

Psychological Well-being of Kurdish and Turkish Migrants in North London: A Community-Based Study

1. Introduction

Migration is a transformative experience that often involves complex socio-political and psychological challenges. For ethnic minority migrants, particularly those who have fled regions marked by political instability, the migration journey can carry profound implications for mental health and social integration. This research project explores the psychological well-being of adult Kurdish and Turkish migrants living in North London, with a specific focus on their post-migration stressors, coping strategies, access to support systems and how political developments in their countries of origin impact their mental health in the UK context.

2. Literature Review

2.1 Migration and Mental Health

Migration is increasingly recognised as a social determinant of mental health, with numerous studies documenting the elevated risk of psychological disorders among migrant populations. Migrants are disproportionately affected by depression, anxiety and post-traumatic stress disorder (PTSD), especially those with experiences of forced displacement, persecution or socioeconomic hardship (Bhugra & Becker, 2005; Steel et al., 2009). The psychological toll of migration is often cumulative-beginning with traumatic experiences in the country of origin and continuing through the migration journey and into the resettlement phase.

As Silove, Steel and Watters (2000) argue, post-migration conditions-including uncertainty around legal status, poor housing, unemployment and limited access to health services-can significantly exacerbate mental health problems. These stressors are compounded by a sense of cultural bereavement, defined as the grief associated with the loss of one's familiar cultural world (Bhugra & Becker, 2005). These challenges are reflected in this study's findings, which reveal high levels of anxiety, loneliness and stress due to both financial strain and concern for family abroad.

2.2 Political Trauma and Exile

Among Kurdish and Turkish migrants, migration is frequently driven not only by economic factors but by political trauma and repression. Many participants in this study reported ongoing distress connected to political developments in their countries of origin, as well as enduring concern for family members still living in unstable regions. This aligns with Kira et al.'s (2010) concept of "cumulative trauma," which captures how exposure to repeated and ongoing trauma-such as war, ethnic persecution or systemic injustice-can create complex, long-lasting

psychological effects. Unlike acute trauma, cumulative trauma often lacks a single identifiable event, instead stemming from chronic exposure to political violence and marginalisation.

Intergenerational trauma is particularly salient for Kurdish migrants, many of whom have lived through-or inherited narratives of-state violence, forced displacement and cultural erasure. Human Rights Watch (2019) documents the persistent oppression of Kurdish communities in Turkey, including restrictions on language use, political representation and civic participation. These forms of state violence not only contribute to migration but also shape post-migration identity and psychological well-being.

2.3 Integration, Discrimination and Identity

Resettlement in the UK often brings its own set of challenges. Migrants must adapt to new sociocultural norms, sometimes while confronting racism, xenophobia and social exclusion. These experiences contribute to what Akhtar (1999) terms “diasporic dislocation” wherein individuals struggle to negotiate their identities in unfamiliar and at times, unwelcoming contexts. For many Kurdish and Turkish migrants, integration is further complicated by language barriers, employment insecurity and the fragmentation of family and social networks.

Mental health stigma within Turkish and Kurdish communities may prevent individuals from seeking professional support, even when services are available (Kirmayer et al., 2011). This internalised stigma, coupled with unfamiliarity with the UK’s mental health system and a lack of culturally appropriate services, contributes to underutilisation of support structures. The present study’s findings underscore this: despite significant psychological need, only a small fraction of respondents reported regular use of mental health services.

At the same time, identity transformation can be a source of both distress and growth. While some migrants report a loss of self-worth or cultural dislocation, others describe a strengthening of cultural or political identity in exile. This dual experience-of both alienation and empowerment-was also observed in our participants, some of whom articulated a renewed connection to their roots or increased self-awareness following migration.

2.4 Community Support and Cultural Resilience

Despite these challenges, the literature points to the vital role of community-based support and cultural continuity in promoting resilience among migrant populations. Goodman et al. (2008) highlight how informal networks, religious and cultural practices and grassroots mental health interventions can offer essential emotional and practical support, particularly for women and families. In culturally marginalised communities, these informal systems often serve as the first line of psychological defence.

Fernando (2010) advocates for a “community psychology” model, in which mental health is understood not solely as an individual concern but as embedded within cultural, political and social contexts. Our findings align with this approach, revealing that participants frequently preferred informal supports-conversation groups, cultural events, creative workshops-over

formal psychological services. The high demand for community centres, language classes, and culturally familiar spaces demonstrates that integration activities can serve as indirect yet powerful tools of emotional resilience.

In sum, the literature underscores that mental health among migrant populations cannot be divorced from the broader socio-political landscape. Cultural identity, community ties, structural inequality, and political memory all shape how mental health is experienced, expressed and addressed. Effective mental health interventions must therefore integrate clinical care with community support, political awareness, and cultural relevance.

3. Methodology

This mixed-methods study used surveys distributed to 74 Kurdish and Turkish adults in North London, aged 18–65+, with the majority between ages 35–54. Participants were recruited through local community organisations and networks. Ethnic identification included 25 Kurdish, 41 Turkish and a few Bulgarian and Armenian participants.

The survey combined open- and closed-ended questions addressing pre- and post-migration mental health, perceived stressors, support systems, identity shifts and mental health service access. Descriptive statistics and thematic analysis were used.

4. Results and Analysis

Q14. Having a reliable support system in the UK

<u>Response</u>	<u>Frequency</u>	<u>Percentage</u>
Yes, strong support system	25	34%
Partially, but limited	39	53%
No support system	10	13%

- Over half (53%) indicated only partial or limited support, pointing to inconsistent or fragile connections, likely due to language, cultural isolation or migration-related fragmentation of family structures.
- One-third (34%) reported strong support systems, typically tied to stable employment, family reunification or established community links.
- The 13% lacking support entirely are at high risk for social withdrawal and psychological distress.

Q15. Post-migration experiences

<u>Experience</u>	<u>% of Participants</u>
Financial/work-related stress	76%
Loneliness/social isolation	66%
Anxiety	42%
Depression	28%
Discrimination/xenophobia	23%
Positive personal development	26%

- Financial and employment-related stress (76%) is the most frequently reported issue, indicating that post-migration economic pressure is a widespread concern.
- Loneliness and social isolation (66%) were also highly prevalent, reflecting limited social integration, cultural disconnection or lack of supportive networks.
- Over 40% experienced anxiety and nearly one-third (28%) reported depression, showing high levels of psychological distress among migrants.
- 23% of respondents reported experiences of discrimination or xenophobia, highlighting a continued sense of marginalisation in the host society.
- These findings align with literature showing that migrants from ethnic minority backgrounds often face systemic exclusion (e.g., in housing, employment or services).
- 26% of participants indicated personal growth or positive development, showing that despite hardship, some individuals experienced resilience, self-improvement or empowerment.

Q16. Key sources of daily stress

<u>Stress Source</u>	<u>Frequency</u>	<u>% of Participants</u>
Work or financial concerns	56	76%
Political instability in home country	52	70%
Language barriers	40	54%
Access to healthcare/support services	36	49%
Separation from family/adaptation issues	30	41%
Immigration/legal status uncertainty	29	39%
Housing and accommodation issues	26	35%
Discrimination or social exclusion	10	13%

- Participants reported both structural and emotional stressors. Political instability and financial hardship were the most cited issues, suggesting the dual burden of pre-migration trauma and post-migration socioeconomic stress.
- Language and healthcare access barriers remain central structural obstacles.
- Only 13% listed discrimination directly, yet this may be underreported due to internalised stigma or normalisation.

Q17. Impact on identity/self-esteem

- Positive Impact on Identity and Self-Esteem (39%): Nearly 4 in 10 participants stated that migration positively affected their self-image or identity.

This may indicate growth, empowerment, increased awareness of cultural identity or greater resilience through adapting to new environments. Positive impact suggests identity resilience and transformation. Migrants may develop stronger cultural or hybrid identities.

- Negative Impact: 23% reported a negative impact, suggesting that migration can challenge identity and self-worth, potentially due to discrimination, language barriers, loss of social status, cultural dislocation or homesickness
- No Significant Impact: Another 23% said it had no significant effect, possibly indicating either stability in personal identity or neutral adaptation without notable psychological shifts.

Q18. Frequency of social disconnection

<u>Frequency</u>	<u>Percentage</u>
Very frequent	18%
Sometimes	31%
Rare/never	51%

- Almost half experience occasional or frequent isolation, which may be shaped by language, parenting challenges or limited integration.
- This is a key area where peer support, language clubs and social bonding interventions can have major impact.

Q20. Access to mental health services

<u>Response</u>	<u>Percentage</u>
Yes, but not using	46%
No knowledge of services	30%
No access	17%
Yes, using regularly	7%

- Almost half (46%) of participants stated they have access but do not use the services. This suggests:
 - Potential stigma, cultural hesitation or mistrust of services
 - Lack of culturally competent or linguistically accessible support
 - Perception that services may not meet their needs
- Lack of Information (30%)

Nearly a third reported no knowledge of what services are available. This shows a critical gap in outreach and information, especially among migrants.

- Service underutilisation is striking-only 7% regularly use mental health services.

The results show that outreach in community languages and public health campaigns are needed.

Q21. Experience with mental health services

<u>Response</u>	<u>Percentage</u>
Have not sought help	72%
Somewhat helpful	11%
Very helpful	5%
Not helpful/Not very helpful	4%
Neutral	3%

- A majority (72%) have not sought mental health support

This aligns with previous findings indicating many participants had access to services but did not use them. Potential reasons include; lack of awareness or knowledge about services, cultural stigma or emotional hesitancy, language barriers or lack of trust in services

- Among those who did seek support, most found it at least somewhat helpful. Of the 21 participants who sought support: This suggests that when accessed, services tend to meet some of the users' needs.
- Access alone is not enough-information, trust and cultural alignment are key to encouraging uptake.
- The fact that most users found services at least somewhat helpful is encouraging and supports further investment in culturally appropriate, trauma-informed care.
- For the 72% who never sought help, community-based outreach, psychoeducation and stigma reduction initiatives are essential to bridge the gap between need and service use.

Q23. Impact of discrimination/xenophobia

<u>Mental Health Impact</u>	<u>Percentage</u>
Not affected	27%
Mildly affected	24%
Moderately affected	23%
Severely affected	7%
Did not experience	19%

- Discrimination is a significant factor for nearly 30% of participants.

17 respondents said it somewhat affected their mental health. 5 respondents reported that it significantly affected their well-being. This totals ~30% who experienced a negative mental health impact due to discrimination or xenophobia.

- About a quarter reported being affected only mildly. 18 participants felt it barely affected them, which may still reflect subtle stress or internal coping.

Experiences of xenophobia and discrimination, even when not constant, can accumulate and contribute to low self-worth, anxiety or stress in public spaces, reduced access to services due to fear or mistrust.

- While 27% of participants reported not experiencing discrimination, nearly 30% experienced moderate to severe impact on their mental health.

This highlights the need for trauma-informed, anti-discriminatory mental health services.

Q26-27. Psychological impact of political events

<u>Psychological Impact</u>	<u>Frequency</u>	<u>% of Participants (N=74)</u>
Worry about family/loved ones	60	81%
Increased stress and anxiety	57	77%
Feelings of hopelessness/sadness	56	76%
Financial burden (supporting family)	24	32%
Fear of deportation	15	20%
Motivation for activism/civic engagement	14	19%

The most reported emotional consequences were stress, worry about family abroad and depressive symptoms. Ongoing geopolitical turmoil perpetuates emotional distress, especially among those with family still at risk. A notable minority also cited political motivation and activism as a form of coping and empowerment.

Q30. Community Tensions Related to Homeland Politics

Around one-third of participants reported experiencing some level of political tension within the UK-based Kurdish and Turkish communities as a result of developments in their home country. While most respondents (approximately 60%) indicated that no major conflict occurred, 17 participants said "yes, a little" and 6 said "yes, a lot", suggesting a meaningful minority affected by these dynamics.

Common themes from open responses included:

Subtle social tensions or emotional distancing, especially during elections or polarising events.

Disagreements within communities, including among Kurdish individuals themselves, regarding political loyalty or indifference to events in Turkey and Kurdistan.

Sectarian tensions, such as between Alevi and Sunni individuals, were noted, typically as quiet exclusion rather than overt conflict.

Social media emerged as a frequent source of friction, amplifying political divides and creating mistrust.

A number of participants observed no conflict, often due to limited social circles, greater local integration or personal disengagement from political discussions.

In summary, while overt conflict is rare, political events in Turkey/Kurdistan can spill over into diaspora life in the UK, leading to low-intensity tensions, emotional strain and community fragmentation, particularly on digital platforms and during politically sensitive times. This underlines the importance of fostering inclusive dialogue spaces and psychosocial support that recognises the transnational nature of political stress.

Q31. Preferred Supports for Mental Health in North London

<u>Support Type</u>	<u>Frequency</u>
Social/community activities	28
Psychological support / therapy	22
Language support / English courses	18
Physical activity (e.g., walking, exercise)	15
Services in Turkish or native language	14
Employment / vocational support	13
Financial aid / housing support	10
Cultural and creative activities	9
Safe social spaces / sense of belonging	7
Counselling / guidance	6

Gardening / nature-based activities	8
Parenting / mother-child programmes	5
Migrant-specific legal/cultural services	4

- Community and social interventions were rated more highly than clinical ones, suggesting a desire for relational rather than strictly medicalised support.
- Integration activities are not just about adapting to a new country-they also directly support psychological well-being.

Q32. Coping with distressing news from home

<u>Theme</u>	<u>Number of Mentions</u>
Conversation/support groups	21
Psychological support/therapy	19
Community events	18
Creative hobbies/arts	12
Physical activities	11
Language support	10
Information/guidance services	7
Cultural/spiritual practices	6
Solidarity/activism	5
Accessible psychosocial services	5
Mother-child/family support groups	4

The most valued supports were informal, community-based interventions: conversation groups, culturally competent therapy and safe spaces for solidarity and creative expression. Language support was frequently cited as a barrier and priority.

5. Discussion

This study sheds light on the psychological impact of migration and political instability on Kurdish and Turkish migrants in North London. Many participants carry experiences of trauma-both personal and collective-that may be intensified by post-migration stressors such as financial hardship, language barriers, social isolation and uncertainty about legal status. These findings suggest that a nuanced, culturally informed and trauma-aware approach is essential in supporting migrant mental health.

Emotional responses such as anxiety, low mood and persistent worry about family in the home country were commonly reported. These align with the concept of cumulative trauma (Kira et al., 2010), which recognises the compounding effects of multiple stressors over time. The ongoing psychological connection to events in the country of origin, including worry and grief, reflects what transnational literature often describes as “blurred boundaries” between past and present, home and host countries.

Social integration emerged as a key determinant of well-being. A significant number of participants reported limited or no access to reliable support systems. While some avoid mental health services due to stigma or language barriers, others may not be aware of what support is available. These patterns are consistent with existing research suggesting that interventions are more effective when they are culturally sensitive, accessible, and embedded in community structures (Fernando, 2010; Kirmayer et al., 2011).

Participants also reported mixed outcomes regarding identity. For some, migration prompted personal growth and increased confidence, while others experienced a decline in self-esteem or a sense of disconnection. This highlights the complex and individual nature of identity development in the context of migration. Some individuals may reconnect with their cultural or political identities in new ways, while others may struggle with cultural adaptation or perceived loss of social status.

Community-based and informal supports-such as group discussions, social events, arts-based activities and culturally familiar spaces-were often preferred over clinical interventions. These activities not only address social isolation but also offer a sense of belonging and cultural

continuity. Integration programmes like language and employment support may serve dual purposes: helping migrants navigate practical challenges while also reinforcing mental resilience and confidence.

Discrimination and xenophobia, though not the most frequently reported concerns, were nonetheless impactful for many. Around one-third of participants described a negative mental health effect related to such experiences, suggesting the importance of safe, inclusive environments and supportive responses to discrimination.

Overall, these findings support a holistic model of mental health care-one that incorporates individual, cultural and structural dimensions to better meet the needs of migrant communities.

6. Recommendations

The findings of this study highlight the urgent need for a more inclusive, culturally competent and trauma-informed approach to supporting the psychological well-being of Kurdish and Turkish migrants in North London. Both statutory and voluntary services have an important role to play in addressing the intersecting social, psychological and structural challenges that these communities face.

First, the provision of culturally sensitive mental health services must be prioritised. Services should include bilingual professionals-particularly Turkish and Kurdish-speaking therapists-who are trained in trauma-informed care and familiar with the cultural and political histories of their clients. Therapeutic models should be adapted to reflect the lived experiences and values of the communities they serve. This is especially important for individuals who carry cumulative trauma, experience identity conflict or hesitate to engage with conventional services due to language barriers or mistrust.

Second, mental health support should be situated within the heart of the community. Community-led initiatives-such as peer support groups, creative workshops, informal drop-ins, and women's circles-can help to foster a sense of connection and safety. These interventions are often more accessible and acceptable than traditional clinical formats, particularly for individuals who experience stigma or feel alienated from mainstream institutions. Community centres should be resourced to serve as safe and familiar points of access for both psychosocial support and social integration activities.

Improving access to language learning is also a critical component of psychological well-being. English language courses that are integrated with employment support, social opportunities and public service navigation can improve confidence, reduce isolation and support long-term empowerment. Interpretation services should be made consistently available within health and mental health settings to ensure equitable access.

In addition, public health campaigns should be developed to raise awareness of mental health and available services within Turkish and Kurdish-speaking communities. These campaigns should be culturally tailored, multilingual and include narratives that reduce stigma and promote mental well-being as a shared, community-based concern. Specific efforts are needed to reach older adults and mothers, who may face additional barriers due to gender roles, caregiving responsibilities or generational differences in attitudes toward mental health.

Families and particularly mothers, represent an important focus for intervention. Creating spaces for mother-child interaction, culturally relevant parenting support and flexible vocational training can improve both emotional resilience and economic stability. Interventions must consider the relational and intergenerational dimensions of well-being within migrant families.

Finally, there is a pressing need for policy advocacy at the local and national level. Stakeholders in the NHS, local authorities and voluntary sectors must be made aware of how political trauma and systemic inequalities impact migrant mental health. Stronger collaboration between community organisations and statutory services will be vital to building trust and addressing gaps in provision. Anti-discrimination policies and initiatives that promote social inclusion must be embedded within health and social care strategies.

In sum, mental health provision for Kurdish and Turkish migrants should be viewed not only through a clinical lens but within a wider ecological framework-one that takes into account community ties, cultural identity, migration history and structural inequality. An effective response will require both targeted psychological support and broader social interventions that enable healing, belonging and agency.

7. Conclusion

This research highlights the diverse psychological experiences of Kurdish and Turkish migrants living in North London, shaped by a combination of pre-migration adversity and post-migration stressors. Many participants expressed resilience and resourcefulness, yet also reported significant emotional and practical challenges in their daily lives.

The findings suggest that mental health services should go beyond conventional clinical models to engage with the broader social and cultural realities that shape migrant well-being. Approaches that prioritise accessibility, cultural understanding and community participation are especially important.

There is a clear need for mental health interventions that are collaborative, inclusive and informed by lived experience. When clinical care is combined with community-led initiatives-such as support groups, language programmes and creative activities-services it can be more effective to respond to the psychological and social needs of migrants.

Supporting mental health in this context also means recognising the ongoing impact of political and social factors. Policies and practices that reduce discrimination, promote integration and empower migrant voices are integral to fostering long-term well-being.

8. References

Akhtar, S. (1999). *Immigration and Identity: Turmoil, Treatment, and Transformation*. Jason Aronson.

Bhugra, D., & Becker, M. A. (2005). Migration, cultural bereavement and cultural identity. *World Psychiatry*, 4(1), 18–24.

Fernando, S. (2010). *Mental Health, Race and Culture*. Palgrave Macmillan.

Goodman, J. H., Vesely, C. K., & Letiecq, B. L. (2008). Trauma and resilience among refugee and immigrant women. *Journal of Counseling & Development*, 86(3), 303–311.

Human Rights Watch. (2019). *Turkey: Crackdown on Kurdish opposition*.

Kira, I. A., et al. (2010). Cumulative trauma and PTSD in highly traumatized groups. *Psychological Trauma*, 4(1), 128–139.

Kirmayer, L. J., et al. (2011). Common mental health problems in immigrants and refugees. *CMAJ*, 183(12), E959–E967.

Silove, D., Steel, Z., & Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers. *JAMA*, 284(5), 604–611.

Steel, Z., et al. (2009). The mental health of people resettled as refugees: A meta-analysis. *JAMA*, 302(5), 602–617.

WHO. (2014). *Social Determinants of Mental Health*. World Health Organization.

Report authored by Leyla Turhan Taylan

PGDip Counselling and Psychotherapy

BACP Accredited Counsellor/Psychotherapist

