these providers about Syrian refugees' mental and psychological needs. In addition, I hope that it has added different perspectives and considerations when undertaking work of a psychological nature with this population. Overall, I have found the process of this research to be thought-provoking and exciting. I hope that I have done all my participants justice and that this research can contribute to improving the mental health and psychological needs of Syrian refugees in the UK.

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APPENDICES

Appendix A: Interview Questions

I am interested in your views and accounts of the mental health needs of the newly arrived Syrian refugees.

I am also interested in your understanding of mental health needs. Your thoughts and feeling towards the factors that promote or hinder Syrian refugees' mental health and psychological well-being. As well, I'm interested in your ways of looking after your own mental health and well-being.

- What is your accounts of the challenges that Syrian refugees faced and are facing?

- Any specific challenges here in the UK?
- Can you tell me more about that?

- What is your understanding of the challenges that are affecting refugees' mental health and psychological well-being?

- What is your understanding mental health?
- Please describe your understanding of your service users' mental health needs?
- Can you tell me more about that?

- What elements do you identify as protective or risk factors that affect Syrian refugees' mental well-being?

- Please describe what did you identified as helpful or unhelpful?
- What is your perspective of the factors that are impacting upon Syrian refugees' ability to integrate?
- Do you think Syrian refugees cannot access psychological services in the UK?
- What is your view on barriers to accessing psychological services?
- Why did you think that about it?

- What are Syrian community service providers' perception of Syrian refugee's challenges and coping mechanisms?
- Who would they talk to about their distress/worries?
- What do you think was helpful?

- What methods Syrian community service providers are using or lacking to effectively promote refugees' wellbeing?
- Do you think you are doing enough to promote good mental health?
- What do you think, feel about that?
- Do you think you are getting enough support for yourself?
- What more do you think can be done?
- Can you tell me more about that?

- What are the challenges to create contextually sensitive mental health services for Syrian refugees in the UK?
- Please describe what are your hopes for methods of improving psychological conditions for Syrian refugees?

- Can you tell me more about that?

Appendix B: Information Sheet

Exploring the psychosocial needs of Syrian refugees in the UK: Accounts of Community Service Providers

Participant Information Sheet

You are being invited to take part in a research study as part of a thesis for a counselling psychology doctorate programme. The purpose of this research is to explore the accounts and experiences of Syrian community service providers of Syrian refugees' mental health needs. Before you decide if you want to take part in this research 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 discuss it with others if you wish. Please ask if there

is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Researcher: Faten Sabouni

School of Education
Ellen Wilkinson Building
The University of Manchester
Oxford Road
Manchester
M13 9PL

Title of the Research

Exploring the psychosocial needs of Syrian refugees in the UK: Accounts of Community Service Providers

What is the aim of the research?

The aim of the research is to gain some insight on your experiences of Syrian refugees' psychological well-being and mental health needs, as well to gain some understanding of factors that are impacting upon Syrian refugees' ability to integrate in the UK and barriers limiting them from accessing psychological services. I'm hoping that by exploring the mental health needs of Syrian refugees; we can raise awareness of their situation and support their needs.

Why have I been chosen?

You have been chosen to participate as you meet the criteria for this research and you have indicated an interest in taking part.

What would I be asked to do if I took part?

If you choose to take part in this research, you will be asked to participate in an interview where you will be asked to talk about your experience of mental health needs when working with Syrian refugees and the skills or resources which have helped you to support them.

What happens to the data collected?

The interview will be audio recorded and transcribed by the researcher. The transcription will then be used re-tell your story and to generate themes, which will be discussed in the research paper.

How is confidentiality maintained?

The audio recording and transcriptions of the interview will be encrypted and stored in keeping with University data protection policies. Any content in the interview mentioning another person will be anonymised and only the researcher will have access to this

information. The write up of the thesis will use pseudonyms reporting your experiences and no identifiable information will be disclosed at any point in the research process. All collected data will be destroyed five years after dissemination of the findings, if not earlier.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

Will I be paid for participating in the research?

There will be no compensation for taking part in the study.

What is the duration of the research?

It is estimated that the research process will take approximately one hour. However, the length could be more or less, depending on how much time you feel is needed to share your experience.

Where will the research be conducted?

The research will take place in your office at convenience time that will suit you.

Will the outcomes of the research be published?

The findings of this research will be published in a thesis seminar paper to the University of Manchester and possibly published in scientific journals.

Contact for further information

Faten Sabouni

Email – faten.sabouni@postgrad.manchester.ac.uk

Telephone number - 07852467467

What if something goes wrong?
You may contact the research supervisor if you need help or have any questions:
Dr Terry Hanley: Terry.hanley@manchester.ac.uk
School of Education
0161 275 8815

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Appendix C: Participant Consent Sheet

Exploring the psychosocial needs of Syrian refugees in the UK: Accounts of Community Service Providers

CONSENT FORM

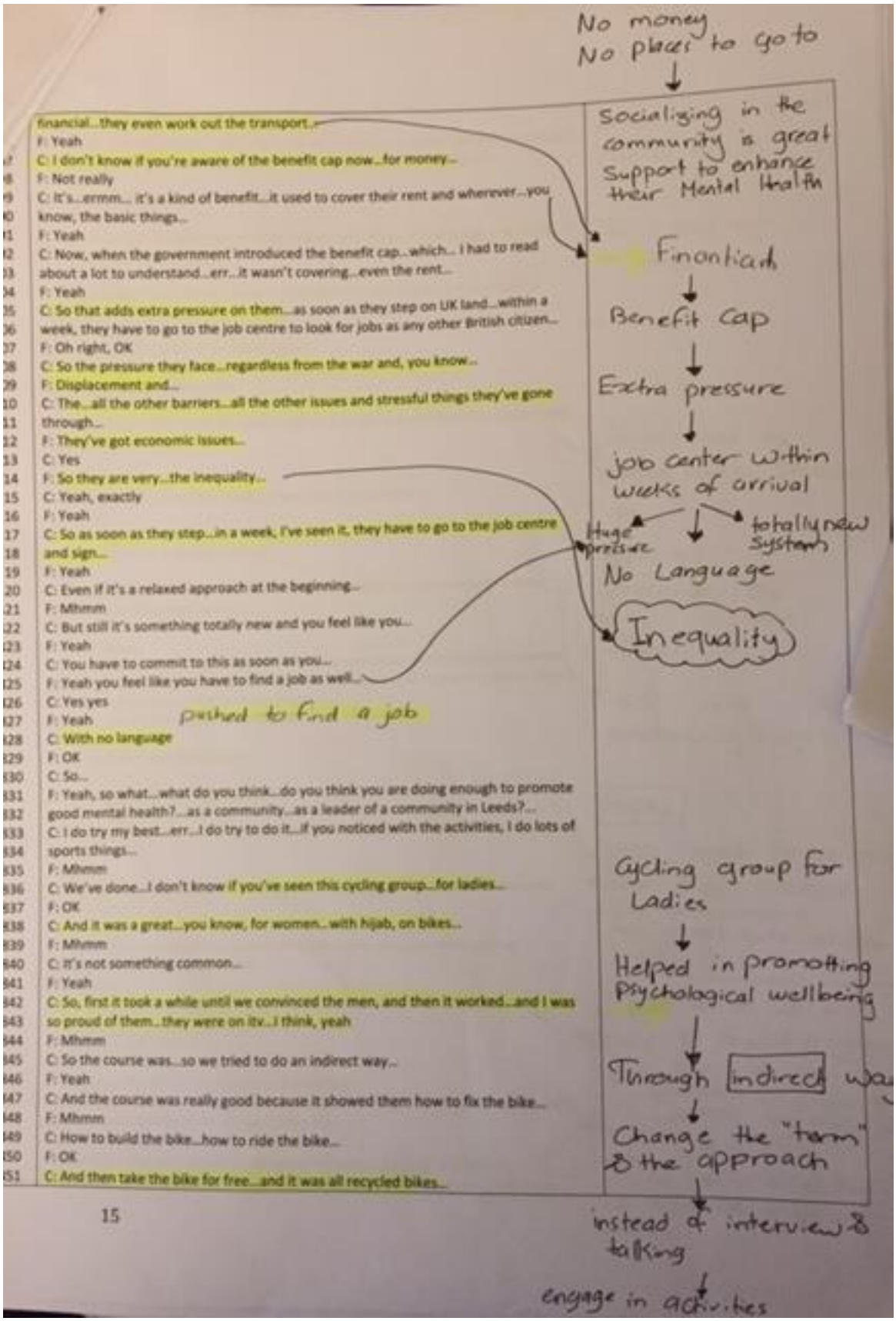
If you are happy to participate please complete and sign the consent form below.

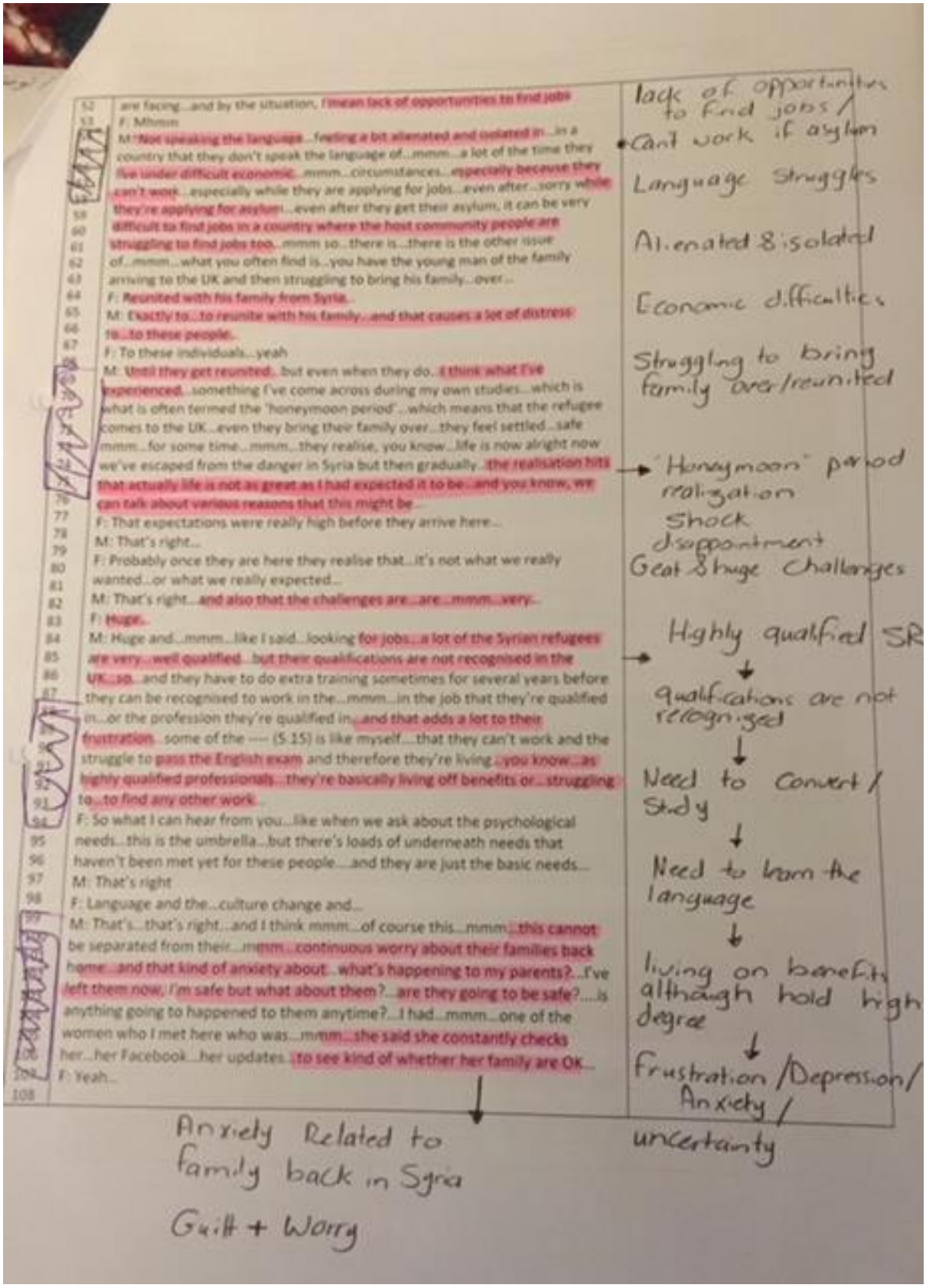
	Please Initial Box
I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.	
I understand that the interviews will be audio recorded	
I agree to the use of anonymous quotes	
I agree that any data collected may be passed to the research supervisor	
6. I agree that any data collected may be published in anonymous form in academic books or journals	

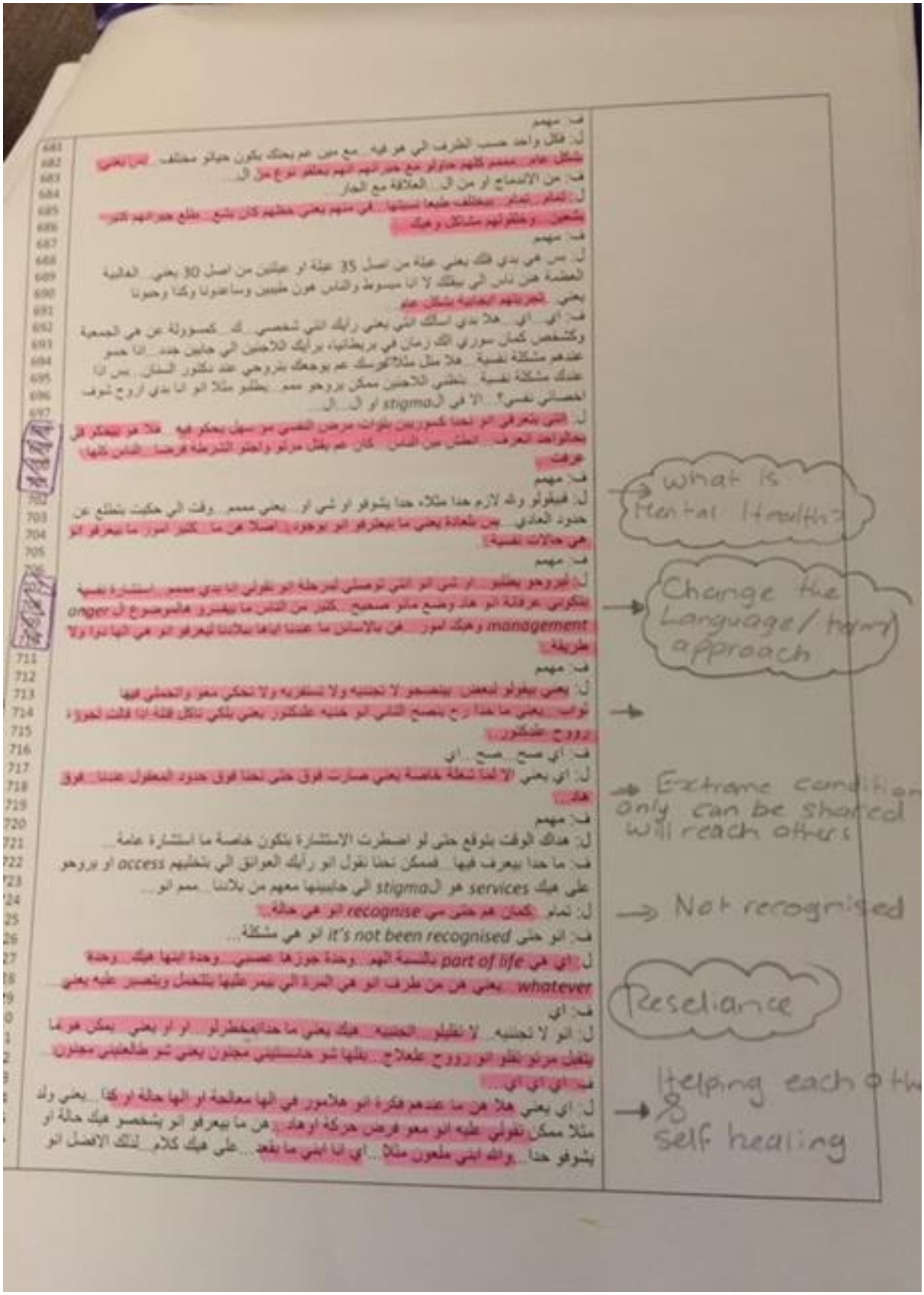
I agree to take part in the above project

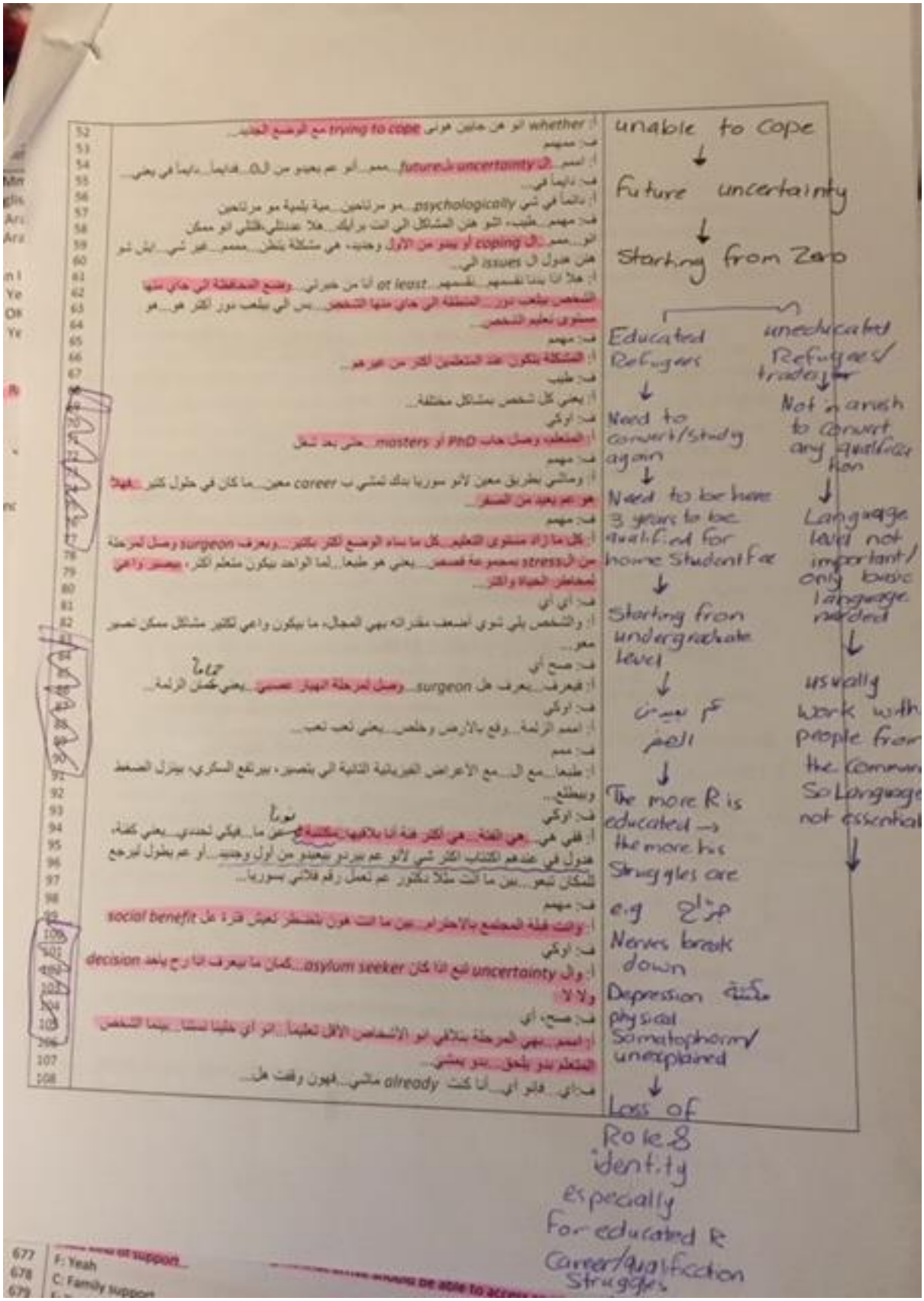
Name of participant	Date	Signature
Name of person taking consent	Date	Signature

Appendix D: Photographs of Analysis procedure

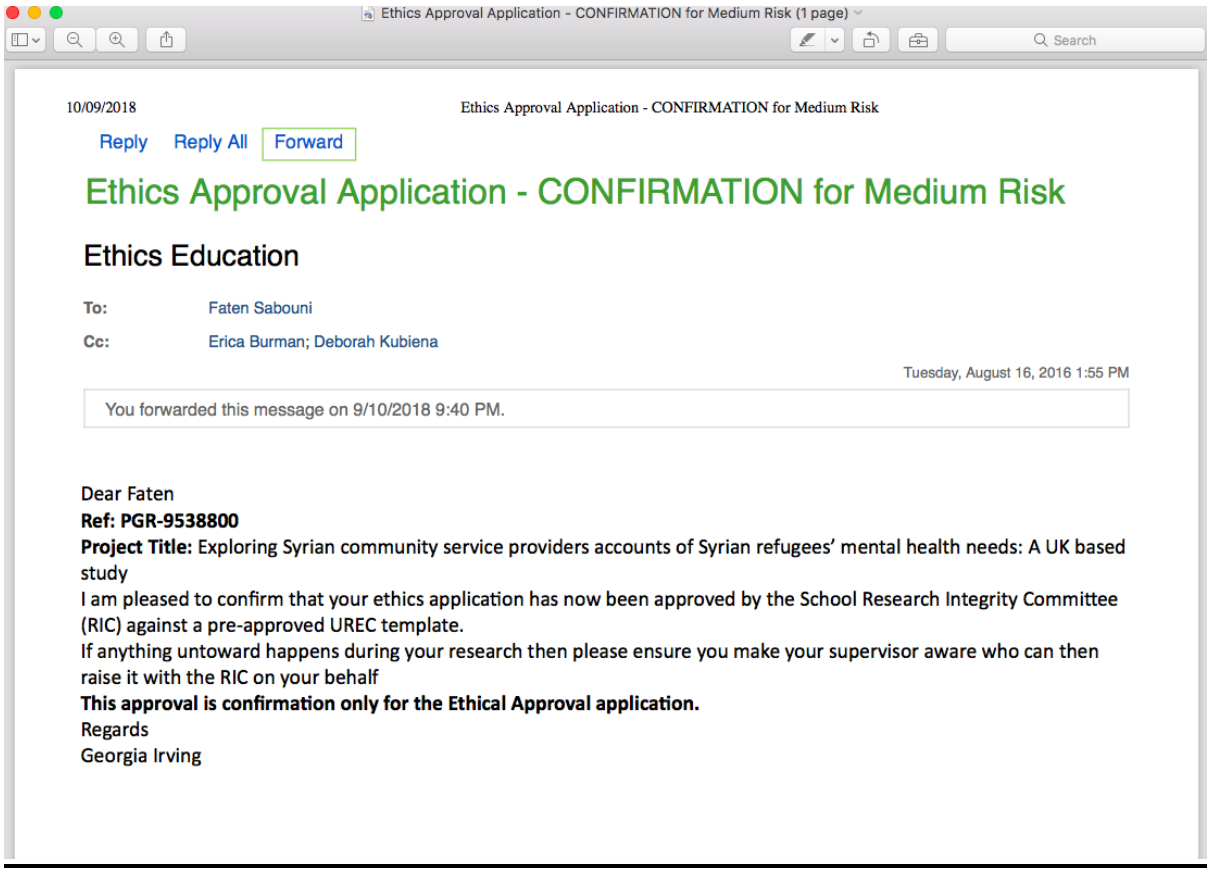



are facing...and by the situation, I mean lack of opportunities to find jobs
F: Mhmm
M: Not speaking the language...feeling a bit alienated and isolated in...in a country that they don't speak the language of...mmm...a lot of the time they live under difficult economic...mmm...circumstances...especially because they can't work...especially while they are applying for jobs...even after...sorry while they're applying for asylum...even after they get their asylum, it can be very difficult to find jobs in a country where the host community people are struggling to find jobs too...mmm so...there is...there is the other issue of...mmm...what you often find is...you have the young man of the family arriving to the UK and then struggling to bring his family...over...
F: Reunited with his family from Syria.
M: Exactly to...to reunite with his family...and that causes a lot of distress to...to these people.
F: To these individuals...yeah
M: Until they get reunited...but even when they do...I think what I've experienced...something I've come across during my own studies...which is what is often termed the 'honeymoon period'...which means that the refugee comes to the UK...even they bring their family over...they feel settled...safe mmm...for some time...mmm...they realise, you know...life is now alright now we've escaped from the danger in Syria but then gradually...the realisation hits that actually life is not as great as I had expected it to be...and you know, we can talk about various reasons that this might be...
F: That expectations were really high before they arrive here...
M: That's right...
F: Probably once they are here they realise that...it's not what we really wanted...or what we really expected...
M: That's right...and also that the challenges are...are...mmm...very...
F: Huge...
M: Huge and...mmm...like I said...looking for jobs...a lot of the Syrian refugees are very...well qualified...but their qualifications are not recognised in the UK...so...and they have to do extra training sometimes for several years before they can be recognised to work in the...mmm...in the job that they're qualified in...or the profession they're qualified in...and that adds a lot to their frustration...some of the --- (5.15) is like myself...that they can't work and the struggle to pass the English exam and therefore they're living...you know...as highly qualified professionals...they're basically living off benefits or...struggling to...to find any other work...
F: So what I can hear from you...like when we ask about the psychological needs...this is the umbrella...but there's loads of underneath needs that haven't been met yet for these people...and they are just the basic needs...
M: That's right
F: Language and the...culture change and...
M: That's...that's right...and I think mmm...of course this...mmm...this cannot be separated from their...mmm...continuous worry about their families back home...and that kind of anxiety about...what's happening to my parents?...I've left them now, I'm safe but what about them?...are they going to be safe?...is anything going to happened to them anytime?...I had...mmm...one of the women who I met here who was...mmm...she said she constantly checks her...her Facebook...her updates...to see kind of whether her family are OK...
F: Yeah...
lack of opportunities to find jobs / can't work if asylum
Language Struggles
Alienated & isolated
Economic difficulties
Struggling to bring family over/reunited
'Honeymoon' period realisation shock disappointment
Great & huge challenges
Highly qualified SR
qualifications are not recognised
Need to convert / study
Need to learn the language
living on benefits although hold high degree
Frustration / Depression / Anxiety / uncertainty
Anxiety Related to family back in Syria
Guilt + Worry


what is Mental Health?
Change the Language/ term approach
Extreme conditions only can be shared will reach others
Not recognised
Reseliance
Helping each other & self healing


unable to cope
future uncertainty
starting from zero
Educated Refugees
uneducated Refugees/ traders
Need to convert/study again
Not in a rush to convert any qualification
Need to be here 3 years to be qualified for home Student Fee
Language level not important/ only basic language needed
Starting from undergraduate level
usually work with people from the community
So Language not essential
The more R is educated → the more his struggles are
e.g
Nerves break down
Depression
physical Somatoform/ unexplained
Loss of Roles Identity
Especially For educated R Career/qualification Struggles

Appendix E: University Ethical Approval



Appendix F: Debrief Sheet

List of Counselling Services

Name	Description of service	Address	Contact No.	Email/website
Manchester Refugee Support Network	A grass-roots organisation directly managed by refugee communities, based in Manchester. Their work focuses on development of refugee organisations, advocacy and campaigns, and advice and orientation.	129 Princess Road, Manchester, M14 4RB	0161 868 0777	www.mrsn.org.uk
Refugee Action	Welcoming and supporting refugees, helping with legal advice, and much more.	Canada House, 3 Chepstow Street, Manchester, M1 5FW.	0161 831 5420	http://www.refugee-action.org.uk/
Get Connected	Free, confidential help for young people under 25.		0808 808 4994	http://www.getconnected.org.uk/
Samaritans	Talk to us any time you like, in your own way, and off the record – about whatever's getting to you. You don't have to be suicidal.	72-74 Oxford Street, Manchester M1 5NH	0161 236 8000	jo@samaritans.org www.samaritans.org

British Red Cross - Refugee Support in Lancashire, Merseyside and Greater Manchester.	Helps refugees and asylum seekers access essential services and adapt to life in a new country	Bradbury House, 10 Brindley Road, City Park, Cornbrook, Manchester, M16 9HQ.	0161 8888 932 (Monday to Friday 9am-5pm)	http://www.redcross.org.uk/What-we-do/Refugee-support
Rainbow Haven	provides a community drop-in that offers support and activities for refugees, asylum seekers and vulnerable migrants	113 Abbey Hey Lane Gorton , Manchester , M18 8TJ	0161 370 3472	http://www.rainbowhaven.org.uk/ admin@rainbowhaven.org.uk
The Roby Community Centre	Provides services to improve mental health, to promote general well-being and to encourage social inclusion.	307 Dickenson Road, Longsight, Manchester, M13 0NG	0161 2572653	http://www.theroby.org.uk/ info@theroby.org.uk
The Angel Centre	Provide people with opportunities to become healthier and happier through providing a range of activities, services and courses.	Social Adventures Ltd, 1 St Philips Place, Salford, M3 6FA	0161 8330495	http://www.theangelcentre.org.uk/about-us/ hello@theangelcentre.org.uk
Freedom From Torture	Freedom from Torture seeks to protect and promote the rights of survivors both in the UK and worldwide.	111 Isledon Road, Islington, Middlesex N7 7JW	020 7697 7777	https://www.freedomfromtorture.org/

Six Degrees	Aim to build resilient communities in which people with common mental health problems such as depression and anxiety are accepted, supported and equipped with skills to deal with the challenges they face.	Southwood House, Greenwood Business Centre, Regent Road, Salford, M5 4QH	0161-212-4981	six-degrees.org.uk

Appendix G: University Word Extension Approval

MANCHESTER 1824
The University of Manchester

School of Environment, Education and Development
The University of Manchester
Oxford Road
Manchester
M13 9PL

www.seed.manchester.ac.uk

Faten Sabouni
Student ID: 9538800

Sent by email to: faten.sabouni@postgrad.manchester.ac.uk

12 September 2018

Dear Faten,

Application: Increased thesis word limit

I am writing to you regarding your recent application to increase your thesis word limit.

The Director of Postgraduate Research, Dr Steve Jones, acting as the Chair of the Postgraduate Research Committee of the School of Environment, Education & Development has considered your case and has approved your request to increase your thesis word limit to 60,000.

If you have any questions regarding any of the above, please contact your divisional administrator.

Yours sincerely

D. J. Kubiena

Debbie Kubiena
Senior Postgraduate Research Administrator

Cc Erica Burman