

- **Citation:** Zaman, L. S. (2022). A Qualitative Study of Undocumented Migrants Living in Glasgow: Everyday Life, Mental Health, Precarity, and Healthcare Access. *Global Social Sciences Review*, VII(1), 337-355. [https://doi.org/10.31703/gssr.2022\(VII-I\).33](https://doi.org/10.31703/gssr.2022(VII-I).33)



A Qualitative Study of Undocumented Migrants Living in Glasgow: Everyday Life, Mental Health, Precarity, and Healthcare Access

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Abstract: *This study examines how UK hostile environment policies and internal immigration controls impact the mental health and lived experiences of undocumented migrants. Utilizing Heidegger's phenomenological framework, interviews were conducted via Microsoft Teams with ten undocumented migrants (seven males, three females) from Pakistan, Afghanistan, India, and Bangladesh in Glasgow. Transcribed interviews were analyzed thematically. Four main themes emerged: (1) fear of identification and future uncertainty adversely affecting daily life; (2) a socially impotent life where hyper-vigilance and public policing hinder social relationships; (3) lack of legal immigration status causing precarious living conditions, anxiety, and strain; and (4) limited or no access to proper mental healthcare compounding daily struggles. The thematic analysis demonstrates that precarious immigration status combined with everyday bordering practices severely disrupts daily life, directly leading to precarious mental health conditions.*

Key Words: Undocumented migrants, Hostile environment policy, Mental health and well-being, Interpretive phenomenology, Everyday bordering, Precarious legal status, Social isolation, Healthcare access barriers, Labor exploitation

Introduction

International migration has been framed as one of the most critical issues in state and global policy agendas, even though the international migrant stock makes up only 3.5% of the global population

(IOM, 2020). The overall pace of growth in the global migrant population is constant; however, it varies significantly across regions. In the last decades of the 20th century, the United Kingdom (UK) has become one of the most popular destinations for international migrants. With around 2.8% annual

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immigration growth and hosting an average of 10 million international migrants, the UK is ranked as the fifth preferred destination country for international migrants ([IOM, 2020](#)). This rapid influx of immigration has had a profound impact on the general politics of the UK ([Castles & Miller, 2009](#)). Predominantly, the rapid increase in irregular migration to the UK in the last 20 years has driven serious apprehensions for the Government and the Home Office. In this study, irregular and unauthorized migration is understood as the movements of people that take place against the regulatory norms of the originating, transit, and receiving states ([IOM, 2017](#)), and Undocumented migrants as immigrants without having an authorized residence permit for the regular stay in the destination states ([PICUM, 2007](#)).

Undocumented migrants are a heterogeneous group mainly comprising overstaying tourists, asylum seekers, visa overstayers, students, migrants taking on employment without a work permit, and border-crossing people without holding proper visas for entry ([Heyman et al., 2009](#)). The Refugee Council UK defines an asylum seeker as a person who has left his/her own country, seeking refugee status in the destination state, and is still waiting for a decision on his/her asylum request from the host government. The asylum seekers who have been refused protection but do not leave the UK add to the undocumented migrant population. From 2010 to 2018, an average of around 9,500 asylum seekers' applications were refused annually, while only around 4,000 asylum seekers were recorded as having left the UK. This suggests that almost half of the refused asylum seekers are still in the UK ([Walsh, 2020](#)).

Migration to Scotland is also on the rise, as the foreign-born population has more than trebled since 2000. Migration Watch ([May 6, 2021](#)) reported that the foreign-born population of Scotland has reached 530,000 in 2019/2020. The exact figure for undocumented migrants in Scotland is also not confirmed, but the refugees and asylum seekers are primarily concentrated around the West of Scotland, under the Home Office dispersal scheme, with an estimated 3000–4000

asylum seekers/ refugees based in Glasgow alone ([Vargas-Silva, 2013](#)).

To curb irregular migration, the UK Government has significantly tightened immigration control at the external border and increased internal checks inside the country by adopting a zero-tolerance policy towards undocumented migrants. In 2012, Theresa May, the then Home Secretary, introduced the term 'hostile environment' as a comprehensive and all-inclusive approach towards curbing irregular migration. However, the term was originally coined by the then Labor Home Secretary Alan Johnson in relation to strict immigration policy in 2009 ([Taylor, 2018](#)). The hostile environment approach was translated into the 2014 and 2016 Immigration Acts, which ultimately led to the 'street-level bureaucrats' ([Lipsky, 1980](#)). The homeowners, employers, GPs, housing officers and school teachers became de facto immigration officers as they were required to check residential status before providing any services. Thus, they were made responsible for implementing and interpreting the immigration policy in the streets ([Griffiths & Yeo, 2021](#)). Important developments branded the new immigration acts: the 'everyday bordering' or expansion and internalization of borders and the amputation of rights for asylum seekers ([Duvell et al., 2018](#)). In addition to that, the Home Office signed MOUs with schools in 2015 and with the NHS in 2017 that required schools and hospitals to share the data of students and patients with the Home Office. The creation of the hostile environment significantly influenced the daily life of undocumented migrants. The barriers imposed due to everyday bordering practices multiplied their daily life problems and led to increased stress and mental precariousness among this vulnerable group ([Griffiths & Yeo, 2021](#)).

Mental Health Problems Among Undocumented Migrants

Mental health is considered the spine of general health. Both are intimately linked, and each plays a crucial role in the overall well-being of any individual. These days, increasing mental health

problems among undocumented migrants are a growing public health concern across the globe, including the UK ([WHO, 2018](#)). However, this study focuses on exploring the everyday lived experiences of undocumented migrants based in Glasgow only, being one of the largest cities in Scotland, hosting around 3000–4000 refugees and asylum seekers ([Vargas-Silva, 2013](#)). As per the Scottish Refugee Council and the Mental Health Foundation policy briefing paper (2016), the mental health of these asylum seekers and other undocumented migrants is often found to be precarious. Although problems such as homesickness, insomnia, eating and sleeping disorders, stress, or anxiety may arise for anyone who is away from home and separated from family and friends, the chances of developing mental disorders are comparatively higher in undocumented migrants than in any other category of migrants ([Lindert et al., 2009](#)). Limited access to health care, socioeconomic discrimination, demanding and prolonged working hours, marginalization, and overtime with no additional benefits are widely documented as significant factors in shaping the mental health of this vulnerable group ([WHO, 2018](#)), which in turn becomes a burden on health care systems and subsequent national economies ([WHO, 2013](#)). However, it is argued that, above all these factors, the uncertain legal status, "Undocumentedness" ([McGuire & Georges, 2003](#)) or "illegality" ([Chavez, 2007](#); [De Genova, 2002](#)), embattled by everyday bordering, is one of the most important but comparatively less studied variables that define the everyday life experiences of undocumented migrants and eventually leads to mental precariousness among this group.

Aims and Objectives

My interest in the field is rooted in my personal work experiences with undocumented migrants in the UK (2018–2019), in the capacity of working as the team lead of biometric experts from Pakistan, assisting the UK to conduct identification interviews of undocumented migrants living without authorization in the UK. Almost 95% of undocumented migrants interviewed reported

mental health issues in one form or another (Ministry of Interior, Pakistan; Unpublished data). The main reason they quoted for this mental precariousness is their uncertain immigration status, the problems they faced in their daily life in relation to their positionality, and increased immigration practices during the last decade. Some researchers have also documented the connection between being undocumented (or holding precarious legal status) and experiencing deleterious impacts on mental health in the form of anxiety, stress, depression, and post-traumatic stress disorder (PTSD) ([Gonzales et al., 2013](#)). Hence, drawing on semi-structured in-depth qualitative interviews with undocumented migrants based in Glasgow, this study explores how the interplay of uncertain immigration status and everyday bordering practices permeates their everyday lives, gradually invading their peace of mind and ultimately shaping their mental health and overall well-being. The research addresses the following research questions:

1. How do undocumented migrants perceive their mental health conditions are shaped by their everyday lived experiences, particularly in relation to their positionality?
2. How do their experiences with everyday bordering practices, social services, and health care facilities compound the mental health problems they face?

Drawing upon the post-migration challenges and mental health theories in relation to migrant's illegality, the study takes a phenomenological approach to explore the phenomenon of precarious mental health conditions among undocumented migrants, predominantly in relation to their positionality and increased everyday bordering practices as perceived by the undocumented migrants themselves. This dynamic approach of exploring everyday life in illegality will allow examination of undocumented migrants' experiences as they are lived, considering how the absence of legal immigration status generates uncertainty, anxiety, and stress, and how it shapes their mental health. The exploration of the bearings of lack of legal immigration status on the mental

well-being of undocumented migrants will particularly focus on two aspects: firstly, their daily life experience with housing, job, and health care being undocumented; secondly, the impact of everyday bordering practices on their daily life and how these experiences shape their mental health. It will help to understand the undocumented migrants' perspectives on contemporary immigration practices, as it's essential to learn about their concerns, the causes, and kinds of mental health challenges that they face, and ways to help improve their mental health and overall well-being in destination countries.

Theories of Migration

Boski (2013) is right to claim that money and job-related behaviors, featured by hard work and thrift in the case of illegality, play a critical role in shaping the mental health of the immigrants. His theory of 'psychological disharmony', underlying the financial constraints as one of the major factors that adversely affect the mental health of immigrants in destination countries, is perfectly applicable to undocumented migrants based in Glasgow. The job restrictions, prolonged working hours, poor pay, and, above all, abusive and exploitative employers empowered by new immigration acts actively contribute to shaping the mental health of these undocumented migrants. Based on Boski's theory, Idemudia & Boehnke (2020), in their research conducted on the mental well-being of African migrants in European Countries (EU), also contended that migrants' stress is the result of psychological disharmony, eventually grounded in self-sacrifice and deliberately ignoring their health because of exhaustion, financial constraints, lack of psychosocial bonds, and cultural differences, all intimately associated with immigrants' everyday life. Similarly, health care and socioeconomic inequalities are interrelated for undocumented migrants. Loss of a job may hinder his capacity to maintain health. Poor health, in turn, affects earning ability. So, the vicious cycle continues for this vulnerable group.

Another critical and unavoidable phenomenon closely associated with the immigrants' mental well-being is acculturation. Acculturation, in simple

terms, is the process of unlearning an immigrant's own culture while learning or adapting to the host country's culture (Redfield et al., 1936). Immigrants face cultural shocks or culture conflict in destination countries, which may lead to a sense of isolation, cultural confusion, feelings of depression, and alienation. Cultural changes in identity can be taxing and may lead to mental health problems and compromised self-esteem. Berry (1997), while citing Graves, recorded psychological acculturation as the alteration that arises at the individual level of immigrants' psychology while struggling to adjust to the new culture. Berry termed it cultural shedding.' Irrespective of the type of migration, immigrants are destined to experience cultural shocks in the destination countries. These cultural changes affect the mental health of immigrants to a varying degree, depending upon their subjective experiences, social interaction, and political circumstances. Hence, Berry rightly elucidated acculturative experience as the main incident in immigrants' lives after migration, often marked by anxiety and stress, demands for intellectual evaluation of the situation, and the need for coping strategies. In the case of undocumented migrants, the acculturation experiences are even more challenging due to a lack of social support and a limited or no social circle at all. To sum up, the categorization of migration and mental health theories clearly shows that none of these frameworks is all-inclusive in explaining the effect of different migration stressors on immigrants' psychological well-being. Therefore, these theories should be understood as enhancing and supplementing each other rather than as independent immigrants' psychological frameworks.

Literature Review

Global Context

Substantial research has been carried out globally to examine the bearing of immigration status on the mental well-being of migrants. However, the research conducted so far on migrant "illegality" is mainly focused on unauthorized migration to the United States of America (Harris, 1995), being the

most preferred destination country by migrants ([IOM, 2020](#)). The research conducted in the context of undocumented Mexican migrants in the US reveals that feelings of chronic distress, helplessness, depression, decreased self-esteem, and anxiety are common among this group. The continuous hypervigilance and covering of their immigration status pose a substantial threat to the mental well-being of undocumented migrants in the US ([Paredes, 2017](#)).

Similarly, [De Genova \(2002\)](#), in her review essay of existing scholarship on undocumented Mexican migrants, explicitly argued that everyday life for the undocumented is becoming tougher day by day because of the increasing everyday bordering practices. The growing trend of surveillance and policing of the public spaces outside the workplace in the name of immigration control further aggravates the migrants' sense of ever-present vulnerability and fear of identification, which ultimately leads to stress and mental disorder. The common keywords she identified from the review of these studies for their lives being undocumented are fear, loneliness, hopelessness, powerlessness, unpredictability, and dependency. The findings of the study support our argument that the mental health of undocumented migrants is shaped by the everyday life harsh experiences they are destined to face due to uncertain immigration status. Our argument is further backed by the findings of an ethnographic field study of undocumented migrants conducted in South Texas, which also confirmed that the emotional and mental well-being of undocumented migrants is intimately entangled with their immigration status. Owing to their positionality, everyday life challenges in the labor market, struggling with housing, food, healthcare, fear of identification, and deportation constantly challenge their mental peace and ultimately cause worry, anxiety, depression, and stress not only among undocumented migrants but also penetrate within the families they are part of ([Logan et al., 2021](#)).

The psychological impact of legal precarity has also been evidenced in the EU and in Australia. In France, Pannetier et al. ([2017](#)) demonstrated that the mental distress of migrants is directly linked to anti-

immigrant social structures and precarious living conditions imposed by laws of residency. In the same way, the studies in Sweden have shown that being undocumented was associated with increased risk of economic disadvantage, anxiety, depression, sleep disturbances, and increased susceptibility to external causes of death resulting from strong socioeconomic disadvantage ([Wahlberg, et al., 2014](#)). Myhrvold and Smastuen ([2017](#)) pointed out that structural isolation and language barriers are barriers to healthcare utilization and that social support is highly limited in Norway, while in Germany, Castañeda ([2009](#)) illustrated how neither doctors nor the non-authorized patient regard fear as a chronic condition, an "illegal syndrome". Schweitzer et al. ([2011](#)) found that within Australia, undocumented asylum seekers are much more likely to suffer anxiety (20%), depression (36%), and somatization (37%), particularly when experiencing aspects of post-migration daily life, such as family separation and difficulties with communication. Overall, these international results point to a systemic structural determinant of mental health decline being the legal precarity experienced in different Western receiving states.

United Kingdom Context

Many population studies in the UK have focused on the causes and prevalence of mental health problems among migrants; however, research specifically focusing on the mental health of undocumented migrants in relation to their immigration status is scarce. Nevertheless, the findings of the studies conducted in the UK are consistent with the research carried out in the US and EU contexts. The Center on Migration, Policy, and Society, University of Oxford, conducted an empirical study to investigate the impact of increased internal immigration control in controlling illegal immigration to the UK. The findings show less evidence suggesting that the number of irregular immigrants has been controlled by immigration enforcement; rather, it has seemed to have adverse (unintended) side effects on undocumented migrants. For example, half of the undocumented migrants disclosed that it was a deterrent and quite frightening for them initially, while the other half

were still experiencing anxiety and stress. The research findings supported the claim that immigration enforcement increases the suffering of this vulnerable group by offering opportunities to criminals and human smugglers, thus pushing undocumented migrants further underground. Moreover, while some migrants were unable to avail of these services, many were deterred from even approaching health care due to its complex and demanding process (Duvell et al., 2018). The study further recorded that around half of the study population experienced mental stress and anxiety resulting from their status; however, ironically, the participants reported no direct impact of the 'hostile environment' policy. On the other hand, Griffiths & Yeo (2021), while analyzing the impact of the hostile environment in the UK, concluded that the increasing everyday bordering practices are responsible for the development of generalized feelings of anxiety, stress, and instability among undocumented migrants—which ultimately creates chronically apprehensive, insecure, deportable, and dehumanized individuals in the UK. Hence, the impact of the hostile environment on the everyday life of undocumented migrants cannot be overlooked.

In addition to a lack of social support, the uncertain immigration status in the destination countries is often characterized by a precarious financial position. In this connection, the study's findings conducted by the Center on Migration, Policy and Society, Oxford, on the fashioning of precarious workers in the UK's labor market (Anderson, 2010) are consistent with the research carried out in the US (De Genova, 2002). Anderson observed that undocumented migrants not only occupy the dirtiest, most dangerous, and most demanding positions in the local labor markets, but their irregular immigration status and systematic criminalization also interact with a wide range of other underpinning abuses such as violence and threats of informing immigration authorities in case of non-compliance. They are paid less than the lowest standard pay fixed by the government, and they usually work more hours with no overtime. All this adversely affects their mental well-being. Anderson further argued that Undocumented

migrant labor is criminalized as illegal in the name of immigration control and is subjected to an extraordinary and unnecessary form of policing.

Gaps in Existing Literature and Need for Research

While increasing overall health precariousness among refugees and asylum seekers is accelerating globally, research on undocumented migrants' mental health, particularly in relation to their positionality, lags quite behind. The number and quality of studies being conducted on undocumented migrants exploring the relationship between illegality and mental well-being are limited in scope, as little of this scholarship deploys phenomenological and ethnographic approaches or any other qualitative methods to elicit the experiences and perspectives of undocumented migrants themselves. Also, there are some substantial gaps in the existing knowledge on the overall well-being of undocumented migrants, particularly their mental health influenced by their positionality.

Willen. While exploring the relationships among local formations of "illegality," incarnate precariousness among undocumented migrants and contemporary deservingness debates around it, Willen rightly suggested that the time is appropriate enough to initiate a rigorous interdisciplinary discussion about these crucial matters and their implications for theory, research, informed policies, clinical practices, and accessible and inclusive health care for all. The study assembled medical anthropologists, clinicians, sociologists, and public health researchers and collected global data across diverse geographic settings: North America, Central America, Western Europe, the Middle East, and Asia. In line with the Willen call, this study intends to unravel the everyday experiences of undocumented migrants as they are lived, from their perspectives and the impact of these experiences on their mental health. Connecting their perspectives with interdisciplinary research on irregular migration, restrictive immigration

policies, the UK hostile environment, mental health, and challenges in accessing social services, including health care, will allow us to explore how their self-perceptions relate to current political, societal, and legal discourses. Further, exploring the vulnerable everydayness of undocumented migrants will help the community to get an insight into the problems and living conditions of this vulnerable group in a more comprehensive manner and might prompt them to stand with them in solidarity. This has the potential to contribute to the development of an inclusive and all-encompassing society mutually beneficial for everyone. In addition to that, given the enormous scope and growing scale of tackling so-called irregular immigration in the current global political landscape, this study will offer the intelligentsia and political leaders an opportunity to reflect upon the precarious conditions of undocumented migrants. It may inform policies to improve their situations. Surfacing the issues faced by undocumented migrants may also help seek the attention of policy think tanks by revisiting the existing controversial immigration policies and subsequent everyday border practices that risk the mental health of these undocumented migrants.

Methodology

Epistemology, Ontology, and Phenomenology

Philosophically, the study employs social constructivist theory based on an interpretive framework. According to the interpretivist paradigm, it focuses attention on the constructions of reality made by individuals. To complement this paradigm, a constructivist ontology was adopted because the study seeks to understand the specific circumstances of participants, and therefore the multiple dimensions of their realities. For instance, the mental well-being of each undocumented migrant is affected by their personal life experiences, depending upon both on individual challenges they faced during the migratory process and the collective environment he is part of. These experiences may have different meanings for each of them, thus affecting their mental health in different ways. Hence, based on Heidegger's philosophy, interpretive phenomenology was

chosen to guide the research approach and the corresponding qualitative methods to evoke and interpret the undocumented migrant's life stories ([Horrigan-Kelly et al., 2016](#)). Phenomenology is understood both as a philosophy and as a research methodology at the same time. This approach was chosen to study the prevailing precarious mental health phenomenon among undocumented migrants because the objective of the research was to develop a considerate understanding of the participants' perceptions of their everyday experiences of being undocumented and how they perceive these experiences shape their mental health. Phenomenological research purposefully seeks to depict the structure and hidden meanings of participants' experiences as they are lived, with as much accuracy and precision as is possible. This is the most suitable methodology for this study since phenomenological research aims to discover, understand, describe, and interpret the meanings of a particular situation or the essence of life experiences as they are lived ([Bloor & Wood, 2011](#)). It aligns with the study's research questions and embraces what the participants have experienced in their everyday lives, how they experienced it, and in what ways these experiences influence their mental well-being.

Setting, Sampling, and Data Collection Methods

The data for this research were collected in Glasgow, the major migrant hosting city in Scotland, during July– August 2021. The phenomenological framework entails a relatively homogeneous group of participants who have substantial knowledge and meaningful experiences of the phenomenon at hand ([Creswell, 2013](#)). The study population included persons over 18 years of age, qualified as undocumented migrants based on the following criteria:

- Existing asylum seekers;
- Former asylum seekers whose claims have been rejected;
- Non-EU overstayers residing in the UK after their visas have expired;
- Persons who illegally entered the UK without applying for a visa.

Migrants from the EU and EEA who have overstayed their visas were excluded from the study. Also, participants with acute mental health issues and in much distress were excluded from the study because of the inherent limitations of online interviews and the topic's sensitivity. Also, it would have been difficult to manage the situation if any emotional breakdown happened.

Due to fear of identification and deportation, undocumented migrants are usually reluctant and hard to approach, even for research purposes. Therefore, appropriate methods were used to contact and recruit the respondents. Snowball sampling was carried out to recruit potential participants; personal contacts were utilized to reach a few undocumented migrants who referred to some more participants qualifying the criteria set for inclusion. A brief information brochure was handed over to the potential respondents through personal contacts. Those who agreed to participate were requested to share an email address to be contacted for an online interview. A detailed plain letter outlining the purpose of the study, ensuring anonymity and the safety of data, and requesting consent to participate was electronically shared with the respondent before the interview. The oral and written information noted that anonymity was strictly maintained, and the researcher was not associated with any immigration authorities. Also, participation in the research would not disturb their asylum requests. When the respondent confirmed their participation, a Microsoft Teams meeting link was shared with each of them.

Reflexivity, Ethics, and Data Analysis Procedure

The primary researcher used a self-reflexive approach during the study. Efforts were made to limit personal manipulation and preconceived notions when interviewing undocumented migrants, based on previous experience in the UK conducting biometric identification interviews. Reflexivity served as an important qualitative tool to help the researchers interpret participants' constructions based on their lived experiences, rather than on a priori notions.

This study has received ethical approval from the University of Glasgow's School of Social and Political Sciences Ethics Committee. The challenge with traditional written consent in the context of undocumented immigrants was a security threat, as people are in such a delicate situation legally, and it could get them deported. As a result, oral informed consent was obtained, where the consent form was approved and outlined that participation would be voluntary and that participants could withdraw at any time. To ensure confidentiality, all individual identifiers were removed and ethnically similar pseudonyms were assigned. These audio recordings were kept on password-protected, encrypted drives and made available only to the primary researcher; they were deleted after transcription. In addition, participants were provided with information about Independent Migrant Support (IMS) organizations to support them if distress arose while discussing lived experiences (e.g., Glasgow Night Shelter and Unity Center).

Qualitative data were analyzed using Interpretative Phenomenological Analysis (IPA), following a six-phase process proposed by (2006). After verbatim transcription and accuracy checks, the phenomenon was explored through an analytical process that began with phenomenological reduction (bracketing) to reduce researcher influence and examine the data without preconceived ideas. The six sequential steps involved data familiarisation, initial line-by-line coding, followed by searching, reviewing, and demarcating themes through iterative movement between raw transcriptions and emerging codes. From these, I drew conceptual connections using axial and selective coding, which led to the identification of 4 core constituents: Fear and Uncertainty, Social Impotency, Precarity and Well-Being, and Barriers to Healthcare Access. Thorough contextual grounding, including field notes, and reflective work with the raw data extracts ensured analytical rigor and qualitative credibility.

Findings and Discussion

A total of ten participants were recruited into the study. Their countries of origin were Pakistan (20%, n=2), Bangladesh (20%, n=2), India (30%, n=3), Iran (10%, n=1),

and Afghanistan (20%, n=2). There were three women and seven men in total; their age bracket was 25–45 years, and they had lived in the UK for 3–10 years. The number of years has been rounded to the nearest year. The

participants were assigned pseudonyms matching their ethnicity. Table 1 describes the demographic characteristics of the participants.

Table 1. Description of the Participants: Demographics, Ethnicity, Education, Immigration Status, Duration of Stay, and Financial Position

Name	Ethnicity	Sex	Duration	Education	Entry Visa	Status	Living Conditions	Job / Financial
Hania	Pakistan	F	3Y	UK Postgraduate	Student visa	Asylum seeker	Living in provided accommodation	Mobile shop / Poor
Farah	Iran	F	4Y	Secondary school	Illegal entry	Asylum seeker	Living in provided accommodation	Household / Poor
Ashi	India	F	6Y	Graduate	Family reunion	Visa overstayer	Living with friends	Household / Poor
Hassan Khan	Pakistan	M	4Y	Incomplete Degree	Student visa	Visa overstayer	Short-term changing accommodation	Restaurant / Poor
Fatih	Bangladesh	M	5Y	Secondary school	Visit visa	Visit overstayer	Community shelters	Loader / Poor
Mukesh	India	M	6Y	UK Graduate	Student visa	Visa overstayer	Hired by a friend	Hotel cleaning / Poor
Wasil	Afghanistan	M	6Y	Primary school	Illegal entry	Rejected asylum seeker	Shared accommodation	Labour / Poor
Wahid	India	M	10Y	Graduate	Family reunion	Visa overstayer	Hired by a friend	Loader / Poor
Ali Shah	Afghanistan	M	6Y	High school	Illegal entry	Asylum seeker	Shared accommodation	Restaurant / Poor
Tamim Hassan	Bangladesh	M	5Y	Incomplete Degree	Student visa	Visa overstayer	Friends / shelters	L Loader / Poor

Men were comparatively more educated (71%, n=4) than women (66%, n=2). Two of them (20%) were UK graduates who completed their degree, but they overstayed; therefore, they were unable to get the right job matching their degrees and expertise. It has been noted that the gender proportions are based on country of origin; for example, from Afghanistan and Bangladesh, 100% (n=2) participants were men, while there were 50% (n=1) men and 50% women from Pakistan. From India,

there were 66% (n=2) men and 33% (n=2) women. Around 60% of the participants were undocumented for more than four years. In comparison to men, more women reported accommodation problems such as staying in shelters, insecure housing, and moving between short-term stays with colleagues and friends. Asylum seekers are fortunate to live in provided accommodation, although they complain about the low quality of living and other related matters.

Themes / Constituents Emerged

While explaining the themes/constituents of the phenomenon discovered during the interviews, the phenomenological psychological approach of Giorgi and Giorgi (2008) is quite relevant to reference here, as we are dealing with the phenomenon of everyday experiences shaping the mental health of undocumented migrants. Giorgi and Giorgi noted that the objective of the phenomenological psychological approach is to illustrate the different conditions experienced by individuals in their "daily life" and to carefully apprehend how the phenomenon is practiced within the same context in which these experiences occur. In the current study, the phenomenon is the everyday experiences of the undocumented migrant whose mental well-being is affected by their positionality in the host countries. Constituents that structure the phenomenon are essentially the principal themes that emerged from the analysis. They characterize the different meanings that define the participants' experiences as they are lived within their particular settings (Giorgi and Giorgi 2003, 2008).

Theme 1: Fear and Uncertainty

The first theme/constituent that evolved was that the everyday life of undocumented migrants is full of fear due to their uncertain immigration status overlapping with excessive policing of public spaces. The prevalent concept is that due to the strict immigration process, it is difficult to get a visa to enter the UK, but once entered, one can finally be eligible for settlement. Wasil, an Afghan national who traveled six years back with his cousin through the land route of Pakistan, Iran and Turkey, endorsed this false perception as quite misleading.

Wasil: *"People used to say that only entry to the UK is difficult, but this is not the case. I will never advise anyone to opt for illegal ways. If you do not have resources, you are destined to become illegal. But if we had resources, why would we have migrated? Believe me, life*

without residential status is really like living a life in continuous fear. You are lacking any identity, living without any name, no permanent residence, no address. It is like walking on ice; any time you can slip if identified. It is a very painful feeling all the time, pinching you."

In fact, more than deportation itself, the fear of deportation undeniably associated with uncertain immigration status risks mental health. Another undocumented migrant, Hassan Khan from Pakistan, expressed his concern due to excessive immigration raids.

Hassan Khan: *"You are underground, and you cannot walk openly. It is a constant fear that surrounds you every time. You are afraid of all people you come across in the street. Everyone seems to you like an immigration officer. You become suspicious of your own shadow even. Life is getting hard for us day by day as they (Home Office) have become extra ambitious in searching for the immigrants without papers."*

When asked about the UK's hostile environment, Fatih from Bangladesh added that:

Fatih: *"They have increased the raids twice a week. I listened to it and went underground. Every siren I hear sounds like an immigration van, even if it is not. I cannot sleep at night. They now raid on our festivals as they know we must come out, and last time they caught one of our friends on Eid-ul-Azha, but thanks to the local community who stood with us, he was*

released due to community pressure."

Mukesh from India, who was living with his wife and one child, added:

Mukesh: *"We always close the shutter on windows even if we feel hot. After our friend (undocumented) was taken away from his home, we do not feel comfortable and safe even at our home. At night, my wife checks the door quite a few times to ensure it is closed, and they (immigration officers) could not come in, though closed doors cannot stop them."*

Fears of arrest, detention, and deportation plague the illegal immigrants in the daytime and creep into their night dreams. Wasil said:

Wasil: *"I cannot sleep well. In the last two years, I do not remember ever sleeping peacefully. I feel like my senses are still awake while sleeping at night. Moreover, sometimes I even hear an immigration van siren late at night. I am not sure when I woke up to remember if it was real or I was dreaming. But all this is very painful."*

The primary constituent defining the lived experiences of undocumented migrants in Glasgow is an all-encompassing environment of fear and legal unpredictability. This psychological state directly validates De Genova's (2002) theoretical framework of "deportability", which posits that the power of the state operates not merely through the physical act of deportation, but through the continuous, haunting possibility of removal. When

Wasil reflects on his positionality, "life without residential status is really like living a life in continuous fear... It is like walking on ice any time you can slip," his narrative demonstrates how structural illegality transforms space into a zone of permanent vulnerability.

This structural fear is intensified by what Griffiths and Yeo (2021) and Lipsky (1980) term the expansion of "street-level bureaucrats" and "everyday bordering" under the UK Hostile Environment policies. Internal immigration checks deputize public actors, transforming ordinary city streets, festivals, and residential spaces into sites of surveillance. Hassan Khan's account of becoming "suspicious of your own shadow" and Fatih's perception that "every siren I listen to appears as of immigration van" reveal how state power invades individual cognition and sensory perception, triggering severe insomnia and hypervigilance. Furthermore, Mukesh's practice of closing window shutters and his wife's nocturnal door-checking illustrate Willen's (2012) phenomenology of illegality: private homes lose their protective sanctuary status and are reconstructed as precarious spaces vulnerable to state intrusion. As documented by Levecque et al. (2007) and Tinghög et al. (2008), this continuous state of existential threat directly precipitates chronic depression, somatic distress, and psychological disorientation.

Theme 2: Social Impotency

Another principal theme/constituent that emerged from the interview data was the 'socially impotent life' due to lack of a social circle. Trust and related issues, such as how irregular migrants develop interactions with others and particularly challenging acculturation experiences, affect their mental health to a varying degree. In fact, it is the lack of residential status itself that defines migrants' relations and communications with others. Tamim said:

Tamim Hassan: *"Those migrants who have legal residential status, their friends' circle is vast. However, for people who do not have legal status, their friends are*

also like them, without any papers. Because they are in the same conditions and feel confident in each other's company."

Myhrvold & Smastuen (2017), in their research conducted on the mental well-being of undocumented migrants in Norway, rightly emphasized the importance of social support in improving the mental well-being of this vulnerable group. In addition to that, the issue of trust is also central to how undocumented migrants build and maintain their social relations. During the interviews, these undocumented migrants highlighted key concerns: vulnerability to being stigmatized, being prone to being reported to the police by anyone, and the necessity of developing a social network. Ashi from India said:

Ashi: *"Even if we meet people and have some friends, still we cannot trust them. We do not know if we need to tell them or not. I prefer to hang out with those who are also undocumented; we joked with each other, 'If you report me, I will also tell them about you. I know where you live. Together we will go back!'"*

Hania, an asylum seeker, shared:

Hania: *"I want to make more friends because living away from your own family, friends are your last option to rely upon. But I cannot. My status is hidden from everybody except a few of my close friends who are also undocumented and cannot help much."*

Wahid from India said:

Wahid: *"All my friends are Asians and mostly undocumented. I socialize with those I work with. They are from Poland, Bangladesh, India, and one Syrian. They have also been, sometimes, illegal, and they understand us."*

Ali Shah: *"We expected to have a better life in the UK. However, this is even worse than in Pakistan. We were migrants there (Pakistan) and migrants here, but life got difficult for us. We are here not because we want to be in the UK, but because we need money to feed the families back home. I traveled via a land route, and I have been here for the last six years. I could not afford to pay high immigration fees. Life is not easy here. We avoid meeting people because anybody could inform the immigration authorities or police, which is the nastiest thing that could happen to any illegal immigrant. They will detain and finally deport you from here."*

When asked about his expectations before migrating to the UK, Hassan said:

Hassan Khan: *"We never expected that it would be such a difficult place (UK) to adapt and settle. It is different, and we are still not fully assimilated."*

Acculturation in such a limited social circle is quite a challenging task. Regarding the culture conflict issue and acculturation, Tamim shared:

Tamim Hassan: *"Sometimes I feel now I am in the air, neither do I fit here, nor can I adjust if I go back home."*

Faith further added:

Fatih: *"I realize I am unable to remember my own food taste now. I miss my people, my culture and festivals. We cannot celebrate Christmas with them, and there are no Ramadhan or Eid celebrations. If we had papers, at least we could freely celebrate our festivals."*

The empirical findings reveal that undocumented migrants endure a state of "social impotency", characterized by deliberate self-isolation, pervasive mistrust, and severe relational constraints. This dynamic strongly converses with Ryan et al.'s (2008) findings on social capital among unauthorized migrants, which demonstrate that structural legal precarity forces individuals to systematically restrict their social circles exclusively to other undocumented peers to minimize exposure to immigration enforcement. Ashi's and Tamim's disclosures that they only trust those who share their illegal status highlight how state-enforced illegality severely diminishes social trust and forces individuals into concealed, underground networks.

Furthermore, the internal psychological tension described by participants strongly resonates with Berry's (1997) model of acculturative stress and "cultural shedding". When Tamim remarks, "I feel now I am in the air, neither I fit here, nor can I adjust if go back home," and Fatih laments being unable to celebrate Eid or remember the taste of traditional food, their voices capture the profound alienation resulting from forced cultural detachment without structural integration. This spatial and psychological dislocation also validates Reininghaus et al.'s (2008) achievement-expectation mismatch framework: the sharp

discrepancy between pre-migration aspirations of security and post-migration realities of subjugation severely degrades self-esteem and fuels profound psychological alienation. As Farrier (2012) observes, when state borders become personalized and embodied within migrant bodies, individuals are systematically stripped of their capacity to function as social beings, rendering the "everydayness of every day" unattainable.

Theme 3: Precarity and Well-Being

The third theme/constituent established from the interview data was the close link between immigration status and the overall well-being of undocumented migrants. Two sub-constituents of the third constituent are precarious living and working conditions. The participants reiterated that they would have better living and working standards and would not have experienced so much stress and mental anguish if they could have obtained regular immigration status at the beginning. Hania from Pakistan stated:

Hania: *"If I had my papers, I would have lived with much more peace of mind. To me, it is not the migration itself or cultural change or even leaving family back home that stresses me; rather, the lack of regular status is the root cause of all my problems. My status has always been an obstacle for me in everything I do. I am sure I would have been able to do much more with my papers."*

When Mukesh and his wife were asked what life would be like if they got their papers, they stated it would drastically improve many aspects of their lives. Mukesh explained:

Mukesh: *"We would be much healthier and happier people. We would not be going through the*

situation that is the reality for almost all of us who do not have papers. We would be freer people, and we could take advantage of more opportunities for our well-being and also for the well-being of our family."

For Mukesh and his family, his undocumented status prevents them from flourishing ([Willen, 2012](#)) and achieving their fullest potential, which he connects directly to their mental health and happiness. Another undeniably related factor of illegality that negatively impacts overall well-being is workplace exploitation. Fatih, from Bangladesh, commented:

Fatih: *"The sad reality is that they do not consider us even humans. They want us to load up as if we are not human. We are not animals; being human, we have certain limitations on how much we can carry, but who cares. They are unkind to us, but we have no option. It would not have been like this if we had our papers."*

Farah, an undocumented mother of two children from Iran who was working as a cleaner in a shop, previously worked as a maid. She experienced severe anxiety and depression attacks. She said:

Farah: *"I started this job a few months back. It is a bit relaxed as compared to my previous one. I left the last one because it was very tough. Also, I realized my boss is getting suspicious of my residential status. To attend asylum appointments, I have to take frequent time off, and at any rate, I did not want him to know that I am an asylum seeker*

because it could destroy my case. It was affecting my mental peace a lot, and my body could not take it anymore, and because of that, I started having those anxiety attacks, which continue."

Wage theft also exemplified the exploitability of undocumented workers. Tamim explained:

Tamim Hassan: *"Because we do not have the right to work, we cannot defend our rights, nor can we speak up about this bad attitude. The employers know it, so they pay whatever they want; they can take more work from us and for more hours, but we cannot say anything to them; we are physically and mentally sick now."*

In addition to workplace exploitation, living conditions were found precarious for all participants. Mukesh shared how many difficulties he faced in hiring a flat:

Mukesh: *"We were here on a student visa, but when our visa was about to expire, we tried to move out of that accommodation, but it was a herculean task to find another place without proof of identity. Every owner asked for identity, and we could not share that. It was a nightmare. I still remember we used to wake up all night. "Where can we go and what to do?"*

Regarding accommodation, Wahid also shared his harsh experiences of spending nights in parks:

Wahid: *"It was the hardest time. I still remember as the daylight started dimming, my unexplainable worries attacked. I walked miles to get some safe space to spend the night. It was fear of the dark, the open sky, and, more than that, the anxiety of being caught by the immigration authorities and police."*

The severe labor exploitation and housing insecurity documented in the participant narratives provide empirical confirmation of Boski's (2013) theory of "psychological disharmony". Boski asserts that when migrants are trapped in economic survival modes characterized by relentless toil, low pay, and systemic powerlessness, severe psychological strain inevitably ensues. Expanding on this model, Idemudia and Boehnke (2020) argue that migrant mental distress is rooted in compulsory self-sacrifice where individuals deliberately endure hazardous working conditions, wage theft, and physical exhaustion to maintain basic survival.

Participant testimonies such as Fatih's protest, "they do not consider us even humans... as if we are not human," and Tamim's description of wage theft vividly demonstrate how the lack of employment rights renders migrants hyper-exploitable. These accounts directly intersect with Anderson's (2010) analysis of how state-enforced immigration controls actively fashion a workforce of "precarious workers" who are subjected to extraordinary workplace discipline under the constant threat of Home Office reporting. Moreover, Mukesh's housing struggle and Wahid's experience of sleeping in public parks illustrate Willen's (2012) concept of "embodied vulnerability". Structural legal barriers prevent undocumented migrants from achieving human flourishing, directly transforming material precarity into bodily and mental distress.

Theme 4: Lack of Access to Health Care

The final theme/constituent developed from the interview data was the lack of access to welfare and

proper health care facilities. While all the participants flagged that their mental well-being is affected by their routine daily life challenges, almost all of them equally highlighted the issue of lack of access to health care facilities in one way or another. All asylum seeker participants (n=3) responded that though they have access to health care, they hesitated or avoided seeking it out of fear. Ali Shah said:

Ali Shah: *"Sometimes I strongly feel I need counseling when a sudden attack of anxiety overtakes me, but then I try to avoid it out of fear; what if during treatment my asylum request is rejected...? They would send me back straight away, I know."*

Farah shared:

Farah: *"I tried it and availed primary care quite a few times, but their secondary care is so complicated that I preferred to stay out even if I need it badly sometimes."*

Hania further added:

Hania: *"I know as an asylum seeker I can access it, but I do not want to, as sometimes if my asylum claim has been turned down, it can be risky. I am not even registered."*

Out of the remaining participants, 60% (n=4) said they could not avail themselves of health care as they do not have papers. When asked if they knew that primary and secondary health care is accessible in Scotland irrespective of immigration status, Wahid said:

Wahid: *"I do not think it is accessible to us. Or maybe it is, but I never tried. Why risk your identity?"*

Wasil added:

WWasil: *"How can we avail it? They may turn us to the home office as they ask for an address."*

The remaining participants noted that they ask for proof of address, which undocumented migrants cannot provide. Mukesh added:

Mukesh: *"I am living in my friend's rented accommodation. How can I provide proof of address? It is not for us."*

Although healthcare policy in Scotland theoretically allows primary and secondary healthcare access regardless of legal status, participant accounts demonstrate a pervasive avoidance of medical and psychological services. This paradoxical outcome strongly aligns with Castañeda's (2009) conceptualization of the "illegal syndrome", wherein the acute fear of legal identification and deportation overshadows severe physical and psychological distress. Ali Shah's admission that despite experiencing sudden anxiety attacks, he avoids seeking psychological counseling out of fear that rejection of his asylum claim would lead directly to detention illustrates how legal vulnerability paralyzes healthcare-seeking behavior.

This systemic avoidance reinforces classic health vulnerability frameworks developed by Chavez (1991) and Quesada et al. (2011), which show that structural fear converts healthcare institutions from therapeutic spaces into perceived extensions of state policing. Furthermore, requirement barriers such as requests for proof of address highlighted by Mukesh and Fatih demonstrate how administrative protocols act as institutional gatekeepers. By forcing migrants to forgo necessary psychiatric and medical

intervention, the current legal framework exacerbates health disparities, directly supporting the World Health Organization's (2018) warnings regarding the detrimental public health consequences of restrictive immigration environments.

Conclusion

This study aimed to offer an in-depth phenomenological insight into the everyday border practices and the hostile environment policy matrix, and their impact on the life and mental health of the undocumented migrants living in Glasgow, Scotland, in the UK. The qualitative empirical narrative, using Heideggerian interpretative phenomenology and Interpretative Phenomenological Analysis (IPA), showed that unauthorized living is made up of interconnected constituents: pervasive fear and uncertainty, driven by a constant fear of deportability and hypervigilance; severe or acute social impotency, which involves deliberate efforts to isolate oneself socially, a loss of social trust, and cultural shedding; structural well-being strain due to severe workplace exploitation, wage theft, and housing instabilities; and severe restriction of access to health-care services operating through structural fear and administrative gatekeeping. This collected empirical representation of dimensions supports the conclusion that illegal status does not simply mean that one is "illegal", but rather a field of possibility that actively evokes dimensions of chronic anxiety, somatic distress and existential despair as fundamental structural determinants of health. The study will make an important contribution to migration and border studies worldwide. In the context of De Genova's (2002) deportability concept, Willen's (2012) embodied vulnerability and Boski's (2013) psychological disharmony framework, and Castañeda's (2009) "illegal syndrome", the study shows how the macro-level immigration enforcement mechanics translate into micro-level bodily and psychological harm. A methodological limitation of much UK research on legal precarity is its focus on English 'metropolitan' cities like London or Birmingham, and this paper offers evidence from Glasgow, a key location under

the UK Home Office asylum dispersal scheme. The one thing it reveals is a socio-legal paradox: even in such a devolved jurisdiction as Scotland, with its public and healthcare policy discourses of rights and inclusivity, this neutralization of the regional law is effective, so that therapeutic spaces can be recognized as the normal phenomena they are by the national climate of deterrence and everyday bordering. A systemic policy reform and structural safeguards are needed to palliate the acute human rights and mental health crisis reported among the undocumented populations. As a first step, a non-negotiable legal firewall should be established between the NHS, local healthcare providers, social services, and the UK Home Office to ensure confidentiality of patient data and allow people to seek care without fear of UK immigration enforcement. Second, administrative barriers like requiring formal evidence of residency address/ID when signing up at a primary care clinic should be formally lifted or de facto waived by state and community systems for undocumented migrants. Third, given legal precarity as the structural motor of labor exploitation and wage theft, policy measures should identify clear pathways for regularisation to help people exit hyper-exploitable situations, reduce the burden on public health, and support social integration. Lastly, third sector organizations and local government entities need

ongoing support to build a peer-led, non-stigmatizing mental health intervention specifically for linguistically and culturally diverse migrant populations. Like all research, this study has methodological limitations that should be considered alongside its future directions and other research conducted in keeping with academic rigor and publication standards. In line with IPA methodology, the sample size was limited (n=10). It only included people in the Glasgow metropolitan area, warranting caution in generalisability to larger groups across the UK or Europe. Second, although virtual interviews using Microsoft Teams ensure anonymity and safety, these platforms can inadvertently remove an important non-verbal somatic cue in extremely sensitive disclosures. Further, for ethical reasons, the most extreme psychiatric crises were discounted as well, so that this study only examined a moderated range of adversity. Future research should follow this empirical work with longitudinal qualitative tracking from pre- to post-regularisation legal periods, comparative empirical studies across devolved jurisdictions, and the direct enforcement of law/health policy by the Home Office in England, as well as intersectional studies of how gender dynamics and family structures intersect with specialized health vulnerabilities.

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