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Review Article

Psychological Well-Being and Mental Health Challenges Among Asylum Seekers in Australia: A Systematic Review

Bartholomew Ndulue[1], Tamunomiebi Douglas[2], Evelyn Foster-Pagaebi[3]

[1]*Department of Health Science, Torrens University, Sydney, Australia*
[2]*Department of Program/Management, Real Talks Concepts, Abuja, Nigeria*
[3]*Department of Clinical Pharmacy, Niger Delta University, Bayelsa, Nigeria*

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Corresponding author's email:
evelynfoster2020@gmail.com

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ABSTRACT

Background: The mental health of asylum seekers is a growing international health concern in the 21st century, especially in high-income countries like Australia, where migration policies can influence health outcomes. Accumulated stressors expose asylum seekers to risks before, during, and after migration, increasing their vulnerability to mental health disorders. However, evidence specific to the Australian context remains limited. This study aims to systematically review and critically evaluate existing evidence on the psychological well-being of asylum seekers in Australia.

Methods: A systematic review was conducted in accordance with the PRISMA 2020 guidelines. Multiple electronic databases and grey literature sources were searched for studies published between 2010 and 2025. The PECO framework was used to assess the eligibility of the included studies, focusing on asylum seekers in Australia with records of mental health outcomes. A standard tool was used to extract and synthesize available evidence, and the methodological quality of studies was assessed using established appraisal tools.

Results and Discussion: A total of 2,150 records were identified, and 8 studies met the inclusion criteria. The evidence revealed that mental disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD) were commonly associated with asylum seekers. Pre-migration trauma was closely linked to psychological distress, as were immigration detention, visa insecurity, and social isolation post-migration stressors. Long-term incarceration was associated with severe mental health decline, including self-harm and suicidal thoughts. Inadequate access to culturally competent mental health services also emerged as a major issue.

Conclusion: The findings show that psychological distress among asylum seekers in Australia is caused by both personal trauma and structural issues. Policy changes to reduce detention and improve visa stability, along with increased access to trauma-informed care, are essential. Future research should include long-term studies and intervention research to build better evidence- based outcomes.

Keywords: Mental Health; Psychological Well-Being; Immigration Detention; Asylum Seekers; Australia

Introduction

Background of Study

In today's world, forced migration is a major contributor to global humanitarian issues. The United Nations High Commissioner for Refugees (UNHCR) has documented over 100 million people worldwide who are forcibly displaced due to conflict, persecution, and human rights violations [1]. Asylum seekers are individuals who leave their home countries and move to another country seeking protection because they fear persecution or face life-threatening attacks if they return home. These individuals seek legal recognition as refugees in a foreign country, needing safety from persecution, war, or violence. They wait for confirmation of their refugee status claims [2]. Asylum seekers often face cumulative stressors, usually before, during, and after migration. Such exposures increase their risk of adverse mental health outcomes, including post-traumatic stress disorder (PTSD), depression, and anxiety [3, 4].

Overview of Asylum Seekers in Australia

Australia is among the countries that offer protection to asylum seekers. Asylum seekers reside either in community settings or in immigration detention facilities, including offshore processing centers. Evidence shows that uncertainty about visa status, lengthy processing times, and restrictive policies were associated with psychological distress in this group [5, 6]. Therefore, the Australian context is particularly important for examining the connection between migration policy and mental health.

Asylum seekers have also experienced policy environment characterised by immigration detention, including mandatory and offshore detention arrangements, with significant implications for mental health and access to appropriate care [7]. The Australian asylum system has also been described as a public-health and human-rights issue because policies and institutional arrangements can compromise the health and healthcare of people seeking asylum [8].

Psychological Vulnerability Across Migration Phases

The mental health experiences of asylum seekers can be understood through three main stages: pre-migration, migration, and post-migration. Pre-migration trauma often involves exposure to war, torture, and persecution [9]. During migration, individuals may face dangerous journeys, detention, and family separation. Post-migration stressors, such as social isolation, unemployment, language barriers, and visa insecurity, could worsen earlier trauma and delay recovery [10]. The cumulative impact of stressors across these stages may contribute to substantial psychological distress and other mental health difficulties among asylum seekers. This explains the conceptual framework underpinning this review, illustrating the pathways through which detention-related exposures and broader social determinants influence health outcomes among asylum seekers, as well as the role of adaptive responses and resilience mechanisms (Figure 1).

Evidence further suggests that the psychological consequences of prolonged immigration detention may extend beyond the period of detention, indicating that detention can become an enduring post-migration stressor rather than a temporary disruption to psychological well-being [11].

Australian Policy Context

The asylum system in Australia includes both detention and community processing pathways. Numerous studies have reported adverse mental health outcomes among asylum seekers experiencing immigration detention, including depression, anxiety, post-traumatic stress symptoms, self-harm, and suicidal ideation. Evidence also suggests that longer periods of detention are associated with greater psychological distress and that adverse mental health effects may persist beyond release [4, 11, 12, 13]. Even for those living in the community, restrictive visa conditions and limited access to essential services remain major stressors [14]. A clear understanding of mental health outcomes in this policy context is vital for creating humane and effective responses.

Australian literature has also linked mandatory detention and associated human-rights concerns with psychological distress and highlighted the ethical responsibilities of mental-health professionals working with asylum seekers [7]. Prolonged detention may also have consequences that persist beyond release, with Australian research documenting enduring psychological effects among people who experienced extended periods of immigration detention [11]. Even for those living in the community, restrictive visa conditions and limited access to essential services remain major stressors [5, 15].

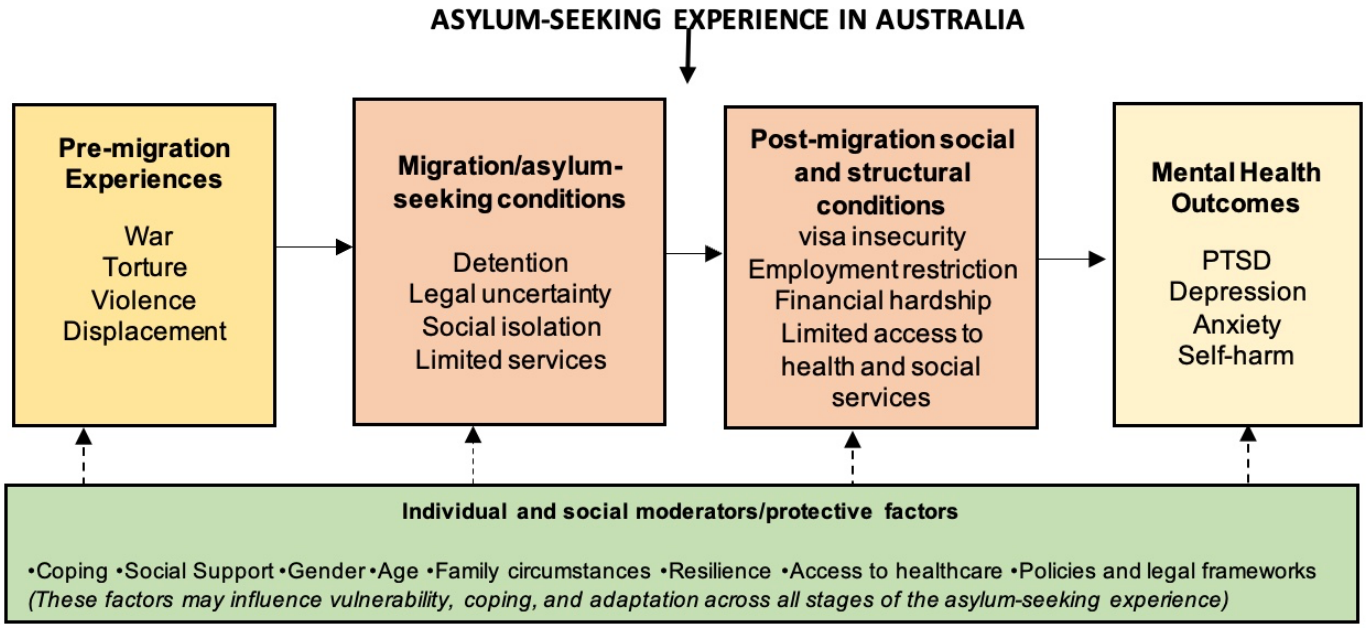


Figure 1. Conceptual framework illustrating individual, interpersonal, social, and structural factors associated with mental health across the asylum-seeking experience in Australia. *Adapted from [16], and informed by the WHO Global Evidence on Mental Health conceptual framework [17].*

The conceptual framework was informed primarily by the social determinants of refugee mental health framework described by Hynie (2018), which links post-migration material and social conditions with broader political, economic, and social determinants of mental health [16]. The framework also draws on multi-level and ecological approaches to asylum mental health that consider influences operating at individual, family, community, and structural levels [17, 18]. These established approaches were used to organize the factors identified in the Australian literature into pre-migration, migration-related, and post-migration domains. The framework is therefore intended as a conceptual model for organizing the evidence rather than a validated causal model.

Rationale for the Review

A growing body of research indicates that asylum seekers face a disproportionately high rate of mental health problems compared to host populations and even resettled refugees [3]. Earlier reviews often combined refugees and asylum seekers or focused on global samples, which reduces their relevance to the specific Australian policy context. A focused synthesis of Australian evidence is therefore needed to consolidate findings on the prevalence of psychological distress, determinants of poor mental health, barriers to mental health services, and the implications of Australian asylum policies for the well-being of people seeking asylum.

Objectives

This study aims to systematically synthesize and critically assess evidence on psychological well-being and mental health outcomes among asylum seekers in Australia. The objectives were to identify reported mental-health outcomes; examine associations between migration-related exposures and mental health; and explore factors reported to influence psychological well-being; examine reported access to and use of mental-health services.

Methods

Study Design

A systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guideline [19]. The completed PRISMA 2020 checklist is provided as a supplementary file (Supplementary Table S1) to document adherence to the recommended reporting items. The review protocol was not prospectively registered in PROSPERO, OSF, or another public repository, and this is acknowledged as a limitation.

Research Questions

The review was guided by the following research questions:

1. What mental health outcomes are reported among asylum seekers in Australia?
2. What associations have been reported between migration-related exposures, including immigration detention, visa insecurity, socioeconomic restrictions,

discrimination, and social isolation, and mental health outcomes?
3. What factors are reported to influence psychological well-being, including coping strategies, social support, and other protective or vulnerability factors?
4. What evidence is available on access to mental health services among asylum seekers in Australia, and were any eligible studies evaluating mental health interventions and their outcomes identified?

Eligibility Criteria (PECO Framework)

The Population, Exposure, Comparator, and Outcome (PECO) framework was used to guide eligibility criteria for the included studies. Table 1 presents the PECO framework eligibility guide for this review.

Table 1. Showing the PECO guide for this study

Population	The population included asylum seekers currently living in Australia, including adults, children, and family groups.
Exposure	Eligible exposures included immigration detention, detention conditions and duration, temporary or insecure visa status, uncertainty regarding asylum claims, employment restrictions, socioeconomic exclusion, discrimination, social isolation, limited access to services, and other migration-related or structural conditions relevant to psychological well-being.
Comparator	Where reported, eligible studies included comparisons between detained and community-based asylum seekers, different detention conditions, different levels of legal or socioeconomic security, or exposed and less-exposed groups. Studies without a comparator were eligible for descriptive or qualitative synthesis where they provided relevant evidence on mental health outcomes or lived experiences.
Outcomes	Outcomes included diagnosed mental health disorders, screening-based symptoms, psychological distress, suicidal ideation, self-harm, psychological well-being, and quality of life. These outcomes were treated as distinct categories and were not considered interchangeable.

Study Designs

The review included empirical studies using qualitative, mixed methods and observational study designs.

Eligibility Criteria

Inclusion Criteria

Studies were eligible if they: examined asylum seekers living in Australia; reported at least one mental health or psychological well-being outcome; examined an association between a migration-related, social, or structural exposure and a mental health outcome, described relevant psychological experiences, or evaluated a mental health service or intervention; were primary empirical investigations using qualitative, quantitative, or mixed-methods designs; and were published in English; were published between January 2010 and December 2025. The restriction to English-language publications reflected the resources available for screening and translation.

Exclusion Criteria

Studies were excluded if they did not focus on asylum seekers; were not conducted in Australia; did not report a relevant mental health or psychological well-being outcome; secondary reviews, commentaries, and other publications that did not report original empirical findings; were published in a language other than English; or were published outside the predefined publication period.

Database Search and Search Strategy

Relevant studies were identified through a comprehensive search strategy. Electronic database searches were conducted in PubMed/MEDLINE, PsycINFO, and CINAHL. Database-specific search strategies were developed using controlled vocabulary and database-specific field tags, combined with free-text keywords and Boolean operators. The search concepts were structured with synonyms using OR/AND, with parentheses used to define the order of Boolean operations. Key search terms included: asylum seekers, mental health, psychological distress, depression, anxiety post-traumatic stress disorder, self-harm, immigration detention, visa insecurity, and Australia. The complete search strategies, including database-specific syntax, search dates, and search results, are provided in Supplementary Table S2. The search was conducted from March 13-31, 2026. Only studies published within the predefined publication period were eligible for inclusion.

Grey literature and supplementary sources were also searched to identify relevant evidence not retrieved through the bibliographic databases. Sources included the Australian Human Rights Commission, Australian Government/Department of Home Affairs,

and organisational website, including the United Nations High Commissioner for Refugees. The reference lists of included studies were also screened for additional eligible studies. The specific sources searched, search terms, search dates, and numbers of records identified are provided in Supplementary Table S3.

Study Selection

All records identified through the bibliographic database and supplementary searches were collated before screening. Duplicate records were removed before title and abstract screening. Then, titles and abstracts were screened by two independent reviewers. Relevant studies were checked for full-text access. Full-text reports were assessed independently by two reviewers against the population, setting, outcome, publication type, language, and publication-date criteria. Studies which met the inclusion criteria were included in the synthesis. Disagreements between reviewers were resolved through discussion and, where necessary consultation with a third reviewer. A PRISMA flow diagram was used to document the study selection process.

Data Extraction of Included Studies

A standardized data extraction form was developed to facilitate data extraction from the included studies. The extracted data included the following items: author(s)/year of publication, study design and methodology, sample size/participants, events/records, population, study setting (detention center or community), recruitment method, assessment instrument, follow-up/timing, key exposure, effect estimates, and outcomes/key findings. Two reviewers independently extracted the data, and where discrepancies occurred, it was resolved through discussion, and where necessary, consultation with a third reviewer.

Quality Assessment

Methodological evaluation was performed utilizing critical appraisal criteria suited to the study design. Reviewers documented item-level assessments and concise justifications for each study included, instead of providing an overall numerical score or categorical quality rating. The CASP qualitative checklist was employed for evaluating qualitative studies, JBI's analytical cross-sectional checklist for cross-sectional studies, and for the mixed-methods study, the qualitative and quantitative parts were evaluated separately, and the adequacy of their integration was examined [20-22]. Two reviewers independently carried out the appraisals, resolving any disagreements through discussion and, if needed, by consulting a third reviewer.

The appraisal considered the appropriateness of the study design, participant selection, data collection and measurement, potential confounding where applicable, analysis, ethical considerations, and interpretation of findings. The findings were used to identify methodological strengths and concerns for the included studies. A formal certainty-of-evidence assessment was not undertaken because of the small number and substantial heterogeneity of the included studies.

Data Synthesis

Because the included studies differed substantially in design, a structured narrative synthesis was undertaken. Qualitative findings were synthesized thematically to identify recurring experiences and perceived pathways linking migration-related conditions with psychological well-being. A meta-analysis was not conducted because the available evidence did not provide sufficiently comparable outcome measures, populations, or effect estimates to support a valid pooled estimate. The synthesis therefore focused on outcomes, associations, and context of findings while considering study limitations.

Results

Study Selection and Characteristics of Included Studies

The bibliographic database and supplementary searches identified 2,150 records, comprising 2,122 records from bibliographic databases and 28 records identified through grey literature, reference checking, websites, and policy reports. After removal of 71 duplicate records, 2,079 unique records were screened by title and abstract. Of these, 1,971 records were excluded because they did not meet the predefined eligibility criteria. A total of 108 records were assessed for eligibility, and 100 were excluded with reasons following full-text assessment. Eight primary studies met the eligibility criteria and were included in the final synthesis. The study selection process is summarised in the PRISMA 2020 flow diagram (Figure 2).

The eight included studies used diverse designs, including qualitative [6], mixed methods [1], and observational [1] studies. The study population included adult asylum seekers, children, and families residing in detention centers and community-based settings across Australia. The included studies examined outcomes including self-harm, psychological distress, emotional well-being, and mental health-

related experiences. Sample sizes varied widely, from small clinical groups to large population-based studies with hundreds of participants. The characteristics of the included studies are presented in Table 2.

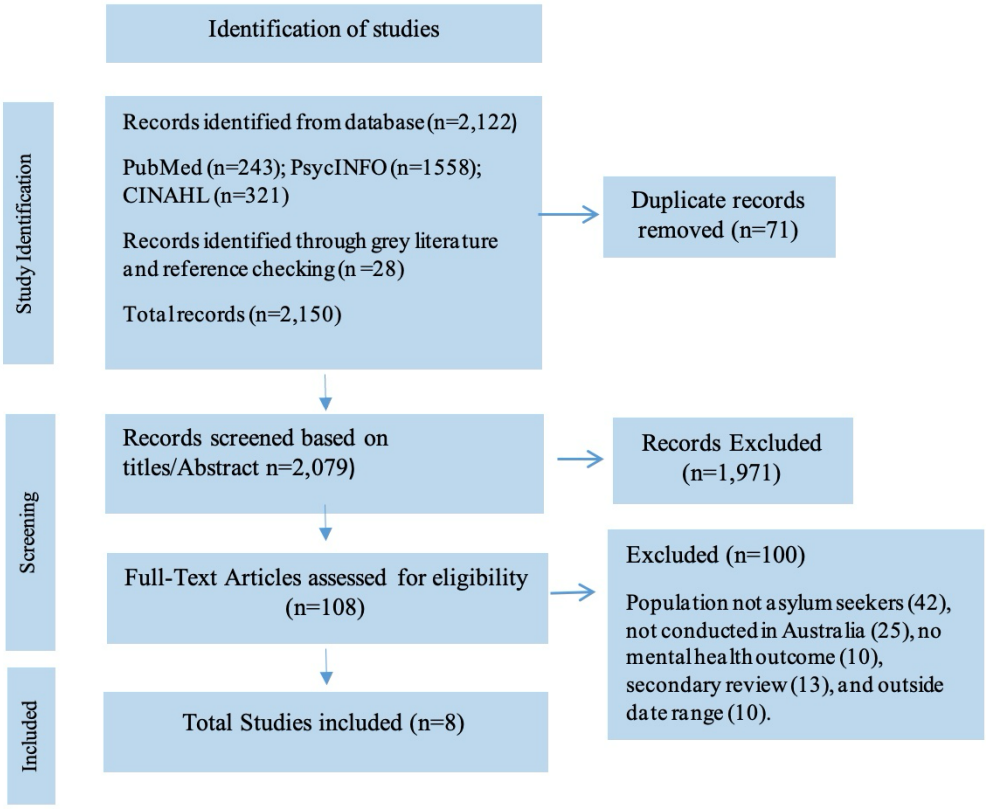


Figure 2. PRISMA flowchart showing study selection process

Table 2. Characteristics of Included Studies

Author/ Year	Study Design	Participants/Sample	Events/ Records	Population	Setting	Recruitment method	Assessment instrument	Follow-up Period	Key exposure	Effect estimates with confidence intervals	Outcomes /Key Findings
Hedrick et al. (2020)	Content analysis of incident reports	Not reported as individual participants	560 recorded episodes of self-harm	Asylum seekers in detention	Onshore immigration detention	Administrative/secondary records; all self-harm incidents reported through Freedom of Information (FOI)	Self-harm incident reports; content analysis of incident records	1 August 2014–31 July 2015 (12 months)	Type of immigration detention (facility type/detention conditions)	Self-harm episode rate per 1,000: ITA 452 (95% CI 410–493); APOD 265 (95% CI 233–296); IDC 225 (95% CI 195–254)	Self-harm. Higher self-harm in more restrictive detention environments
Fleay & Hartley (2016)	Qualitative (Semi-structured interviews)	29 participants	Not applicable	Asylum seekers	Community (Australia)	Contacts known to the authors, including former asylum seekers and advocates working with asylum seekers in the community	Semi-structured, in-depth interviews; interpreters used when required	Not applicable (qualitative study; interviews July–October 2013)	No rights to work; economic exclusion	Not applicable	Participants described lack of work rights in relation to dependency, loss of dignity, and poorer psychological well-being.

Author/ Year	Study Design	Participants/Sample	Events/ Records	Population	Setting	Recruitment method	Assessment instrument	Follow-up Period	Key exposure	Effect estimates with confidence intervals	Outcomes /Key Findings
Hartley L et al. (2017)	Qualitative (Semi-structured interviews)	Same sample participants from Fleay & Hartley (2016	Not applicable	Asylum seekers	Community (Australia)	Purposive/convenience recruitment through contacts known to the authors, including former asylum seekers and advocates working with asylum seekers	Semi-structured, in-depth interviews; no standardized mental-health instrument reported	Not applicable (qualitative cross-sectional study; interviews July–October 2013)	Barriers to physical activity, visa restrictions, and unemployment	Not applicable	Well-being; psychological health. Structural barriers, including lack of work rights and financial hardship, limit physical activity and affect mental well-being.
Shisheh gar et al. (2023)	Qualitative (Semi-structured interviews)	17 participants	Not applicable	Women asylum seekers	Community	Location sampling and snowball sampling through an Iranian community organisation in Western Sydney	In-depth semi-structured interviews; socio-demographic information sheet and interview guide informed by the Resource-Based Model	Not applicable (qualitative study; interviews February–December 2015)	Insecure residency status; social marginalisation	Not applicable	Mental well-being; emotional distress. Identity disruption alongside poorer psychological well-being.
Shisheh gar et al. (2025)	Qualitative (Semi-structured interviews)	Same sample participants from Shisheh gar et al. (2023)	Not applicable	Women seeking asylum	Community-based setting (asylum-seeker women living in Australia)	Location sampling and snowball sampling through an Iranian community organisation/community centre in Western Sydney	Semi-structured face-to-face interviews; socio-demographic questionnaire and interview guide	Not applicable	Coping strategies	Not applicable	Mental well-being. Participants described coping strategies as either supportive or detrimental to psychological well-being.
Tosif et al. (2023)	Retrospective cross-sectional medical-record audit	277 children with direct (n=239) or indirect (n=38, via parents) experience of held detention	Not applicable; clinical records audited	Children who experienced immigration detention directly or	Royal Children's Hospital Immigrant Health Service, Melbourne; records from January 2012–	Retrospective review of clinical records of children attending the Immigrant Health Service; referrals from community and detention health providers and	Standardised medical-record audit form; clinical notes and reports; mental-health diagnoses recorded	Records covering care during or after detention; audit period January 2012–	Held immigration detention and detention location/ duration	Not applicable	Mental-health and developmental concerns. 62% of children had mental-health concerns, including anxiety, depression and behavioral disturbances; 75% had

Author/ Year	Study Design	Participants/Sample	Events/ Records	Population	Setting	Recruitment method	Assessment instrument	Follow-up Period	Key exposure	Effect estimates with confidence intervals	Outcomes /Key Findings
				through parental detention	December 2021	other hospital services	by clinicians or where symptoms met DSM-5 criteria	December 2021			developmental concerns. Mental-health concerns were more frequent among children/families detained on Nauru/Manus Island than among those detained in Australia/Australian territories.
Coffey et al. (2010)	Mixed methods (semi-structured interviews and standardised quantitative measures)	17 participants	Not applicable	Former immigration detainees (granted permanent visas)	Community, post-release (Australia)	Recruitment through historical charity/service records	Semi-structured interviews; Hopkins Symptom Checklist-25 (HSCL-25), Harvard Trauma Questionnaire (HTQ—PTSD scale), and WHOQOL-BREF	Not a longitudinal follow-up; participants were interviewed an average of 3 years 8 months after release from detention	Long-term immigration detention	No comparative effect estimate reported; descriptive clinical findings only	The qualitative findings described persistent insecurity, perceived injustice, relationship difficulties, demoralisation and psychological distress following release. The quantitative component also identified substantial mental-health difficulties and post-traumatic stress disorder (PTSD).
van Kooy & Bowman (2019)	Qualitative (semi-structured interviews)	29 interviews with 20 participants	Not applicable	Asylum seekers with work rights	Community (Australia)	Convenience recruitment through an organisation providing services to asylum seekers, including employment/job-seeking assistance	Semi-structured interviews; no standardized mental-health instrument reported	Not applicable (qualitative study; 18-month study period, December 2014–July 2016)	Temporary/conditional visa status; restrictive immigration policy	Not applicable	Participants described restrictive policy conditions as contributing to ongoing precarity.

Reported Mental Health Outcomes and Associations

The included studies reported a range of mental health outcomes, including psychological distress, emotional difficulties, post-traumatic stress symptoms, self-harm, and impaired psychological well-being. The evidence was heterogeneous in both outcome measurement and study design, and the included studies did not provide a sufficiently consistent basis for estimating population-level prevalence of specific mental health disorders.

Among asylum seekers in immigration detention, self-harm was an important reported outcome. Hedrick et al. (2020) examined recorded self-harm incidents in Australian immigration detention and recorded an association between more restrictive detention environments and greater self-harm burden [13]. Because the data were based on recorded incidents, they should not be interpreted as estimates of the prevalence of mental health disorders among individual asylum seekers.

Evidence from studies of children and families also described emotional distress, anxiety, developmental concerns, and trauma-related difficulties [23]. Among asylum seekers living in the community, qualitative studies described psychological distress and poorer well-being in relation to insecure residency, unemployment, limited work rights, social marginalization, and restricted opportunities for social and physical activity [15, 24, 25].

Taken together, the included evidence indicates that mental health outcomes were associated with both detention-related conditions and post-migration social and legal circumstances. However, differences in study populations, outcome definitions, measurement approaches, and study designs prevented direct quantitative comparison across studies.

Associations Between Migration-Related Factors and Mental Health Outcomes

Several migration-related, social, and structural factors were associated with poorer mental health outcomes or were described by participants as contributing to psychological distress. Pre-migration exposure to physical assault, kidnapping, and war-related physical trauma reported as an important background factor associated with PTSD and other mental health difficulties [23].

Detention-related factors were also associated with adverse mental health outcomes. Hedrick et al. (2020) reported greater self-harm burden in more restrictive detention environments [13]. The findings indicate an association between detention conditions and poorer psychological outcomes but do not establish that detention independently caused these outcomes.

Legal and socioeconomic insecurity were also repeatedly associated with psychological distress. Studies of asylum seekers living in the Australian community described uncertainty regarding residency status, restrictions on employment, financial hardship, and social marginalization as circumstances associated with poorer psychological well-being [15, 25]. Hartley et al. (2017) similarly identified restrictions on employment and limited opportunities for physical activity as barriers to well-being [24].

Discrimination, social isolation, language barriers, and limited access to support services were additional factors associated with poorer psychological well-being. Among women seeking asylum, coping strategies and social circumstances appeared to shape experiences of psychological well-being, although the available qualitative evidence does not permit estimation of the strength of these associations [26].

Access to Services and Interventions

The studies reviewed offered only minimal evidence regarding access to mental health services and did not demonstrate the effectiveness of any particular mental health intervention. While the literature highlighted structural obstacles and policy-related factors affecting access to care [11, 27], the evidence presented was inadequate for evaluating the success of interventions. Therefore, this review does not allow for conclusions about effective mental health interventions.

Methodological Quality Assessment

The methodological appraisal identified both strengths and concerns across the included studies. The qualitative studies generally demonstrated appropriate alignment between the research questions and qualitative methods, with relevant approaches to data collection and analysis. However, limitations included context-specific samples, restricted transferability, and, in some studies, limited information regarding aspects of recruitment, reflexivity, or potential sources of bias. The mixed-methods study provided complementary qualitative and quantitative information but also had limitations related to sample size and generalisability. Detailed domain-level appraisal findings are presented in Table S4 (Supplementary file) and were considered when interpreting the findings of the review.

Discussion

Summary of Main Findings

This review found consistent evidence that asylum seekers in Australia experience a range of adverse mental health outcomes, including psychological distress, self-harm, emotional difficulties, and trauma-related symptoms. Detention was an important contextual factor in the evidence. The included Australian evidence from immigration detention records reported differences in self-harm incidence according to detention type and conditions [13]. A retrospective audit of medical records of children who had experienced Australian immigration detention identified mental-health concerns, including anxiety, depression and behavioral disturbances, alongside developmental concerns [23]. These findings are consistent with wider evidence that prolonged immigration detention is associated with poorer mental health, although the observational nature of the Australian evidence limits causal interpretation.

Among asylum seekers living in the community, psychological distress was associated with uncertainty regarding residency status, restricted employment opportunities, financial insecurity, discrimination, and social marginalization [2, 15, 25]. These findings suggest that mental health is shaped not only by experiences before migration but also by the legal, social, and economic conditions encountered after arrival in Australia.

Comparison with International Literature

The findings of this review are broadly consistent with international evidence linking forced displacement, immigration detention, legal uncertainty, and post-migration social stressors with poorer mental health among asylum seekers and refugees. International reviews have documented substantial mental health burdens in forcibly displaced populations, while evidence on immigration detention identified an association with adverse psychological outcomes [4, 28, 29]. The Australian evidence reviewed here extends this literature by illustrating how these broader risk factors are experienced within Australia's distinctive legal, detention, and socioeconomic context.

The Australian context has distinctive policy and institutional characteristics that are important when interpreting these findings. The literature has specifically documented the mental health implications of mandatory immigration detention and the associated human-rights concerns surrounding the provision of mental health care to people seeking asylum [7]. Evidence from Australia also indicates that prolonged detention was associated with psychological consequences that continue after release [11]. International research similarly connects restrictive migration policies to negative mental health outcomes [3, 29]. In the context of Australia, studies illustrate that the length and conditions of detention correlate with psychological distress under these policies.

At the same time, the importance of post-migration factors such as legal security, social control, and access to healthcare in shaping mental health outcomes has been emphasized in international research [10]. These findings are consistent with this review, indicating that the relationship between structural factors and psychological well-being may share similar patterns across different contexts, including Australia.

Policy and Clinical Implications for Australia

The findings have implications for immigration policy, health services, clinical practice, and community support. Mental health cannot be addressed through clinical care alone because psychological distress is also associated with legal, social, and policy conditions.

The Department of Home Affairs and immigration authorities should consider the mental health implications of prolonged detention, asylum-related uncertainty, and visa conditions restricting employment and social participation. Reducing unnecessary delays, limiting prolonged detention, and improving predictability in immigration processes may help address conditions associated with psychological distress and self-harm [7, 11, 27]. A rights-based public health approach should underpin these policies, with attention to equity, non-discrimination, and access to appropriate care [8].

Health services and clinicians should provide accessible, culturally responsive, trauma-informed care and consider detention, visa insecurity, family separation, social isolation, and financial hardship during assessment and care planning. Non-governmental organisations (NGOs) and community organizations can strengthen social connection, service navigation, language support, and community participation. These approaches require further evaluation for improving outcomes. Responses should also reflect differences in gender, age, and family circumstances, including the coping and well-being needs of asylum-seeking women [26].

Implications for Future Research

Future research should prioritize longitudinal and well-designed comparative studies that measure clearly defined exposures and mental health outcomes, report adjusted effect estimates with confidence intervals, and account for potential confounding factors such as pre-migration trauma, previous mental health conditions, family separation, age, sex, socioeconomic circumstances, and duration of displacement.

Intervention studies are also needed to determine which models of mental health care are effective and feasible for asylum seekers in different Australian settings.

Limitations of the Review

Several limitations should be considered when interpreting the findings. The study was not prospectively registered on PROSPERO or any other repository. The number of eligible studies was small, and several used small or context-specific samples, limiting the generalizability of the findings to asylum seekers across Australia. Second, the studies varied substantially in study design, mental health measures, outcome definitions, sampling approaches, and reporting, which limited direct comparison across findings.

Differences between onshore and offshore detention, as well as changes in Australian asylum policy over time, may have influenced the findings. Two sets of reports utilized identical participant samples: Fleay and Hartley (2016) and Hartley et al. (2017), as well as Shishehgar et al. (2023) and Shishehgar et al. (2025). These reports offer analyses that complement each other based on the same group of participants, and their conclusions were drawn considering this overlap. Most studies were qualitative, and potential confounding from pre-migration trauma, previous mental health conditions, family separation, age, sex, socioeconomic circumstances, and duration of displacement could not be fully addressed. The restriction to English-language publications may have introduced language bias, while publication and selective reporting may have influenced the evidence identified. The small number of included studies and substantial heterogeneity in study designs limited the applicability of a single formal certainty framework across the evidence base. Consequently, the findings should be interpreted in light of the methodological limitations of the included studies and the potential overlap between study populations.

Conclusion

This review found that asylum seekers in Australia experience a range of adverse mental health outcomes, including psychological distress, self-harm, emotional difficulties, and trauma-related symptoms. The included evidence identified associations between these outcomes and detention conditions, legal uncertainty, socioeconomic restrictions, discrimination, and social marginalization. The findings also indicate that mental health experiences may differ according to detention or community setting, age, gender, and other social circumstances.

Immigration detention, visa uncertainty, social isolation, and access to basic services were among the identified factors. More restrictive detention conditions were associated with greater self-harm burden, while qualitative evidence described psychological distress among people experiencing detention. Among asylum seekers living in the community, qualitative findings linked psychological distress with uncertainty and socioeconomic marginalization. Collectively, the evidence presented outlines a complex interaction of personal, social, and structural elements linked to the mental health of asylum seekers, emphasizing the necessity for further assessment of interventions targeting these aspects.

Supplementary Materials

Supplementary file available via: https://www.journalehdi.com/suppfile/802/ehdi064-Supplementary-File.pdf

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Ethics approval: Not applicable.

Data Availability: No new data was generated by the authors for this manuscript.

Disclosure of AI Use: The authors declare that artificial intelligence (Claude and Chatgpt) were used to refine grammar. The intellectual content of the study is the work of the authors, and the authors take full responsibility for it.

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