

Title: Resettling into a new life: Exploring aspects of acculturation which could enhance the mental health of young refugees resettled under the humanitarian programme

Short Title: Acculturation and mental health of young refugees

¹Peggy Mulongo University of Salford p.mulongo@uclan.ac.uk 000-0002-1649-2607

²Sue McAndrew University of Salford s.mcandrew@salford.ac.uk 0000-003-4681-3261

³Eunice Ayodeji University of Salford E.Ayodeji@salford.ac.uk 0000-0003-1262-944X

Corresponding Author: ¹ Peggy Mulongo Faculty of Health and Wellbeing, School of Nursing, Brooks Building Room BB309, UCLan Preston PR1 2HE Tel: 01772 89**1731** Email: pmulongo@uclan.ac.uk

Contributions: 1 Peggy Mulongo 60%; 2 Sue McAndrew 30% 3 Eunice Ayodeji 10%

Word count: 6,763 (with abstract)

This is an original article. The research was not funded. Ethical approval was granted from the University of Salford [HSCR 16/13]. There is no conflict of interest.

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/INM.12777](https://doi.org/10.1111/INM.12777)

This article is protected by copyright. All rights reserved

Twitter: How does acculturation impact young refugee mental health? 31 young refugees inform practitioners what they need to be aware when working with this group of young people.

Author Manuscript

Article type : Original Article

Abstract

Globally, the exodus of individuals who have been forced to flee their home and seek refuge in countries of safety has led to a refugee crisis. The United Kingdom (UK) has engaged with the United Nations High Commissioner for Refugees (UNHCR) in playing a significant role in the long-term resettlement of refugees, half of whom are children and young people. One initiative of such humanitarian resettlement is the Gateway Protection Programme (GPP). To-date, there is a dearth of studies investigating aspects of acculturation that affect the mental health of young refugees resettled under the UNHCR humanitarian programme. This study aimed to explore aspects of acculturation that could enhance the mental health of GPP young refugees several years after resettlement. Using narrative research, a purposive sample of 31 GPP young refugees, who had a minimum of three years stay in the UK, were recruited from local Refugee Community Organisations. Data was collected through a multi-method design combining Focus Group Discussions (FGDs) with Visual Arts-Based Narrative Research (VABNR) and analysed thematically. Three overarching themes emerged: People and places; Its nearly all new to me; Finding self. This study contributes important knowledge regarding the mental wellbeing of young people who have engaged in a resettlement programme and offers valuable information for policy makers and mental health professionals working with GPP young refugees.

Keywords

Acculturation, Mental wellbeing, Narrative research, Young refugees, Humanitarian programme

Introduction

Globally estimates suggest 1.44 million refugees will need resettlement in 2020, an increase of 1%, compared to the 2019 estimate of 1.42 million (UNHCR, 2019). Resettlement involves the relocation of refugees, deemed the most vulnerable, from an asylum country where they initially sought protection, to a third country, referred to as ‘third country of *resettlement*’, where they are granted permanent settlement as refugees (UNHCR, 2018). Whilst there are four programmes of resettlement recognised in the UK, the Gateway Protection Programme (GPP) was the first to be established in 2004 (Home Office, 2018). Initially the annual quota to the programme was 500 refugees per year, rising to 750 in 2008 (Evans & Murray, 2009), this remaining the same in 2019. To date, only 18 of the 434 local authorities in the UK take part in the GPP, with the North-West of England having received the largest proportion of refugees (Sim & Laughlin 2014).

The GPP integration scheme provides 12 months holistic support to resettled refugees once they enter the UK (Home Office, 2019). While GPP has often been reported as successful, with a call for it to be expanded (Butler, 2015; Rutter, 2015), there is a noticeable dearth of literature measuring its success, particularly regarding the effects of acculturation on the mental wellbeing of young refugees resettled in the UK under GPP.

Acculturation

Acculturation is a dynamic process in which groups and individuals experience cultural and psychological change (Berry, 2005). It is marked by physical and psychological changes due to the adaptation required in diet, climate, housing, interaction styles, norms, and values of a new society (Berry, 1997). Acculturation psychology focuses on how acculturative changes are experienced by individuals, and the psychological outcomes related to those changes (Ozer, 2017). Prominent within psychological acculturation research is a model of acculturation strategies; assimilation, integration, separation and marginalisation (Berry, 2005). While little has been written in policy and academic fields about the significance of integration, particularly in relation to the resettlement of young refugees, there is increasing evidence that many refugees who lack choice about acculturation strategy, are vulnerable to psychosocial stress and struggle to integrate in their new environment (Phillimore, 2011).

Resettled young refugees and mental health

Within the last decade, there has been increased interest in investigating factors that could affect the mental health of young refugees’ post-resettlement (Lau et al., 2018; Sellars &

Murphy, 2018). A systematic review examining risk and protective factors affecting the health of refugee children resettled around the world, identified acculturative stress as a main risk factor impacting their socio-emotional development (D'Abreu et al., 2019). Other identified issues experienced by resettled young refugees include; poor academic outcomes, ongoing trauma, settling into a new community, adapting to a different language and cultural systems, or coping with the loss of own socio-cultural lifestyle (Albeg & Castro-Olivo, 2014; Mulligan et al., 2017). Strong links have also been made between pre-migration trauma and mental illness during resettlement (Miller & Rasmussen, 2017), accentuating the need for mental health practitioners, particularly nurses, to develop cultural competency when caring for this specific group of people (XXXX, 2019).

In the UK there is a recognised need for improved mental health services for children and young people (CYP) in general (Department for Education & Department for Health & Social Care, 2018) and particularly for GPP young refugees. The latter have been designated as a particularly vulnerable group of refugees with multiple needs prior to entering the UK under the GPP resettlement scheme (UNHCR, 2015). However, health professionals per se have been criticised for having little understanding of how the psychological effects of war/torture, coupled with the experience of being exiled, compromises the mental wellbeing of resettled refugees (McColl et al., 2008). Where cultural identity also becomes compromised through a maladaptive process of acculturation, a person's mental health is likely to deteriorate, particularly amongst young refugees (Lincoln et al., 2016). Mental health nurses working on the frontline are likely to be working with this vulnerable group of people and in order to address their needs will have to develop an awareness and understanding of their situation, as well as their cultural competence. To address this and deliver effective care, mental health nurses should be aware of their own cultural beliefs and values, have knowledge of the client's culture, and develop skills necessary to intervene in clinically meaningful ways (XXXX, 2019; Sue et al., 2008).

Acculturation and mental health

To date 11 studies focusing specifically on the effect of acculturation in improving the mental health of young refugees resettled under the UNHCR humanitarian programme have been published. Seven studies were carried out in Australia (Correia-Velez et al., 2015; 2010; Earnest et al., 2015; Gifford et al., 2009; Kovacev & Shute, 2004; McGregor et al., 2016; McMichael et al., 2011) and four in the United States of America (USA) (Betancourt et al.,

2015; D'Abreu et al., 2019; Ellis et al., 2010; Lincoln et al., 2016). While Europe is one of the main areas of dispersal for UNHCR resettled refugees (UNHCR, 2015), to date no studies are available from Europe, or the UK. From the 11 published studies, three common themes impacting mental health are identified; (1) happiness, (2) resilience and (3) future aspirations.

Happiness

Evidence from the literature suggests happiness in the life of resettled young refugees is essential for their mental wellbeing. Gifford et al. (2009) found, regardless of their traumatic past, resettled young refugees had high levels of optimism, self-esteem and happiness, helping them face the challenges of resettlement. Preserving a strong cultural identity being integral to happiness was reported in four studies (Correa-Velez et al., 2015; Correa-Velez et al., 2010; Ellis et al., 2010; Gifford et al., 2009). McMichael et al. (2011) found a supportive family was key for young peoples' happiness, while McGregor et al. (2016) highlighted feelings of appreciation as being synonymous with happiness, over life circumstances. Kovacev and Shute (2004) suggest adolescents who reported having close friendships had higher global self-worth and perceived themselves to be more socially acceptable, highlighting the importance of peer support.

Resilience

All 11 published studies suggest resilience is a key factor strongly associated with resettled young refugees' mental wellbeing. Key findings related to resilience include; issues around acculturative stressors and mental health (Betancourt et al., 2015; Ellis et al., 2010; Kovacev & Shute, 2004; Lincoln et al., 2016), factors strongly associated with wellbeing outcomes (Correa-Velez et al, 2015; 2010; Gifford et al., 2009; McMichael et al., 2011), and the effects of discrimination (Correa-Velez et al, 2010). Fluency in English language, especially the spoken word, was also identified as important (Earnest et al., 2015).

Future Aspiration

Several studies (Correa-Velez et al, 2015; 2010; Gifford et al., 2009; McMichael et al., 2011) highlighted how the aspirations of young refugees related to their education. Getting a good education was the main goal they aspired to during their resettlement journey, followed by optimism and hope for making a good life. Earnest et al. (2015) also found resettled young

refugees wanted to succeed, aspiring to achieve a better future, regardless of being faced with immense difficulties.

Although the above research recognises the impact of acculturation in enhancing the mental health of young refugees per se, less is known about these processes on those resettled under the GPP in the UK. The aim of this study was to explore aspects of acculturation that could enhance the mental health of young refugees resettled under the GPP in the North West of England.

Methodology

A qualitative approach, visual arts-based narrative research (VABNR), was used to give voice to GPP young refugees (Vecchio et al., 2017). VABNR is a valuable tool for collecting and presenting people's lived experiences of complex circumstances (Furman, 2015). It is valuable in studies involving identity work, and those wanting to include marginalised voices and perspectives (Leavy, 2015). It can provide a rich source of data gathering when engaging with non-Western cultures, especially with refugees (Gifford et al., 2009). The approach concurred with the first author's personal and professional philosophy. As an individual from a non-Western background, and a cross-cultural mental health nurse, this approach has proved useful when working with refugee families, including young people who have struggled to articulate their feelings and experiences.

Participants

Participants were recruited through two refugee community organisations (RCOs) based in the North West of England. The two RCOs play a major role in welcoming GPP refugee families from different ethnic backgrounds annually. Participants were selected using purposive sampling based on the study inclusion criteria: English speakers, aged 16-25, relocated in the UK through the GPP, with a minimum of three-year stay. The vulnerability of young refugees had to be considered, therefore providing they met the inclusion criteria the aim of recruitment was to be more inclusive rather than selective. In total 31 GPP youths took part in the study.

Ethics

This study received ethical approval from the Research, Innovation and Academic Engagement Ethical Approval Panel at the University XXX. Taking account of the sensitive nature of the topic and the age range of participants, arrangements were put in place to address any distress experienced by young people during data collection. Arrangements included; focus groups being dual facilitated, enabling one person to leave the group should anyone become distressed, availability of facilitators at the end of each session to speak to participants individually and in confidence, the host organisation also providing professional support, and participants being given a list of organisations who they could access for longer-term support.

Data collection

A multi-method design was used to collect data: Focus Group Discussions (FGDs) in conjunction with VABNR, referred to as FGD-VABNR. All participants were allocated to one of four groups. Each group engaged in a two-stage FGD-VABNR workshop, occurring on two consecutive days, the workshop lasting for approximately ninety minutes on each day. Guiding instructions for the FGD-VABNR were developed for all participants to use and a short demographic questionnaire was completed anonymously by each participant. The workshops took place at the participants' respective community centre run by the RCOs and data were collected between November 2016 and March 2017. Each participant was allocated a reference number to protect their anonymity.

FGD-VABNR Stage One workshop included three main activities; drawing a geographical map and photograph elicitation (figure 1), developing a timeline (figure 2), and producing a self-portrait (figure 3), all to elicit participants' experiences of being in England. Additionally, this workshop involved an audio recorded FGD. During FGD-VABNR Stage Two workshop, participants were asked to reflect on the results of their activities collected during stage one workshop. To achieve this, they were asked to individually produce and interpret a piece of artwork of their choice (figure 4) that depicted their feelings and thoughts in relation to their acculturation experiences. The interpretation of their artwork was captured in writing and via an audio-recording during the Focus Group Discussion. This approach allowed creativity and spontaneously provided information through non-verbal and verbal communication.

Insert Figure 1 an example of a geographical map and photo elicitation

Insert Figure 2: an example of a timeline

Insert Figure 3: an example of a self-portrait

Insert Figure 4: an example of an artwork

Data Analysis

The first author transcribed the FGDs audio-recordings verbatim and all three authors did an independent analysis of the transcripts using Braun and Clark's (2006) approach to Thematic Analysis (TA). TA is a reliable framework, its stages being known to help interpret participants' emotions and thoughts, the multiple meanings they give to their experiences and how social context can affect such meanings (Creswell, 2008). Using this process allowed for analysis of both visual and textual data sets. Once interpretations were made at an individual level, the three authors discussed their findings and negotiated the final themes.

Findings

In total 31 GPP youths (22 male and 9 female) took part in the study. Participants originated from five different countries; Bhutan, D.R. Congo, Mauritania, Somalia and Sudan. All participants had lived in UNHCR refugee camps in Africa and/or Asia pre-resettlement. Anonymised demographic data were collected (see Table 1).

Table 1 Insert Demographic data here

Themes and subthemes that emerged in each of the four FGD-VABNR groups were cross-referenced with the second and third authors' interpretation of data and results were integrated in a final Thematic Map (table 2). Three overarching themes emerged: (1) People and Places; (2) Its nearly all new to me; (3) Finding self, each theme having sub-themes.

Table 2 Insert Thematic Map here

Theme 1: People and Places

Connecting to places

In FGD-VABNR 1, all five Bhutanese participants had positive feelings about their resettled living environment compared to the three Congolese participants, who expressed negative feelings. Bhutanese participants associated their positive feelings with safety, social life, feeling at home and happiness.

“Members of our community used to stay far away and then they decided to come together in Rochdale, so they can support each other” (P5)

“My home country is Nepal... But I like Rochdale cos I have everything there, I have my family, my house, I am happy.” (P2)

Congolese participants mainly expressed feelings of: ‘monotony’ (P6), it being a ‘dead city’ (p7), ‘stressful’ (P8), when describing their local living area.

All participants in FGD-VABNR 3 expressed an attachment to their local areas;

“Rochdale is nice and quiet, and there’s many houses for people to come and live in. Here, my family and I are safe, we won’t be homeless” (P16)

Participants in FGD-VABNR 4 were from three different nationalities: Congolese, Somali and Sudanese. All Somali and Sudanese participants demonstrated a strong connection with their place of living, suggesting it was a place they enjoyed being, living close to each other and where they felt safe. This is exemplified by the following quote:

“Our housing estate is old, but I love it. I can be in and out of the house and my mum can still see me from the house. I often like staying out, I can see people from my community and talk to them, which makes me feel very happy. I can also make friends, cos in school it’s a bit difficult and intimidating” (P24)

However, Congolese participants presented a different view of their local area:

“If I had the choice, I would not live in Bolton cos I don’t like it... But my parents like it cos you find people from my community, and I love my family, I will stay with them even if I am not happy. This is the way it is” (P21)

All participants involved in FGD-VABNR 2, of Mauritanian origin, expressed difficulties processing their separation from their homeland, even years after they resettled in the UK.

“Not sure where is real home for me... I want to go Africa. I want to go home... In Senegal.”
(P12)

Similar feelings were reiterated by participant 15 in FGD-VABNR 3:

“When I came here, I was 15... I’ve never dream about here. When I sleep I just dream about Africa. I often feel like I want to go back in Africa. I’m here but it’s not my home” (P15)

Participants who still felt a connection to their home country resettled in the UK at the age of twelve and above, regardless of the number of years spent in the host country. Fifteen participants whose post-resettlement in the UK occurred at a younger age (8-12 years old) felt less connected to their home countries. All participants recognised they were constantly learning about their countries of origin and cultural heritage from parents and extended family, and this made them feel ‘happy’.

Connecting to people

Peer relationships emerged as a central issue in this study. All participants in each of the four FGD-VABNR groups recognised the importance of speaking English in the communities they settled in, the primary rationale for this being to develop friendships. Participants admitted they all encountered difficulties in communicating in English in the early years of their resettlement, compromising their ability to make friends.

“English was our surviving tool to fit in this new community and develop friendships, so that we can fight against isolation and discrimination.” (P19)

“I was staying home after school. Cos sometimes you can feel upset you see a group of young people sat talking, pointing, laughing at you and you think they're talking about you, but you don't know if they're talking about you, good or bad” (P5)

Congolese and Mauritanian participants further stated they still had two distinct peer groups in their respective communities, one composed solely of GPP youths, the other their same ethnic peers who did not have a GPP background. Six Congolese participants agreed they initially felt intimidated by their non-GPP counterparts, who *‘looked down on them because they were coming from refugee camps.’* It was difficult to establish why non-GPP young Congolese considered themselves superior to their GPP peers, or to understand their overall feeling of discomfort regarding their relationships with non-GPP youths from their respective ethnic groups, as they could not further articulate the context for this.

Theme 2: It's nearly all new to me

Cultural identity

The majority of participants in the four FGD-VABNR groups defended their respective cultural values, particularly; respect of family, conserving their native languages and traditions; customs, clothes for special occasions, and food. When discussing cultural identity participants within the four groups demonstrated how they valued their families.

“When your family support you, you get more confidence and you are happy... When I chose to study sport, my sister helped me apply and my parents agreed to it... Parents should support their children on what they want to do instead of deciding for them. I love my family, they don't force. And am happy with them here.” (P4)

“I love my family and I have a deep respect for my parents... They find it difficult to adapt to their new life in the UK, but I am there, my sisters too, to help them” (P27)

However, in FGD-VABNR groups 1, 3 and 4, many participants talked of their parents trying to influence the direction of their lives regardless of their age:

“You know black parents, when you tell them I want to be this, they say no you have to be a doctor. I hate that because I'm the one who wants to decide on my life, and my mind doesn't go on the doctor thing. But I respect them. I will accept, but find other ways to avoid this.” (P16)

“They want to help us choose our future wives too. I don't like this, but I respect my parents. My girlfriend is White, and I don't know how they will take it, but also they are important for me.” (P27)

Having witnessed or encountered traumatic experiences in their home country and/or in the refugee camp, parents may be perceived as a strong protective factor in a young person's life. As parents may have been the only trusted adults they could rely on, respecting their wishes would be important for GPP youths.

However, some participants in FGD-VABNR 4 talked of how they challenged their parents' authority to make their own decisions:

“The first time I said no to my parents ‘cos they decided already on what I had to do in college, I did not sleep all night. I could see their faces. I was very anxious and thinking something terrible would happen to me. They were shocked. I said no to them and I made my own choice... Incredible... They did not speak to me for a week, I apologised to them cos it is a lack of respect saying no to parents. But in this country, I could make my own choice, and wanted to use my chances. I took the risk” (P15)

“My mum was always after me, criticising the way I dressed saying I should wear traditional clothes to look more serious and responsible. I was not interested, and I did not listen. But I questioned myself a lot, unsure whether what I was doing was right or wrong” (P31)

This tension could be interpreted as inter-generational conflict between the first and the second generation in each ethno-cultural group.

Cultural adaptation

Negative cultural adaptation predominately occurred at the earlier stage of their resettlement, whilst participants’ positive experiences happened gradually, at varying paces during resettlement; this was reflected by all participants in all four groups. The need to ‘stay together’ and ‘rely on each other to feel safe’ was expressed by many participants, as they had to adapt to varying everyday experiences. For example, food and weather cycles, the latter leading to the discovery of winter and snow, all of which negatively impacted their adaptation process in their host culture.

“I think it is all about English food, I struggle... It’s so different from our food. I admit I will be sad and depressed if I could not eat our food at all in this country” (P24)

“It was cold when I first moved to UK... I liked to see the snow the first time, then it was just too cold for me. I don’t like Winter; it makes me feel sad... I wish it did not exist” (P15)

However, a few participants in FGD-VABNR 2 and 3 highlighted equal opportunities as being a positive experience of cultural adaptation, having not previously experienced this, it made them happy. One participant suggested:

“And the positive thing is, they give everybody the same opportunity here... They treat everyone equal... This is just so cool, never seen this before in my life. So happy to have same rights as others. They don’t care if you’re black, poor or whatever. Not the same where I am coming from.” (P14)

Being able to find employment as a young person was also positively welcomed as a cultural change:

"I was the first to get a job there at the football club, the first time we went, the same day... This was wonderful, we were young, but we could work and be paid like adults. We felt so important and responsible after that." (P 24)

Theme 3: Finding self

Happiness

Across the four FGD-VABNR groups participants discussed what made them happy throughout their resettlement journey. Connectedness to their local environment post-resettlement was identified as a source of happiness, promoting feelings of safety for many participants (21):

"I like my area because I live here, you get everywhere easily with public transport, there's lots of activities, you can chill with friends and family. I feel happy and safe here, it makes me love this country" (P2)

Money also emerged as a source of happiness, especially in FGD-VABNR 3 and 4:

"When we got in England, we needed more support. And we had so much support from the council and the government, in terms of money... That's something I appreciate cos without those people, we wouldn't be able to be where we are right now. Nobody gives you money back home, the government, people don't care... You can die. So happy to be here now." (P18)

"My mum told us she gets money for us to buy things for us. She was giving me pocket money so that I don't ask other people. This is how we often did back home, go to your uncle, ask money to buy food or other things. I am so happy that my mum doesn't need to send us anymore to ask for money, cos uncles were very bad to us" (P28)

Prior to resettling in the UK equality and financial welfare seemed unknown to the participants, implying they lacked such support in their early lives, and children's rights may have been non-existent or limited for these participants.

Participants' recommendations for improving their mental wellbeing and ensuring happiness emphasised knowledge of the English language:

"If you're coming from outside the country make sure you know 20% of English. Cos English is everywhere, then you'll be happy" (P18)

"It took 3 or 4 months before people leave the camp to come here, so maybe in that time they can have a programme of English and Maths, the way they do it here, so when we come here, we don't have to feel lost." (P9)

Whilst most participants in the four groups expressed their thoughts around difficulties encountered during their acculturation journey, this appeared to be outweighed by a general feeling of happiness, several years after they had resettled in England.

Coping strategies

Participants discussed how they developed strategies to aid integration and cross-ethnic peer relationships, as well as the difficulties they faced with English language. Most GPP youths developed self-empowerment, by learning English via cartoon television programmes or the use of a dictionary in English and their native language, for example Swahili/English. One Congolese participant stated;

"When I came here, I didn't know any English. Me and my cousins and my sisters watched cartoons every day. We went outside with our friends and we didn't speak our language. When we were inside, we spoke in English to ourselves to learn more English, than speaking in our language. I was 9-year-old." (P8)

"I preferred to make friends with people who are not from my culture, to learn [English] quick. It was not easy, but when they get to know you, they accept you." (P6)

All participants in FGD-VABNR 2 suggested they coped with their acculturative challenges by favouring relationships with members of their own community.

"It's a supportive and safe relationship... a coping way of feeling happy in this country." (P11).

The above quotations imply strong motivation to learn the English language, driven by a desire to be accepted by their friends and the society within which they were evolving. However, same ethnic peer relations were also used as a coping mechanism by all

participants in FGD-VABNR 2, and by nine participants in FGD-VABNR 4, as a way of dealing with peer pressure and language difficulties:

“I think it is better having friends from your own community first, cos you speak the same language and there will be no racism, no stress as they understand who you are.” (P23)

This attitude was particularly evident in the Bhutanese, Mauritanian, Somali and Sudanese ethno-cultural groups.

Resilience

Resilience was revealed by participants across the four FGD-VABNR groups, as they described their capacity to accept situations and changes that occur in life, regardless of these being positive or negative. There was a common message, exemplified by the following excerpt:

“For me ‘changing’ means ‘integration’, lots of things have changed in my life since I came in the UK. Good and bad. But I stay positive, I hope and wait. Life is always full of good and bad things, and I want to see it positive no matter what.” (P6)

Many participants in the different FGD-VABNR groups explained how they developed a resilient attitude as a coping mechanism against their early experiences of discrimination, affecting their self-confidence:

“I don’t wish anyone to go through what I have been through... For years I lost self-confidence, in the camp first, and then in this country. I often felt I had to justify my intentions even to people I don’t know... I wanted to know what they think about me, and still doing this today. I really felt that being Black was bad for years... And I sometimes wished I was White so I don’t have to worry all the time. I think I’m strong now, I’m now happy in UK. I just had to focus on the positive experiences that made me happy, and today positive outweigh negative feelings.” (P21)

Summary of findings from the four FGD-VABNR groups

Findings revealed similarities in the way participants from each ethnic group coped with the emotional distress they experienced during their resettlement journey. All participants from the five ethnic groups reported a high level of distress during their early stage of resettlement; fear, rejection, isolation, anger, sadness, stress and powerlessness being the most prominent. Most participants expressed a gradual decrease of emotional distress several years after their

resettlement. However, 10 participants (9 Somali and 1 Sudanese) still reported some feelings of anger and rejection.

All participants acknowledged positive same and cross-ethnic peer relationships were important aspects of acculturation, contributing to their happiness and self-confidence. The value of family support was also acknowledged. However, many participants indicated that parental influence contributed to intergenerational conflicts, at times compromising their happiness. Participants appeared to develop resilience in response to the various struggles they encountered during their resettlement journey. However, participants did not express how their negative experiences affected their mental health, but in the main demonstrated a positive attitude towards the challenges they have encountered. The development of resilience was identified by all as a notable way of coping with their past, current and future mental wellbeing.

Discussion

While the aim of the study was to explore aspects of acculturation that positively affected the mental health of GPP youth resettled in the North West of England, findings revealed both positive and negative aspects of acculturation affecting participants' mental health in the short-term (up to 3 years post-resettlement) and long-term (4 and above years post-resettlement). This is corroborated by Correa-Velez et al. (2015; 2010), who suggested predictors of wellbeing fluctuate over time as adolescents become young adults, with proximal acculturation contexts changing in importance, impacting on psychological and socio-cultural outcomes during the transition period.

Findings in this study revealed GPP youths sought proximity to two main physical places; their social environment where they resettled in England, and their country of origin, both places triggering feelings of safety. Positive connections to significant places are noted to produce a better sense of safety and meaning (Scannell & Gifford, 2017). The influence of the social environment on a person's physical and psychological wellbeing plays an important role in resettled young refugees' subjective health status (Coreia-Velez et al., 2015; Fazel et al., 2012). In this study 24 participants felt positively attached to their local area post-resettlement, primarily citing their direct neighbourhood as a place where they felt safe. Drawing on the principles of attachment theory and interpersonal relationships research, Juang et al. (2018) offered new insights into how youth manage and respond to migration

experiences, suggesting attachment theory should be extended to include the concept of 'connection to places', particularly for refugee youths. Developing a positive connection to specific places will help enhance young refugees' social and emotional development, as well as adjustment to resettlement (Juang et al., 2018). In this study seven participants who did not feel connected to their local areas were all from D.R. Congo, resulting in their families moving to other areas. These two juxtaposed positions offer insight into the perception of connectedness and long-term adjustment to places for different ethnic groups.

Distance from a specific place, in this instance GPP youths' countries of origin, triggered positive memories and feelings for those who resettled in England after the age of 12, making connectedness to their home countries more prominent, a finding in keeping with Juang et al. (2018) and Lewicka (2011). Participants who resettled before the age of 12 reported feeling connected with, and had adapted to, English culture. Likewise, Cheung et al. (2011) revealed young people who migrated to Canada before the age of 12 had similar experiences to those youths born in Canada. However, participants in this study still recognised that they were constantly learning about their country of origin and cultural heritage from parents and extended family, adding to their sense of 'happiness'.

In this study, participants highlighted the importance of same and cross-ethnic peer relationships, particularly those with their native British peers in the early years of their resettlement. Participants placed high value on friendship and found peer relationships fundamental in making them feel *'happy'* and *'settled'*. Since the early 1950s the association between adolescent peer relationships and a sense of mental wellbeing has been well documented (Sullivan, 1953). Study findings also showed participants' need to develop friendships increased over time. Vega et al.'s (2018) demonstrated that with age, children become increasingly reliant on friends for support. Schweitzer et al. (2007), focusing on Sudanese refugees, found that they developed friendships with their Australian peers as a way of helping them cope with resettlement. Most participants in this study agreed that belonging to cross-ethnic peer groups helped them feel *'supported'*, *'less intimidated'*, *'less inferior'* and *'mentally well'*. It would appear from the evidence presented above, and the findings of this study, cross-ethnic peer relationships appeared to be an effective strategy to combat discrimination and promote inclusion. Such positive connections with peers are recognised as protective factors that enhance mental wellbeing (Alvord & Grados, 2005).

Participants described how they relied on the support of GPP refugee peers from same ethnic background who had previously resettled in the UK, to make them feel safe. It is suggested same-ethnic best-friends are more easy-going and supportive than cross-ethnic best friends, as the former are more likely to have a positive influence on ethnic identity (Smith & Schneider, 2000; Phinney et al., 2001). However, in this study participants appeared to value all peer relationships and the inherent advantages they brought to their resettlement process. The importance of positive peer relationships has been well documented within refugee research, with studies describing those relationships as protective factors and central to developing resilience and better adjustment post-resettlement (Correa-Velez et al., 2015; Juang et al., 2018).

Most of the participants in this study talked of having adopted several coping strategies in the first two to three years of their arrival in the UK to address their difficulties in developing peer relationships. One common strategy was learning to speak English. This was presented as the main contributing factor in helping participants '*survive*' in their new social environment. Speaking English enhanced their relationships with peers and made them feel 'happy'. Mainstream language aptitude is pivotal to migrant youths' life in mainstream society (Michel et al., 2011). Participants believed speaking fluent English positively affected their mental wellbeing, as it enabled them to be accepted by others and self-confident in developing friendships.

In contrast, the majority of GPP youths also described how being unable to speak English led to them being victims of discrimination post-resettlement, mainly by their native British peers. However, 10 participants acknowledged discrimination was still evident in their lives, although they had become fluent in the English language and made some cross-ethnic friends. This is similar to the findings of Correa-Velez et al. (2015), who revealed that eight years after their arrival in Australia, young refugees were still experiencing discrimination, significantly compromising their mental wellbeing. Such persistent discrimination can be a strong predictor of depression and Post-Traumatic Stress Disorder (PTSD) (Ellis et al., 2010), and/or would have a negative impact on young refugees' sense of belonging (Khanlou et al., 2008).

In the theme 'Its nearly all new to me', cultural identity played an important role. Participants recognised the value of family, having all resettled with their siblings and either one or both parents. Several researchers (McMichael et al., 2011; Richmond & Ross, 2008) have

highlighted the significance of family for the psychosocial wellbeing of young refugees. However, it is important to note the influence family might have on refugee youths could be conflictual. For example, participants in this study talked of parents wanting them to follow a different career path to one they chose for themselves. Qualitative data from McMichael et al.'s (2011) longitudinal study demonstrated strict parental control was more common over young female refugees, especially regarding their social life and choice of close relationships. Although there have been no significant gender differences recorded in this study, it is important to highlight that all participants in FGD-VABNR 1 (Congolese and Bhutanese) were female, and all discussed being under parental influence. However, most of the participants still wanted to engage with the host culture without any form of parental influence, with similar findings being reported by McMichael et al. (2011).

While participants' cultural values contributed to their happiness, their perceptions of cultural values and customs of the host society raised interesting discussion with regards to mental health. For example, some of the participants considered individuals from the host society who celebrate Halloween to be mentally unwell. However, they regarded a person eating animals considered as domestic pets in the Western Society as a sign of mental health. This demonstrates mental health as a contested concept. Galderisi et al. (2015) suggest the contested concept of mental health could be influenced by cultural behaviours or differences, supporting the findings of this study. The contested concept of mental health can be viewed positively; providing opportunity for using a flexible and holistic framework bringing together contrasting and competing views of mental health, while integrating and giving value to all perspectives of mental health, including those of GPP resettled young refugees (Herron & Mortimer, 1999).

Most participants in this study agreed that they were happier several years after their resettlement, as they had preserved most of their values from their respective heritage cultures, whilst simultaneously learning from their mainstream peers and those from other ethnic groups. Participants further indicated they learnt to appreciate the value of cultural diversity, which they had no knowledge of before resettling in England, or during the early years of their resettlement. Preserving their own cultural habits and adopting those of the host society increased their happiness and confidence in engaging further with their mainstream peers, and ultimately promoted their mental wellbeing.

Limitations

Due to the relatively small number of participants in this study, living in a specific geographical area in the North-West of England, findings cannot be generalised to the broader GPP youths relocated in other areas of the UK. Moreover, participants' understanding and interpretations of the concept of mental health might fluctuate across the five ethnocultural groups, affecting the findings of this study.

Implications for practice

As frontline workers mental health nurses need to be cogniscent of GGP youths' pre-resettlement experiences, their cultural norms and values, and their perceptions of their lives post-resettlement. To achieve this, they need to develop cultural competency, as this will be paramount if mental health nurses are to promote wellbeing and address the mental health needs of this group of vulnerable youths, particularly during their acculturation process, a time of emotional turmoil.

Conclusion

This study is significant in the UK, and more widely in Europe, as it offers primary analysis on the effects of acculturation on GPP youths' mental health, adding to the small body of knowledge initiated in Australia and the US. Considering the dearth of research in the UK and Europe, further research that explores acculturative impacts on GPP youths' mental health over different periods of time is needed if greater insight of this process and psychosocial fluctuations are to be understood. Such research would aid mental health nurses in being able to promote mental wellbeing among this group of vulnerable young people.

References

- Albeg, L. J., & Castro-Olivo, S. M. (2014). The relationship between mental health, acculturative stress, and academic performance in a Latino middle school sample. *Contemporary School Psychology*, 18(3), 178–186.
- Alvord, M. K., & Grados, J. J. (2005). Enhancing Resilience in Children: A Proactive Approach. *Professional Psychology: Research and Practice*, 36(3), 238-245.
- Berry, J.W. (2005). Acculturation: living successfully in two cultures. *Int J Intercult Relat.* 2005; 29(6):697-712

Berry, J.W. (1997). Immigration, acculturation, and adaptation *Applied Psychology*, 46(1), 5-34.

Betancourt, T. S. et al., (2015). We Left One War and Came to Another: Resource Loss, Acculturative Stress, and Caregiver–Child Relationships in Somali Refugee Families. *Cultural Diversity and Ethnic Minority Psychology* 2015; 21(1):114-25

Braun, V. and Clarke, V. (2006). “Using Thematic Analysis in Psychology.” *Qualitative Research in Psychology* 3 (2): 77–101.

Butler, P. (2015). Yvette Cooper’s refugees’ quota would require 10-fold rise in UK intake. *The Guardian*: 1 September 2015.

Cheung, F. M. et al. (2011). Toward a new approach to the study of personality in culture. *American Psychologist*, 66, 593–603

Correa-Velez, I. et al. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science and Medicine*, 142, pp. 163-168

Correa-Velez, I. et al. (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science and Medicine*, 71, pp. 1399-1408

d’Abreu et al. (2019). Understanding the role of acculturative stress on refugee youth mental health: A systematic review and ecological approach to assessment and intervention. *School Psychology International* 2019, Vol. 40(2) 107–127.

Department for Education & Department for Health & Social Care (2018) Transforming children and young people’s mental health provision: A Green Paper. Department for Education & Department for Health & Social Care England and Wales.

Earnest, J. et al. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notes* (2015) 8:236

Ellis, B. et al. (2010). Mental health of Somali adolescent refugees: the role of trauma, stress, and perceived discrimination. *J Consult Clin Psychol*; 76: 184–93

Evans, O. and Murray, R. (2009). "The Gateway Protection *Programme: An evaluation*" (PDF). Home Office Research Report 12.

Fazel, M. et al. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 379, 266e282.

Furman, R. (2015). Autoethnographic Explorations of Researching Older Expatriate Men: Magnifying Emotion Using the Research Pantoum. *Creative Approaches to Research*, vol. 8. no. 3, pp. 102-114.

Galderisi, S. et al. (2015). Toward a new definition of mental health. *Wiley Online Library*. Volume 14, Issue 2; 113-256

Gifford, S. et al. (2009). Good starts for recently arrived youth with refugee backgrounds: *promoting wellbeing in the first three years of settlement in Melbourne, Australia: a research report*. Melbourne: La Trobe University.

Herron, S., & Mortimer, R. (1999). 'Mental health': A contested concept. *International Journal of Mental Health Promotion*, 1(1), 4–8.

Home Office (2018). Asylum Migration and Integration Fund List of Actions allocated funding, July 2018. www.gov.uk . Accessed November 2018.

Home Office (2019). Immigration Statistics, year ending December 2018. <https://www.gov.uk/government/publications/immigration-statistics-year-ending-december-2018/list-of-tables#asylum>. Accessed April 2019

Juang, L.P. et al. (2018). Using Attachment and Relational Perspectives to Understand Adaptation and Resilience Among Immigrant and Refugee Youth. *American Psychological Association* 2018, Vol. 73, No. 6, 797–811

Khanlou, N. et al. (2008). Cultural Identity and Experiences of Prejudice and Discrimination of Afghan and Iranian Immigrant Youth. *International Journal of Mental Health and Addiction*. 6. 494-513.

Kovacev, L. and Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled. Australia. *International Journal of Behavioral Development* 2004, 28 (3), 259–267.

Lau et al (2018). Adjustment of refugee children and adolescents in Australia: outcomes from wave three of the Building a New Life in Australia study. *BMC Medicine* (2018) 16:157.

Leavy, P. (2015). *Method meets art: Arts-based research practice* (2nd ed.). New York: Guilford.

Lewicka, M. (2011). Place attachment: How far have we come in the last 40 years? *Journal of Environmental Psychology*, 31, 207–230.

Lincoln et al (2016). *Journal of Immigrant and Minority Health / Center For Minority Public Health*. *J Immigrant Minor Health*, ISSN: 1557-1920; Vol. 18 (4), pp. 771-8

McColl, H. et al. (2008). Mental health care of asylum seekers and refugees. *Advances in Psychiatric Treatment*, 14, 452 – 459.

McGregor, L.S. et al., (2016). An exploration of the adaptation and development after persecution and trauma (ADAPT) model with resettled refugee adolescents in Australia: A qualitative study. *Transcultural Psychiatry* 2016, Vol. 53(3) 347–367.

McMichael, C., Gifford, S., Correa-Velez, I. (2011). Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies* Vol. 14, No. 2, March 2011, 179-195.

Miller, K. and Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiol Psychiatr Sci.*;26(2):129–38.

XXX, X. (2019). Acculturation and the mental health of young refugees resettled under the humanitarian Gateway Protection Programme in Greater Manchester. PhD thesis, University of Salford. usir.salford.ac.uk/id/eprint/52671/?template=etheses

Mulligan, C.J. et al. (2017). Genetics of risk and resilience in Syrian refugee youth. *American J Phys Anthropology* 2017; 162: 294–95.

Ozer, S. (2017). *Psychological Theories of Acculturation*. Springer International Publishing Switzerland 2016 51

Phillimore, J. (2011). Approaches to health provision in the age of super-diversity: Accessing the NHS in Britain's most diverse city. *Critical Social Policy*, 31(1), 5–29.

Phinney, J, Horenczyk, G, Liebkind, K & Vedder, P (2001). The Role of Language, Parents, and Peers in Ethnic Identity Among Adolescents in Immigrant Families. *Journal of Youth and Adolescence* (2001) 30: 135

Richmond, C. and Ross, N. (2008). Social support, material circumstance and health behaviour: influences on health in First Nation and Inuit communities of Canada. *Social science and medicine*, 67: 1423–1433.

Rutter, J. (2015). "David Cameron's refugee response would appal past Tory prime ministers". *Left Foot Forward*. 3 September 2015. leftfootforward.org

Scannell, L. and Gifford, R. (2017). The experienced psychological benefits of place attachment. *Journal of Environmental Psychology*, 51, 256-269.

Schweitzer, Robert and Greenslade, Jaimi H. and Kagee, Ashraf (2007) Coping and resilience in refugees from the Sudan: a narrative account. *Australian and New Zealand Journal of Psychiatry* 41(3): pp. 282-288.

Sellars, M. and Murphy, H. (2018). Becoming Australian: a review of southern Sudanese students' educational experiences, *International Journal of Inclusive Education*, 22:5, 490-509

Sim, D.; Laughlin, K. (October 2014). "The Long-Term Integration of Gateway Protection Programme Refugees in Motherwell, North Lanarkshire" (PDF). UWS-Oxfam Partnership, Collaborative Research Reports Series. University of the West of Scotland-Oxfam Partnership.

Smith, A., & Schneider, B. H. (2000). The interethnic friendships of adolescent students: A Canadian study. *International Journal of Intercultural Relations*, 24, 247–258.

Sue, S. et al., (2008). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*. 60 10.1-10.24

Sullivan, H.S. (1953). The interpersonal theory of psychiatry. New York: Norton.

United Nations High Commissioner for Refugees (UNHCR) (2019). UNHCR projected global resettlement needs 2020. 25th Annual Tripartite Consultations on Resettlement. 1-2 July 2019. <https://www.unhcr.org/5b28a7df4.pdf> Accessed on 25.01.2020

UNHCR (2018). Resettlement at a glance. Resettlement Service, Division of International Protection. 15 March 2018. UNHCR's Resettlement Data Portal. rsq.unhcr.org

UNHCR (2015). UNHCR Refugee Resettlement Trends 2015. <http://www.unhcr.org/559ce97f9>. Accessed on 25.01.2020

Vecchio, Lindsay & Dhillon, Karamjeet & Ulmer, Jasmine. (2017). Visual methodologies for research with refugee youth. Intercultural Education. 28. 131-142.

Vega, W. A., Angel, J. L., Robledo, L. M. F. G., & Markides, K. S. (Eds.). (2018). Contextualizing Health and Aging in the Americas: Effects of Space, Time and Place. Springer.

Tables and Figures for Paper

Table 1: Participants' demographic data

Participants Reference number	Town in UK	Country of origin	Age	Gender	Religion	Length of stay in UK
FGD-VABNR 1						
01	Rochdale	Bhutan	21	Female	None	6 years
02	Rochdale	Bhutan	20	Female	None	6 years
03	Rochdale	Bhutan	19	Female	None	6 years
04	Rochdale	Bhutan	19	Female	Buddhist	5 years
05	Rochdale	Bhutan	18	Female	Hindu	6 years
06	Rochdale	D.R. Congo	18	Female	Christian	7 years
07	Rochdale	D.R. Congo	17	Female	Christian	7 years
08	Rochdale	D.R. Congo	16	Female	Christian	7 years
FGD-VABNR 2						
09	Rochdale	Mauritania	19	Male	Islam	10 years
10	Rochdale	Mauritania	23	Male	Islam	10 years
11	Rochdale	Mauritania	21	Male	Islam	10 years
12	Rochdale	Mauritania	18	Male	Islam	10 years
13	Rochdale	Mauritania	23	Female	Islam	10 years
FGD-VABNR 3						
14	Ashton- under-Lyne	D.R. Congo	19	Male	Christian	8 years
15	Ashton- under-Lyne	D.R. Congo	21	Male	No religion	5 years
16	Rochdale	D.R. Congo	18	Male	Christian	8 years
17	Rochdale	D.R. Congo	17	Male	Christian	8 years
18	Rochdale	D.R. Congo	20	Male	Christian	8 years
19	Rochdale	D.R. Congo	16	Male	No religion	8 years
*FGD-VABNR 4						
20	Bolton	D.R. Congo	19	Male	Christian	5 years

21	Bolton	D.R. Congo	20	Male	Christian	4 years
22	Bolton	Sudan	19	Male	Islam	8 years
23	Bolton	Somalia	19	Male	Islam	7 years
24	Bolton	Somalia	19	Male	Islam	6 years
25	Bolton	Somalia	17	Male	Islam	5 years
26	Bolton	Somalia	19	Male	Islam	5 years
27	Bolton	Somalia	24	Male	Islam	5 years
28	Bolton	Somalia	20	Male	Islam	5 years
29	Bolton	Somalia	16	Male	Islam	3 years
30	Bolton	Somalia	18	Male	Islam	3 years
31	Bolton	Somalia	18	Male	Islam	3 years

*The disparity between the number of males and females, is the result of group 4 (Bolton) being all male. This is representative of this RCO who registered more males than females in their youth activities

Table 2: Final Thematic Map of the four FGD-VABNR

	Theme 1	Themes 2	Theme 3
Main Themes	People and Places	Its nearly all new to me	Findings Self
Sub-Themes	Connecting to places Connecting to people	Cultural identity Cultural adaptation	Happiness Coping strategies Resilience

List of figures

Figure 1: Example of a geographical map and photo elicitation (FGD-VABNR – 4)



Figure 2: Example of a timeline (FGD-VABNR – 3)

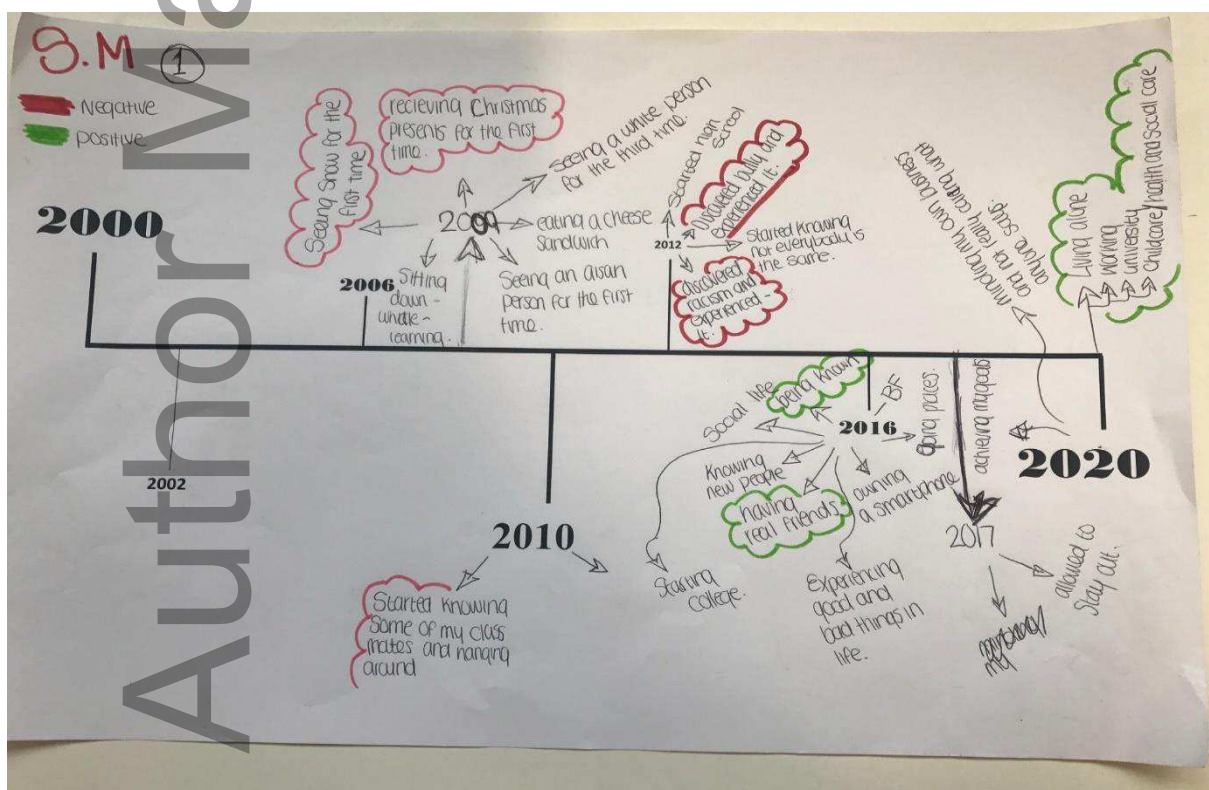


Figure 3: Example of a self-portrait (FGD-VABNR – 1)

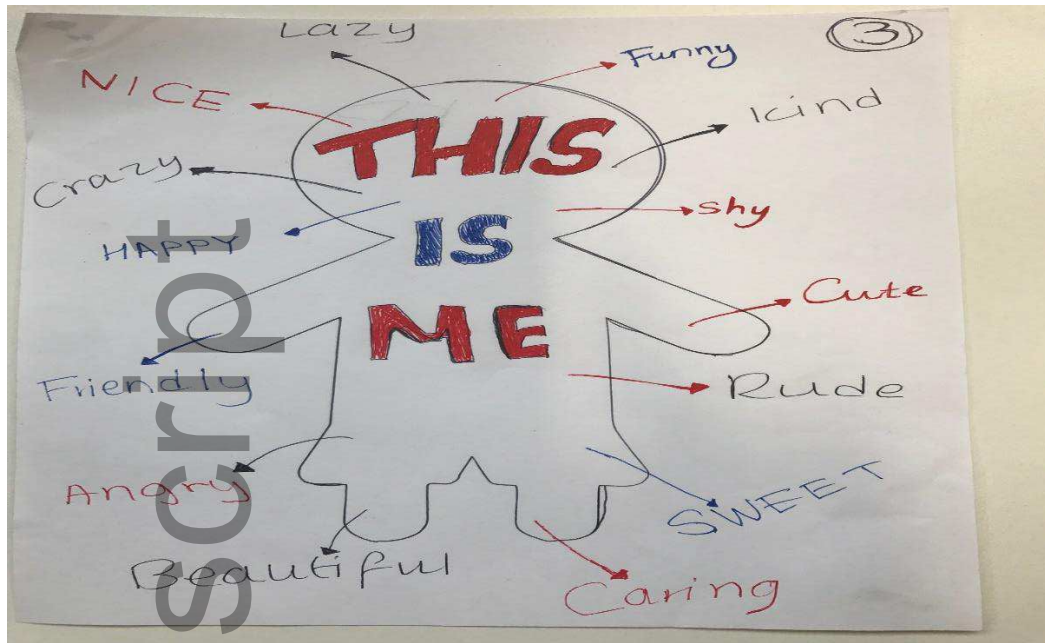
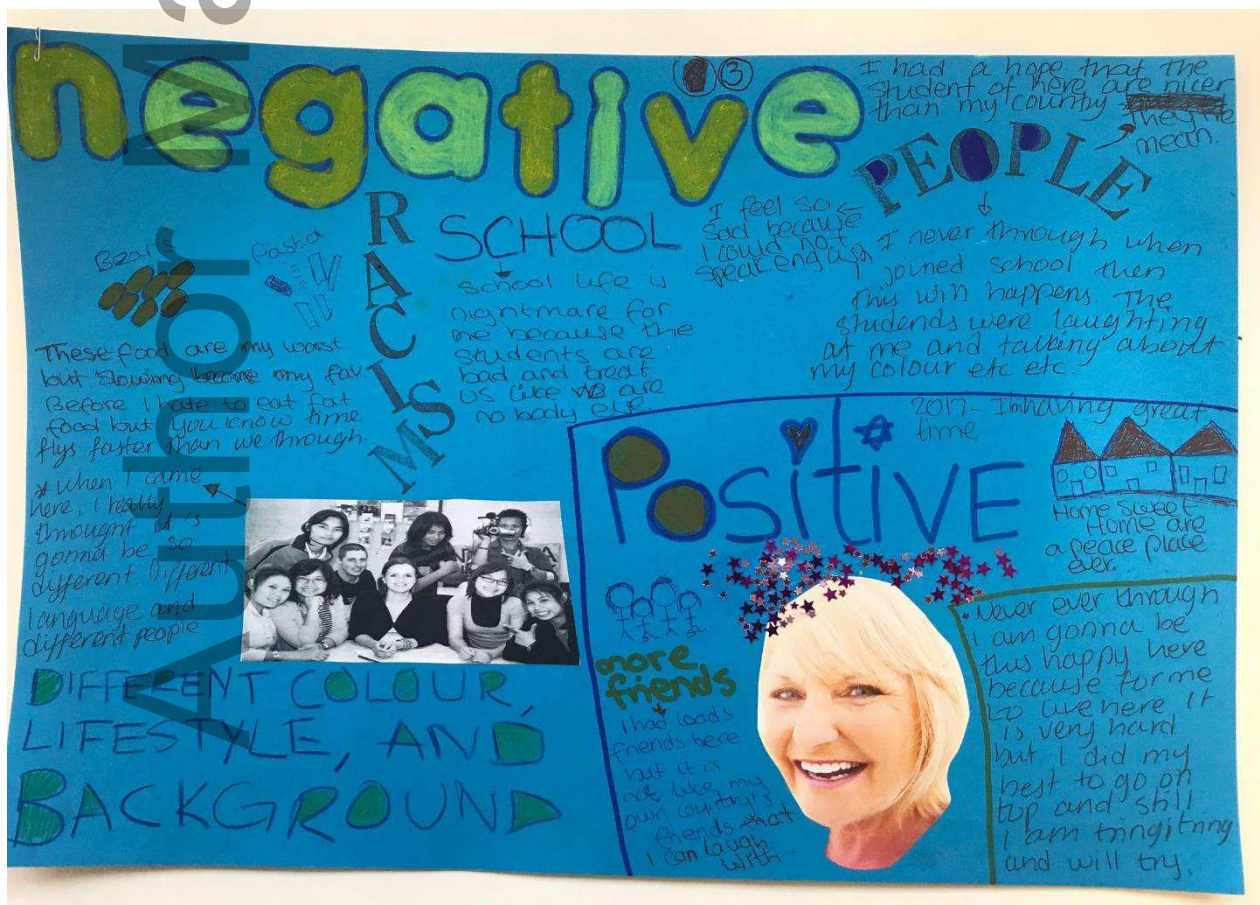


Figure 4: Example of an artwork (FGD-VABNR – 1)



Tables and Figures for Paper

Table 1: Participants' demographic data

Participants Reference number	Town in UK	Country of origin	Age	Gender	Religion	Length of stay in UK
FGD-VABNR 1						
01	Rochdale	Bhutan	21	Female	None	6 years
02	Rochdale	Bhutan	20	Female	None	6 years
03	Rochdale	Bhutan	19	Female	None	6 years
04	Rochdale	Bhutan	19	Female	Buddhist	5 years
05	Rochdale	Bhutan	18	Female	Hindu	6 years
06	Rochdale	D.R. Congo	18	Female	Christian	7 years
07	Rochdale	D.R. Congo	17	Female	Christian	7 years
08	Rochdale	D.R. Congo	16	Female	Christian	7 years
FGD-VABNR 2						
09	Rochdale	Mauritania	19	Male	Islam	10 years
10	Rochdale	Mauritania	23	Male	Islam	10 years
11	Rochdale	Mauritania	21	Male	Islam	10 years
12	Rochdale	Mauritania	18	Male	Islam	10 years
13	Rochdale	Mauritania	23	Female	Islam	10 years
FGD-VABNR 3						
14	Ashton-under-Lyne	D.R. Congo	19	Male	Christian	8 years
15	Ashton-under-Lyne	D.R. Congo	21	Male	No religion	5 years
16	Rochdale	D.R. Congo	18	Male	Christian	8 years
17	Rochdale	D.R. Congo	17	Male	Christian	8 years
18	Rochdale	D.R. Congo	20	Male	Christian	8 years
19	Rochdale	D.R. Congo	16	Male	No religion	8 years
*FGD-VABNR 4						
20	Bolton	D.R. Congo	19	Male	Christian	5 years
21	Bolton	D.R. Congo	20	Male	Christian	4 years
22	Bolton	Sudan	19	Male	Islam	8 years
23	Bolton	Somalia	19	Male	Islam	7 years
24	Bolton	Somalia	19	Male	Islam	6 years
25	Bolton	Somalia	17	Male	Islam	5 years
26	Bolton	Somalia	19	Male	Islam	5 years
27	Bolton	Somalia	24	Male	Islam	5 years
28	Bolton	Somalia	20	Male	Islam	5 years
29	Bolton	Somalia	16	Male	Islam	3 years
30	Bolton	Somalia	18	Male	Islam	3 years
31	Bolton	Somalia	18	Male	Islam	3 years

*The disparity between the number of males and females, is the result of group 4 (Bolton) being all male. This is representative of this RCO who registered more males than females in their youth activities

Table 2: Final Thematic Map of the four FGD-VABNR

	Theme 1	Themes 2	Theme 3
Main Themes	People and Places	Its nearly all new to me	Findings Self
Sub-Themes	Connecting to places Connecting to people	Cultural identity Cultural adaptation	Happiness Coping strategies Resilience

List of figures

Figure 1: Example of a geographical map and photo elicitation (FGD-VABNR – 4)



Figure 2: Example of a timeline (FGD-VABNR – 3)

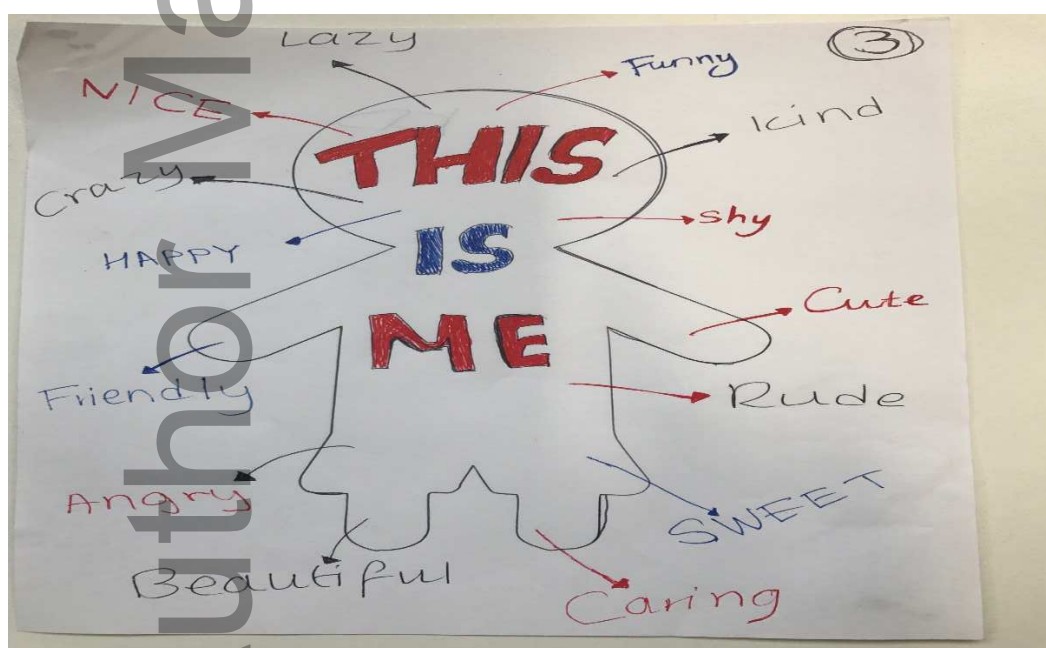
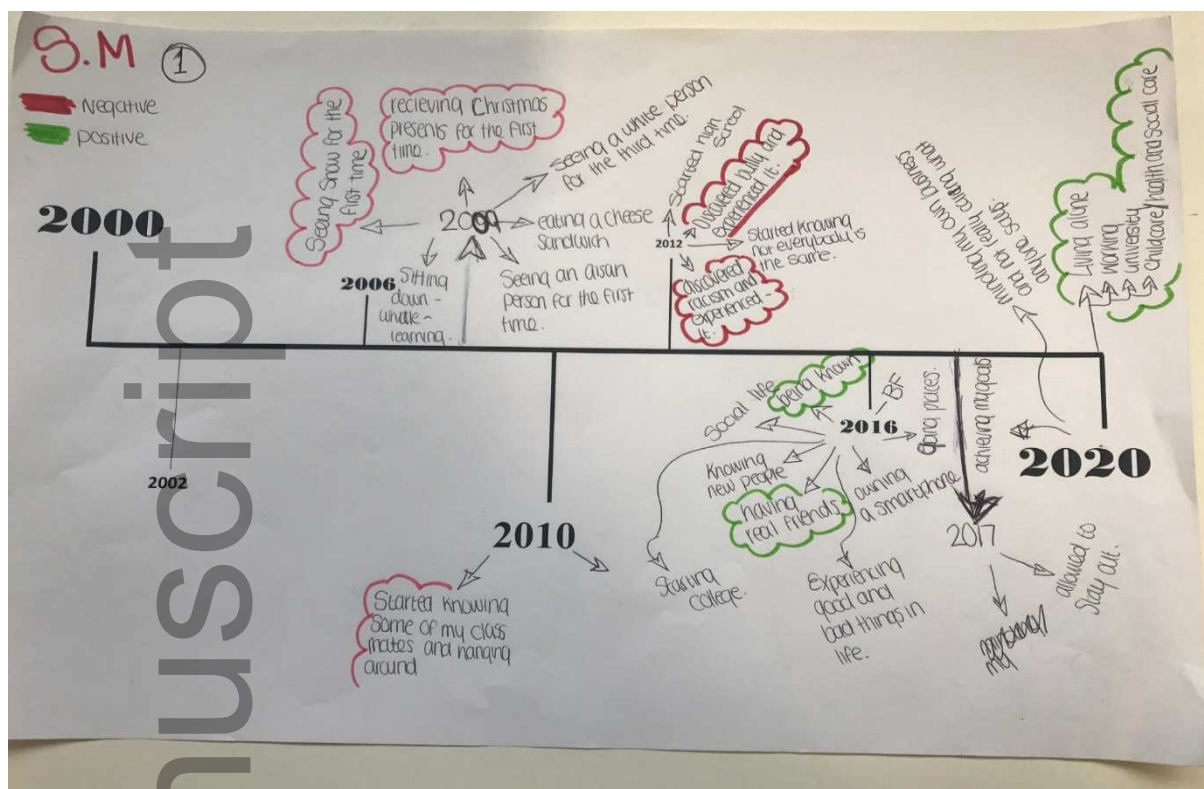


Figure 4: Example of an artwork (FGD-VABNR – 1)

