The Impact of Social Capital and Social Environmental Factors on Mental Health and Flourishing: The Experiences of Migrants in France

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Abstract

Background

There is growing interest on how social capital and related social environmental factors impact overall population health and well-being. The nature of migrants’ social environment changes once they migrate to a new context and these changes influence their mental health and well-being. However, there is limited scholarship on how these social environmental factors impact the mental health, well-being, and capacity to flourish of migrant populations.

Methods

The aim of the study, therefore, was to examine how specific social environmental factors—social networks, social support, and social cohesion at various levels (micro, meso, and macro)—influence the mental health, well-being, and capacity to flourish of migrants in France. We used a qualitative, inductive research design, in collaboration with a community-based organization to conduct 120 semi-structured interviews with migrants and asylum seekers in France.

Results

Participants described how their usual informal social networks comprised of family and friends had been disrupted since they migrated to France, which impacted their mental health and well-being. Conversely, staying connected with their informal transnational social networks via social media and developing ties with new local informal and formal social networks allowed them to receive different forms of social support, and buffered some of the negative mental health effects. However, the lack of social cohesion impeded migrants’ capacity to flourish. The emerging salient themes depicting a lack of social cohesion included a lack of belonging and marginalization, uprootedness and uncertainty, a lack of identity and security, and current harmful migration-related policies.

Conclusion

While social support derived from social networks buffered some negative impacts on migrant mental health and well-being, the overall lack of social cohesion ultimately impeded migrants’ capacity to flourish within their host communities, which was further exacerbated by harmful migration policies of exclusion within France. Introducing more inclusive policies related to the governance of migration and an intersectoral approach that views health in all policies is key to promoting social cohesion and flourishing among migrants in France.

Introduction
There has been increasing recognition of the influence of the social environment on physical and mental health and well-being (Cattell, 2001; De Jesus et al, 2010; Dong & Qin, 2017; du Plooy et al, 2019; Gosselin et al, 2020; Macintyre and Ellaway, 2000; Maleku et al, 2019; Smith and Christakis, 2008; Perreira & Pedroza, 2019; Wallace et al, 2019). The nature of migrants’ social environments changes once they migrate to a new context and these changes affect the mental health and well-being of migrants (du Plooy et al, 2020; Hunter et al, 2015; Przytula & Matusz, 2020). Developing new social networks, accessing resources and establishing a new life in a new country depends greatly on micro-level (i.e., a migrants’ ability), meso-level (i.e., local resources and services that facilitate migrants’ access), and macro-level influences (i.e., current migration policies) to develop their social capital (Hunter et al, 2015; Parella & Petroff, 2019; Przytula & Matusz, 2020).

The concept of social capital is commonly used in social science literature to examine how the social environment affects individual and community health and well-being, as well as quality of life (Adedeji, 2021; Cao et al., 2022; Cattell, 2001; du Plooy et al., 2020; Lamba & Krahn, 2003; Lukaszewska-Bezulska, 2021; Palloni et al, 2001; Ryan et al., 2008). Social capital is a complex concept and scholars have developed various conceptual frameworks and measures of this concept (Adler & Kwon, 2002; Bourdieu & Wacquant, 1992; Coleman, 1988). An early sociological conceptualization by Bourdieu and Wacquant (1992) refers to social capital as “the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition” (Bourdieu & Wacquant, 1992). This conceptualization embeds the concept of social capital within a framework of social stratification and unequal structural opportunities. Later, theorists Coleman (1988, 1990) and Putnam (1995) defined social capital as the components of social organization such as networks, norms, and social trust that help in coordinating mutual benefit (Coleman, 1988; Coleman, 1990; Putnam, 1995). Lin’s (1999) definition, on the other hand, focused on the resources embedded in social relations and social networks (Lin, 1999).

From a social determinants of health perspective (Solar & Irwin, 2010; World Health Organization, 2008), there is growing interest on how social capital and specific related social environmental factors such as social support, social cohesion, and social network impact overall population health and quality of life (Adedeji, 2021; Berkman & Kawachi, 2000; Cao 2022; De Jesus et al, 2010; du Plooy et al, 2020; Macintyre & Ellaway, 2000; Smith and Christakis, 2008). However, there is limited scholarship on how these social environmental factors impact the mental health and well-being of migrant populations (Chuang et al, 2013; Da & Garcia, 2015; du Plooy et al, 2019, 2020; Gosselin et al, 2020; Lukaszewska-Bezulska, 2021; Maleku et al, 2019; Martinez et al, 2015; Perreira & Pedroza, 2019). A recent systematic review demonstrated that social capital measured by social participation, social network, as well as trust and reciprocity is a significant predictor of quality of life among migrants (Adedeji, 2021).

Similarly, another study examining social capital, operationalized as trust and network resources, showed that it had a positive impact on two dimensions of migrant well-being: flourishing and psychological distress (du Plooy et al, 2020). Expanding on the notion of well-being, Willen et al. (2021) further explores the relationship between flourishing and health among migrants (Willen et al, 2021). For migrants,
systemic inequalities and structural forms of marginalization and exclusion create health risks, impede access to needed care and interfere with their ability to flourish (Willen et al., 2021). Johan Galtung, a well-known Norwegian sociologist and liberation theologian coined the term ‘structural violence’ in the 1960s to describe longstanding social structures—economic, political, legal, religious, and cultural—that impede individuals and groups from flourishing or reaching their full potential (Galtung, 1969).

Willen et al. (2021) describe how flourishing is not just a psychological state of ‘optimal mental health,’ but an active pursuit informed by cultural expectations and social relationships, influenced by the social, political and economic macro-level structures that shape people’s lives (Willen et al, 2021). Flourishing, therefore, involves deeper, longer term existential goals that can intersect with and extend far beyond what transpires in clinical encounters (Willen et al, 2021). In the same vein, Castañeda et al. (2015) calls for more advanced research initiatives which adopt “a structural approach [that] requires acknowledgment of the host of social factors and forces that affect health and operate to either include or exclude individuals and communities from adequate health care as well as from resources and experiences that foster health” (Castañeda et al, 2015). There is a need for further research on how the social environment at various levels (i.e., micro-, meso-, and macro-level) impact migrant mental health, well-being, and flourishing. This study, therefore, fills a gap in the literature by examining how specific social environmental factors—operationalized as social networks, social support, and social cohesion at various levels (micro, meso, and macro)—influence the mental health, well-being, and flourishing of migrants in France (Fig. 1).

**Social Environmental Factors**

Migrants undergo complex adjustments in the host country, which stem beyond individual-level changes and involve a “complex and often protracted process of negotiation with social structural, political, and economic forces” (Castañeda et al, 2015). For the purposes of this paper, we will focus on the impact of social networks, social support, and social cohesion on migrants’ health, well-being, and flourishing. Social networks are defined as ties between two or more individuals based on a “common thread of interest” or “relations of kinship, friendship... [or] shared community origin,” although migrants also form relationships and networks within their new communities with individuals that do not identify as migrants themselves (Pollini et al, 2001; Prajna et al, 2013). Social networks can manifest in different forms due to different incentives in forming networks (Djundeva & Ellwardt, 2020). Therefore, in extant literature, migrant social networks have been described according to a combination of different descriptive characteristics: formal/informal, vertical/horizontal, heterogenous/homogenous, weak/strong as well as transnational/local network ties. Table 1 describes a typology of social networks and their respective definitions.
Table 1
Typology of social networks among migrants

<table>
<thead>
<tr>
<th>Formal vs. informal networks (Gavanas, 2013; Lamba &amp; Krahn, 2003; Wells, 2011).</th>
<th>Formal: ties established within the workplace or within institutions (e.g., medical providers, social workers, etc.)</th>
<th>Informal: ties formed among family, personal friends, and acquaintances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical vs. horizontal networks (Roosen et al., 2021; Ryan, 2011)</td>
<td>Vertical: bonds formed with members of different socio-economic statuses, interests, backgrounds or other categories</td>
<td>Horizontal: bonds formed with members of similar socio-economic statuses, interests, backgrounds or other categories</td>
</tr>
<tr>
<td>Heterogenous vs. homogeneous networks (Cattell, 2001).</td>
<td>Heterogeneous: ties composed of people from different cultural backgrounds and/or migrant status</td>
<td>Homogeneous: ties between individuals of similar cultural backgrounds and/or migrant status</td>
</tr>
<tr>
<td>Weak vs. strong networks (Cattell, 2001; Ryan, 2011; Wells, 2011).</td>
<td>Weak: ties that do not stem into further, deeper relationships</td>
<td>Strong: composed of individuals with strong and everlasting relationships</td>
</tr>
<tr>
<td>Transnational networks vs. local networks (Djundeva &amp; Ellwardt, 2020; Ryan et al, 2008).</td>
<td>Transnational: relationships between members across country borders, which are many times between migrants and relatives/kinships from their home country</td>
<td>Local: relationships between members within the same country/community, can be relationships among migrants and relationships between migrants and other members of the community</td>
</tr>
<tr>
<td>Dense vs. loose networks (Bergs, 2011; Trudgill, 2010).</td>
<td>Dense: Networks with a large quantity of social ties, which tend to be small, stable communities with few external contacts and a high degree of social cohesion</td>
<td>Loose: Networks with a small quantity of social ties, which tend to be large, unstable communities that have many external contacts and exhibit a relative lack of social cohesion</td>
</tr>
</tbody>
</table>

Social networks at a micro-level refer to the effects of individual relationships or interactions on health and well-being (Prajna et al, 2013). At the meso-level, social networks can be assessed by acknowledging the interconnectedness of health among socially tied individuals at the community level (Smith & Christakis, 2008). Meso-level social networks are important to migrants in terms of promoting social cohesion and informing migrants of health information resources, which impacts migrant health (Perreira & Pedroza, 2019; Djundeva & Ellwardt, 2020). A study among sub-Saharan African migrants in France demonstrated that these meso-level social networks and a community-based outreach approach impacted the engagement of these migrants in health prevention programs (Gosselin et al, 2020).

Social support is derived and fostered from social networks, which impacts health, well-being and quality of life (Berkman et al, 2000; Djundeva & Ellwardt, 2020; Ryan et al, 2008). Migrants provide and derive different types of social support such as emotional support, financial support, and instrumental support from their social networks (Cohen & Syme, 1985; Perreira & Pedroza, 2019; Ryan et al, 2008; Smith &
Christakis, 2008). On a meso-level, social support achieved through social networks within a tight-knit community can have a positive impact on mental well-being among migrants despite the challenges of migrating (Amuedo-Dorantes & Mundra, 2007; du Plooy et al, 2019; Gavanas, 2013).

Social cohesion is a measure of “positive social relationships” (Maleku et al, 2019) and the extent of connectedness among groups, which influences health through its role in promoting health-related behaviors and increasing access to services and resources (Berkman & Kawachi, 2000). The concept of social cohesion at the meso-level has two main dimensions: the sense of belonging to a particular group and the relationships among members within the group itself (Manca, 2014). Alternatively, social cohesion at the macro-level is understood as a process “by which the whole society, and individuals within, are bound together through the action of specific attitudes, behaviors, rules, and institutions, which rely on consensus rather than pure coercion” (Green et al, 2009). One approach to measuring social cohesion is by people's perceptions of how social groups get along with each other in their local area and by levels of trust in local institutions (such as the police) (e.g., Saggar et al., 2012). A lack of social cohesion, such as displays and/or perceived discrimination can have a negative effect on health and well-being including negative mental health effects (i.e., anxiety and depression symptoms) (Chou, 2012; Lincoln et al, 2021; Pascoe & Richman, 2009; Schmitt et al, 2014; Siddiqi et al, 2017; Williams & Mohammed, 2009).

Conversely, a macro-level approach focuses on the potential of inclusive policies in fostering social cohesion and specific actions to promote anti-discrimination and mutual understanding while countering xenophobia (International Organization for Migration United Nations Migration, 2019). From this macro-level perspective, social cohesion provides a policy goal which aims to achieve positive outcomes such as social integration and equity for all members of a society (Spoonley et al, 2005). For example, the Organisation for Economic Co-operation and Development (OECD) report (2011) characterizes social cohesion as, “a cohesive society [that] works towards the well-being of all its members, fights exclusion and marginalization, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward mobility” (OECD, 2011). From this perspective, social cohesion can be used as the basis measurement of various social outcomes in order to inform and check policy intentions (Spoonley et al., 2005). This consists of a multi-dimensional approach that assesses how policies across key sectors, such as economics, labor, education, environment, civic participation and social protection, can enhance social cohesion. The objective is to help countries improve their economic and social policies in a way that fosters social inclusion, social capital, and social mobility (Martinez et al, 2015; OECD, 2011; Pannetier et al, 2017; Perreira & Pedroza, 2019; Wallace et al, 2019).

**Methods**

**Study Design and Participant Recruitment**

This study was part of a 2-year mixed methods research project in collaboration with a community partner, *Habitat et Humanisme* in France. This organization provides accommodation centers for asylum seekers and refugees where they can obtain social, administrative, legal, and integration support. The
methods are fully described elsewhere (De Jesus et al., 2022). Approval for this study was obtained from the Institutional Review Board of the Université de Lyon.

Between September 2019 and August 2021, we began our field research with asylum seekers and refugees. Our field data collection was halted abruptly between March and May 2020 due to the COVID-19 pandemic and resumed in June 2020 following the lockdown in France. We contacted 16 centers that served migrants in the southeast-central region of Auvergne-Rhône-Alpes and in the north-central region of Île-de-France. Twelve of the centers were affiliated with Habitat et Humanisme, which facilitated our field research in the centers. We went to each of the centers and held study information sessions to describe the study and the eligibility criteria (at least 18 years of age; migrant status; and currently residing in France) and answer any questions from potential participants. We also emphasized that participation was voluntary. Following the information session, interested participants enrolled in the study.

We employed a qualitative, inductive research design, which is concerned with an emic, idiographic approach to research (Watson & Watson-Franke, 1985). We selected this research design given the lack of information about this research topic. A semi-structured interview guide was developed to ensure consistency across interviews. Participants were asked open-ended, probing questions. Sample questions included: What is your day-to-day experience where you live? How would you describe your current social relationships? Have they changed since you arrived in France, and if so, how have they changed?

This article presents data from the 90-minute interviews that we conducted with 120 migrants. We obtained informed oral consent from each participant prior to the interview, in comparison to written consent due to sensitivity obtaining written consent from a migrant population who was seeking asylum and/or undocumented. The interviews were conducted in English or French, and an interpreter was used for the participants who stated that they preferred to do the interview in their native language. Each interview was recorded and transcribed into English. Data saturation – which is when further interviews failed to contribute additional themes or concepts – was achieved (Morse, 1995).

**Data analysis**

Qualitative thematic analysis was used to analyze the interview data (Morse, 1995). Based on Corbin and Strauss' qualitative analytic methods, this technique is grounded in the process of coding similar responses from the sample and using those codes to discern important themes and patterns across participants (Corbin & Strauss, 2014). We followed an iterative process of independently reading the interview transcripts, developing a codebook, applying a priori codes, and comparing and revising codes using ATLAS.ti (version 8.0, Berlin, Germany). Using a line-by-line coding method, we each added emergent codes from the data and modified the codebook as needed during the analytic process. Subsequently, we located patterns in the codes and collapsed codes into themes. This was an interpretive process where we searched for meanings at the level of coding as well as contextualized understandings within the data at the level of interpreting findings (Corbin & Strauss, 2014).
During weekly online debrief meetings, we discussed points of disagreement. Stability and agreement are the most relevant types of reliability for textual data. After revisions, we achieved an interrater reliability of 91 percent. To see if this agreement was due to chance, the intercoder reliability was tested using Cohen's Kappa (Bernard, 2013). The overall Kappa coefficient was 0.93. To further ensure data validity, the lead author conducted two member checks with a smaller subgroup of migrants (n = 5 in each group) who did not participate in the study but possessed similar sociodemographic characteristics as the study participants. Consensus was reached on key themes related to the perceived impact of the lockdown.

**Results**

Table 2 summarizes the sociodemographic characteristics of the study sample. Most participants were male (78%) and the median age for the sample was 26 years old. Approximately 83% of the sample had a primary or secondary level education. While 64% of participants had an intermediate level of French language comprehension, the same percentage of participants (64%) had only a beginner level of oral expression in French. Approximately 72% of the sample was from an African country, while one quarter (28%) was from Afghanistan. The sociodemographic data for this study is comparable to similar studies with migrants in France (Carillon et al., 2020; Crouzet et al., 2022). The findings below depict three domains—social networks, social support, and social cohesion—and the salient themes corresponding to each domain in addition to their impact on the migrants’ health and well-being from the perspectives of the migrants themselves. Pseudonyms are used for all the participants.
Table 2. Sociodemographic characteristics of study sample (N=120)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number of participants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender, n (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>94 (78.33)</td>
</tr>
<tr>
<td>Female</td>
<td>26 (21.67)</td>
</tr>
<tr>
<td>Age (years), median</td>
<td>26</td>
</tr>
<tr>
<td>Education, n (%)</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>45 (37.50)</td>
</tr>
<tr>
<td>Secondary</td>
<td>54 (45.00)</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>13 (10.83)</td>
</tr>
<tr>
<td>Little or no schooling</td>
<td>8 (6.67)</td>
</tr>
<tr>
<td>Level of Comprehension in French, n (%)</td>
<td></td>
</tr>
<tr>
<td>Beginner</td>
<td>38 (31.66)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>77 (64.17)</td>
</tr>
<tr>
<td>Advanced</td>
<td>5 (4.17)</td>
</tr>
<tr>
<td>Level of Oral Expression in French, n (%)</td>
<td></td>
</tr>
<tr>
<td>Beginner</td>
<td>77 (64.16)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>38 (31.67)</td>
</tr>
<tr>
<td>Advanced</td>
<td>5 (4.17)</td>
</tr>
<tr>
<td>Country of Origin, n (%)</td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>34 (28.33)</td>
</tr>
<tr>
<td>Guinea</td>
<td>20 (16.67)</td>
</tr>
<tr>
<td>Mali</td>
<td>11 (9.17)</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>10 (8.33)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>8 (6.67)</td>
</tr>
<tr>
<td>Senegal</td>
<td>8 (6.67)</td>
</tr>
<tr>
<td>Sudan</td>
<td>6 (5.00)</td>
</tr>
<tr>
<td>Somalia</td>
<td>5 (4.17)</td>
</tr>
<tr>
<td>Eritrea</td>
<td>5 (4.17)</td>
</tr>
</tbody>
</table>
Congo 4 (3.33)
Chad 4 (3.33)
Madagascar 3 (2.50)
Pakistan 2 (1.66)

Social networks

**Informal social networks and transnational networks**

All the participants described how their usual social networks had been disrupted in one way or another since they migrated to another country. Abdul-Azim, a 28-year-old male migrant from Afghanistan, expressed, “I miss my wife and kids. I am worried for their well-being. I feel very anxious and cannot sleep well.” Another migrant from Guinea, 23 years of age, spoke about how he was denied asylum in Austria and, as a result, lost his friendships there once he fled to France, “I was in Austria for 4 years and had my life there. I miss my friends there, more than my own family. They were my family. There are days I am so depressed; I just stay in my room all day.” A 25-year-old female migrant from Nigeria, Ginika, shared how her main source of support was gone and how she was still grieving in the post-migration context, “I lost my husband. I am still grieving here. I am sad and feel very isolated.”

Although the migrants’ social networks had been disrupted in the post-migration context, approximately half of the participants were able to stay connected with their informal transnational social networks using technology. Abdul, a 23-year-old male from Afghanistan, stated: “I try to talk to my mom every week on Whatsapp. This helps me feel less sad.” Similarly, Seydou, a Malian 26-year-old male asylum seeker, expressed, “I call my wife to know how she and our kids are doing. This helps me feel less lonely.” Beyond the impacts caused by disrupted old informal social networks and transnational social networks, our participants spoke about the effects of their new informal networks within France. About two-thirds of the sample also relied on members from informal local networks who provided different types of support. A 20-year-old male asylum seeker from the Ivory Coast, Kouakou, described his experience: “I speak to my African friends here at the camp. They help me out with what I need at times. They lend me money, play soccer with me, and boost me up when I am sad and alone.” A 23-year-old female migrant from Mali, Fadimata, stated: “I have a few friends here who I can count on for social support.”

**Formal networks**

Many of our participants spoke about formal network structures that they formed and/or became involved within France. A majority of the participants also counted on these formal networks comprised of social service workers, medical providers, and volunteers to assist them with their different needs (e.g., filing paperwork, learning French, making medical appointments). A Somalian 20-year-old male, Abdirahim, stated, “I know I can count on the people who work here. I am well accompanied for the
administrative procedures." In the same vein, Abdul-Ali, a 26-year-old male Afghan migrant expressed, “If I want to go to the doctor, the social workers can help me get an appointment." In addition, Djoëlle, a 24-year-old female asylum seeker from the Democratic Republic of the Congo, reported, “There are older people and younger people who are here to volunteer. They help us learn French. They are our connection to learning more about French culture.” Although the participants felt that they could rely on staff from the center, this perceived social support was not generalized to wider French society.

Social Support

Beyond the social networks that these migrants participated in, many highlighted the various types of social support (i.e., emotional, financial, etc.) derived from these social ties. Approximately half of the migrants spoke about receiving different forms of social support, including emotional support, as Moussa, a 23-year-old male migrant from Guinea stated: “I can count on my friends here at the center. I am usually depressed. It is hard to wait and not know what will happen to me in my future. But I look to them so I can keep going each day.” Mariame, a 28-year-old female from Eritrea, recounted how she relied on her African migrant friends who she called “sisters” for informational support, “I talk to my African sisters every week. They share important information with me like where to go for food, which doctor to go see, how to send money home, things that are helpful for me.” Other migrants spoke about receiving financial support from fellow migrants when they were in need and/or when they need to provide support to their families “back home.” A Somalian 20-year-old male, Abdirahim, stated, “It is getting harder to buy things I need. The money is so little. I cannot send money to my family. It is harder and harder. We also now receive a card to buy things. We do not get money.”

Conversely, about a third of the participants spoke about receiving very little social support from formal social networks such as staff members/other providers and from informal social ties of fellow migrants. As Tawab, an Afghan male migrant reported, “No one is available to help me. I have tried to make an appointment with the staff here at the center. I go to the appointment, I explain my concerns, but there is very little help they offer me.” Fatouma, a 28-year-old female migrant from Mali, expressed a similar experience with staff members, “We cannot really count on the staff. They are here to do a job but there are few resources for them to offer us. Their hands are tied because the State does not permit more resources or services. The government policies related to migrants are not helping us. They make it harder for us.” Another female Congolese migrant reported not being able to get any social support from fellow migrants in the center, “Everyone has their own problems here. We can’t really help each other because we are so focused on our own problems.” In addition to social networks and social support, and a lack thereof, our participants spoke about their feelings in relation to social cohesion within their new communities in France.

Social Cohesion

Although the majority of migrants felt safe within the confines of the migrant center or their personal living space, this was not the case outside their living space. The following themes describe their sense of living on the margins of society while experiencing uprootedness, uncertain belonging, and negative
perception from members of their new communities. All these sentiments were associated with negative mental health and well-being, which negatively impacted their ability to flourish.

Lack of belonging and marginalization

Most of the participants expressed a lack of societal-level social cohesion as approximately two-thirds of the migrants reported that they did not feel like they belonged to French society. Amin, a 24-year-old male Sudanese asylum seeker, reported, “I do not feel comfortable leaving the center. I do not feel included. I have few connections with any French people. They do not see me. I have no native French friends. I am invisible here and do not feel like I belong. I am depressed and can stay in my room for days.” Many migrants attributed their marginalization to the fact that they could not work, go to school, or contribute meaningfully to French society as they waited for their asylum cases to be adjudicated. As Oumou, a 22-year-old male migrant from Mali stated:

*I am completely apart from the French people. I need the vital things: to go to work and take classes. I do not want the government to give me money. I want to go to work. I feel I spend a lot of time doing nothing. Staying all day and doing nothing, plays with your mind. You get depressed or angry. There are days I am feeling depressed and then I am mad. This is not good for my health. I want to do more with my life and be healthy.*

Nawaskhan, a 25-year-old male migrant from Afghanistan also stated, “I am sad when I remind myself that I am in an unknown land where I do not speak the language. I lost a lot my husband, my land, my familiarity...I am alone here. No one here really knows me or cares about me. If I get sick, who will I turn to? Where will I go? I often panic and feel a lot of anxiety.”

Uprootedness and uncertainty

Although most of the participants reported feeling a sense of connectedness to the other migrants who lived in the same space, they also reported that this solidarity was short-lived given that after a certain period, they were all geographically displaced. As Fikru, a 23-year-old male migrant from Eritrea explained,

*As soon as you are feeling a little connected to the people that live in the same place, it is time to go. Some of us will be lucky and get refugee status, others end up in another center far away, others will be deported, and others will go onto the streets with no stable place. We end up losing touch. It is hard to form long-lasting connections with some of my friends here. They already told us this center is shutting down in about one month.*

At least half of the migrants had been in another European country prior to arriving in France and had been uprooted from that country. Many were now under the “Dublin procedure” in France and it was still unclear which country within the European Union (EU) was responsible for examining their application for asylum. Until confirmation of which EU Member State is responsible for their application, the French authorities did not consider the details of the asylum application. As a result, these migrants were in
limbo, and many had been for several years already. As Bahiri, a 24-year-old male Afghan asylum seeker who had been in Germany prior to coming to France and was denied asylum in Germany described:

*I felt I wasted 5 years of his life. When I was in Germany, played soccer every day. I went to school. I learned the language. I had friends. I had a life. I am in France now and don’t feel I can start all over. What if the same thing happens again and then I cannot stay here? Then what? It is harder to work towards future goals. We are just waiting and wasting time. I cannot work here. I cannot go to university. I am not well. I am really worried and anxious all the time.*

Along with the experience of having been uprooted, many migrants experienced uncertain belonging within their new communities. A 28-year-old migrant from Somalia described his feelings as an “outsider,” stating, “No one approaches me here in France. They do not see me. They do not know me.” The neighbors in the area mobilized and were very vocal about wanting us out of here. Some extremists even posted a sign outside where we lived demanding that we leave.” Refer to image A.

![Image A. Sign stating “We'll stop sticking [these signs] when you leave” outside migrant center in Lyon, France. (copyright: Author 1) Similarly, another migrant from Guinea also reported a need to be known by French citizens and by the French government,

*What I need the most is for people to understand my situation, for the government to understand my situation. I feel a certain sadness and even anger over the fact that France does not see my country as a very dangerous country. They blame us for what is going on. There is a lack of understanding of our reality. We are not fleeing misery because we can manage misery, even in France, there is misery. But what we are fleeing is violence.*
Other migrants expressed that French citizens need to make a link between what is happening now with their country and what took place in history, including the colonization of their country by France. A migrant from Senegalese put it this way, “We need to understand the roots of causes. We need to understand that there is a history too between France and its former colonies. People do not understand this. This bothers me given the situation in Africa, and what is happening in our countries there and the role France plays there.”

All the migrants also expressed how they felt misunderstood or negatively perceived by French citizens. Amin, a 24-year-old male asylum seeker from Sudan, described how the French did not understand why migrants were unable to work. He stated, “French people ask me, ‘Why don’t you work and do something with your time?’ They think migrants are lazy! They see us here [migrant center] or wandering through the streets. They have no idea that we are not allowed to do so! It is not a voluntary choice. I wish I could work. I cannot work because I have no papers. We are all here waiting and wasting time away every day.”

Similarly, Mohamed, a 27-year-old male Congolese asylum seeker expressed, “We are blamed for all the bad things that happen in the neighborhood even if it is not us. Last week the neighbors complained that the migrants in the center left dog poop on the sidewalk. How could it be the migrants? We do not even have a dog!” Another migrant, 24-year-old Hasina from Madagascar, reported a similar sentiment, “We sometimes read in the paper about terrible things that some people in our country have done. I do not represent my entire country. People here judge me and other migrants for these actions. Why do we have to pay for all the negative things people in our country do?” In addition to a lack of meso-societal level social cohesion, our participants spoke of the effects of macro-societal processes in relation to social cohesion that impacted their lives in France.

**Lack of identity and security**

Various migrants stated that not having documents that showed a legal migration status, commonly referred to as ‘papers,’ decreased their sense of security and capacity to flourish in their new communities. As Nawaskhan, a 25-year-old male migrant from Afghanistan stated, “Without papers, I have no identity. People do not see me. Having refugee status allows me to be safe, form a family ...To somehow have a normal life.” Similarly, Dejeneba, a 37-year-old female migrant from Mali stated, “I have no certainty about my future in France right now because I lack papers here. I can be deported. I cannot work without papers. With papers, I will have more security. I can work and then find a path to bring my 9-year-old daughter here from Mali. We can be together as a family again.”

Bakoly, a Guinean 23-year-old male migrant, described his worries for his future,

*Right now, I am doing ok mentally. I have my hard moments, but I find structure in my daily life. I get up, go to my language classes, go to the library, and find things to do. I want to do so much in my future, I have plans to go to university and become an engineer. I want to be productive in France and make something of myself. I have been waiting for a long time and still no papers. My biggest worry is for my future. What if my mental health goes downhill with time? I worry to myself ‘What if one day, I finally get*
my papers, but at that point it is too late? I am not mentally well and cannot do anything with my life in France?

Apart from the effects that spur from legal documentation of their migrant status, other migrants spoke about how current migration policies created barriers for migrants.

**Current harmful migration-related policies**

All the migrants spoke about the impact of migration-related policies on their health, well-being, and ability to flourish. They were all aware that refugee status would mean more security in their lives and more stability regarding their future. As Mohamed, a 27-year-old male Congolese asylum seeker expressed, "Even though some people have the right to protection and need protection, they are rejected. Today's policies have not evolved to reflect the current realities related to migration and why we are migrating to France and other European countries. Many of us are fleeing violence. There is no protection from the government in our countries. In some cases, they are the perpetrators or sponsors of the violence."

Another migrant, a 24-year-old male from Nigeria, expressed frustration with the current migration policies, "I do not understand these policies! France signed onto a treaty for the protection of migrants. France is a humanitarian country. How could the policies then be so inhumane towards us migrants? We are not here to feast on the baguettes. We are fleeing violence [...] We need safety and protection." Similarly, a 24-year-old asylum seeker from Afghanistan described the migration policies as "arbitrary" stating, "These laws seem to contradict what is happening in reality. France and other European States say that Afghanistan is a safe country. It is not on the list of dangerous countries. We can now live peacefully in Afghanistan. There is conflict still there and it is unsafe. They accept Syrians more easily. Why not us? It is arbitrary."

Another asylum seeker, a 20-year-old male from the Ivory Coast, Kouakou, explained how the legal structure and laws do not grant permission for migrants to work. Kouakou expressed how these laws harmed migrants as, "They do not permit us to work. We wait and wait, with no answers. We cannot live well without being able to work. Our migration status hurts us. These migrant policies here hurt us." These policies blocking migrants from working also had social consequences, as Seydou, a Malian 26-year-old male asylum seeker, described, "We do not work. We are isolated. If we worked, we could interact with more French people too. We could practice French and feel more like we are part of this society."

Additionally, stricter healthcare policies within France in recent years have created more barriers for migrants in need of health services, including mental health services. The 2019 healthcare reform policy known as 'L’aide médicale de l’État (AME),’ or the Federal Medical Assistance, now requires asylum seekers to complete a 3-month "délai de carence" (waiting period) in France prior to accessing basic healthcare coverage (Stone, 2019). New restrictions on the type of care available were also introduced, for example, excluding psychiatric support. Omran, a 28-year-old male asylum seeker from Afghanistan,
stated, “It is difficult for me. I have a lot of back pain, I cannot sleep most nights, seven days a week. I am also suffering mentally. I do not think clearly. I told the people who work here. But they say I need to wait. I do not have my healthcare papers to be able to see the doctor. I just wait.” Overall, the macro-level policies negatively impacted the health and well-being and capacity of these migrants to flourish in their host community. These asylum seekers are suffering psychologically, socially, and economically due to the current migration-related policies.

**Discussion**

This study unpacked the relationships between specific social environmental factors (social networks, social cohesion and social support) on migrants’ mental health and well-being as well as their capacity to flourish. We found that a disruption of social networks and a lack of social support and/or social cohesion leads to poor mental health and well-being for migrants within France. These findings are in line with previous studies that demonstrated how perceived discrimination can have effects on mental health, including symptoms of anxiety, depression, and post-traumatic stress disorder (Lincoln et al, 2021; Chou, 2012; Schmitt et al., 2014; Williams & Mohammed, 2009). Conversely, we found that migrants that were a part of both formal and informal, local and transnational social networks were able to derive various forms of social support from these social ties which positively impacted their mental health and well-being; these findings also align with previous literature (Berkman et al, 2000; Cohen & Syme, 1985; Djundeva & Ellwardt, 2020; Perreira & Pedroza, 2019; Pursch, 2020; Ryan et al, 2008; Smith & Christakis, 2008). While some migrants rely on local and transnational social networks and these various forms of social support, which positively impact their mental health, ultimately, the lack of social cohesion as a result of macro-level policies negatively impact their ability to flourish in their host community.

Many migrants relied on social support and social networks to survive daily. The various forms of social support derived from their different social networks elevated their mental health and well-being. However, there was a lack of social cohesion needed in the long-term within their social networks and within the larger French society. Thus, it was difficult for them to flourish and experience security about their futures. Overall, many of the migrants spoke of a lack of belonging to French society, which is a key dimension of social cohesion (Manca, 2014; OECD, 2011). These migrants described how they had few connections with French individuals and felt misunderstood or perceived negatively by French society. These experiences can be interpreted through Holmes and Castañeda's conceptual understandings of “deservingness” and “difference” as portrayed through negative media and political discourse representations of European refugees (Holmes and Castañeda, 2016). These negative representations of refugees “shift[s] blame from historical, political-economic structures to the displaced people themselves [...] demarcate the “deserving” refugee from the “undeserving” migrant and play into fear of cultural, religious, and ethnic difference in the midst of increasing anxiety and precarity for many in Europe” (Holmes and Castañeda, 2016).

Moreover, study findings demonstrated that current migration-related policies contributed to migrant experiences of marginalization and discrimination. For instance, our study revealed that the lack of
access to work translated into less social opportunities to interact with French individuals and reduced the capacity for building social cohesion. A previous study with French migrants demonstrated how if asylum seekers were granted access to work after one month or less, negative attitudes between migrants and French nationals would be drastically reduced, therefore, positively impacting social cohesion (Chenus, 2019). These limitations imposed by macro-level legal barriers ultimately harmed migrants’ capacity to flourish within their host society (Willen et al, 2021).

Galtung (1969) refers to these barriers as “structural violence,” which he understands as the avoidable impairment of an individual’s ability to meet their human needs and affects their lived realities. The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to migrants’ mental health and well-being (Farmer et al, 2006). Relatedly, Perreira & Pedroza (2019) refer to these migration-related legal structures that limit access to employment and healthcare as “policies of exclusion,” which include an array of federal, state, and municipal laws and administrative practices that can either facilitate or hinder immigrant integration (Perreira & Pedroza, 2019). Overall, our findings highlight that a lack of social cohesion on a meso- and macro-level impedes the ability of migrant flourishing.

Migrant-related policies not only hindered migrants from flourishing in the short-term through exclusion from employment and stricter access to healthcare, but these policies also affect migrants in the long-term by creating prolonged periods of uncertainty as migrants wait in limbo for the outcomes of their asylum applications. Many migrants within our study also spoke about the inability to connect with other migrants in the long-term because after a certain period of time, they were displaced to another migrant center in a different part of the country or had to survive on their own under precarious conditions. This phenomenon is referred to as a ‘dispersion policy’ (Gardesse & Lelévrier, 2020). Grace et al. (2018) refer to these conditions created by current policies related to the governance of migration as the “violence of uncertainty,” which undermine migrants’ mental health and well-being by creating systematic insecurity (Grace et al, 2018).

Our study is limited in terms of generalizability, yet despite this limitation, the qualitative methodology offered insight into the personal accounts and experiences regarding mental health and well-being among migrants and refugees. Additionally, a more holistic view of mental health and well-being—beyond clinical conceptualization—is considered within this study, which acknowledges the importance of flourishing in their host society. This holistic view lends itself to a more nuanced understanding of the role each social environmental factor plays in overall migrant mental health and well-being.

Further research is needed on how social networks, social support, and social cohesion impact the physical health of migrants. We also need future studies that elucidate the role of each of these factors over a longer period and under evolving political, economic, and social dynamics in France and the European Union. In addition, it is important to understand the French sociopolitical context related to migrants to interpret the study findings and policy implications. The French far right has expressed anti-migrant sentiments over the last decade following the Arab Spring Uprisings. For example, Marine Le Pen
(who ran for the French presidency in 2012, 2017, and 2022) and is a member of the National Assembly of France and the National Rally, a nationalist, right-wing populist, and far-right political party in France, opposes migrant integration in order to “preserve ‘French identity’” (Schertzer et al., 2022). However, even those on the left have demonstrated anti-migrant practices. In 2018, the United Nations (2018) criticized France and the Macron government for “increasingly regressive migration policies and the inhumane and substandard conditions suffered by migrants” (United Nations, 2018). Macron’s administration was also responsible for the systematic destruction of migrant settlements by authorities in Paris and the city of Calais whose proximity to the English Channel makes it attractive for migrants trying to reach the United Kingdom.

Introducing more inclusive policies related to the governance of migration that understand migrants as “French in waiting” to borrow from Motomura’s (2006) conceptualization in the United States context, is key to promoting social cohesion in France. France must embrace its state responsibility of facilitating social integration through inclusive policies at the local and federal levels. Ultimately, policies of inclusion establish a foundation for social cohesion, integration, mutual understanding, learning, and trust in a host society (Perreira & Pedroza, 2019). Additionally, from a social determinants of health perspective (Solar & Irwin, 2010; WHO, 2008), policymakers have yet to adopt an approach that views all public policies (including im/migration policy) as health policies (Clavier et al., 2016). Civil society organizations and other non-governmental actors have played a vital role in providing different types of support to migrants. Their efforts highlight how the French government needs to adopt an intersectoral approach to the governance of migration. This perspective would contribute to the social inclusion of migrants and ultimately, increase social cohesion among all members of society.

Social inclusion has been shown to affect migrant health through participation in economic, social, and political activities (Chaplin et al., 2020; Chuang et al., 2013). Overall, it is vital to recognize how more inclusive French public policies can improve the social environment and, in turn, positively affect the mental health, well-being, and the capacity of migrants to flourish in France.

Declarations

Ethical Approval and consent to participate

Approval for this study was obtained from the Institutional Review Board of the Université de Lyon. Informed consent was also obtained from each participant prior to each interview.

Consent for publication

Consent for publishing the article was obtained by all authors and participants.

Availability of data and materials

Data can be made available upon reasonable request.
Competing interests

The authors have no competing interests of a financial or personal nature to declare.

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Authors' contributions

Conceptualization, M.D.J.; Formal analysis, M.D.J.; Funding acquisition, M.D.J. & L.P.; Investigation, M.D.J., Z.M. and Z.H.S.; Methodology, M.D.J.; Resources, M.D.J. and L.P.; Visualization, M.D.J. and B.W.; Writing—original draft, M.D.J.; Writing—review & editing, M.D.J. & B.W. All authors have read and agreed to the final version of the manuscript.

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References


**Figures**
Figure 1

Conceptual Framework: Relationships Among Social Environmental Factors and Migrant Mental Health, Well-Being, and Flourishing