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Research Article

"We Were Already in Lockdown": Exploring the Impact of the COVID-19 Pandemic on Asylum Seekers and Refugees in Australia—Mental Health, Social Isolation, Abandonment, and Financial Precarity

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The aim of this study was to give a voice to people from asylum seeker and refugee backgrounds in Australia during the COVID-19 pandemic and to explore their perspectives concerning their experiences of everyday life. The findings highlight the impacts the pandemic had on these groups, how it exacerbated existing vulnerabilities, worsened mental health, increased social isolation, affirmed a sense of abandonment, and heightened financial precarity. The study adhered to a social constructivist approach. It used a qualitative methodology guided by a narrative research approach. Semistructured in-depth interviews with thirteen participants were thematically analyzed to generate a global theme and subthemes. For people from asylum seeker and refugee backgrounds in Australia, the government-mandated lockdown measures led to increased feelings of loneliness and loss of social support networks, reduced access to public spaces, and limited engagement in face-to-face activities and opportunities for socializing and maintaining mental well-being. The pandemic intensified domestic partner violence incidents and financial stress emerged as a major concern. Participants lost or had reduced employment, and many were ineligible for government financial support. These challenges intersected with preexisting hardships which contributed to feelings of abandonment. Based on the findings, implications include the need for inclusive policies and targeted healthcare support, measures to prevent and respond to partner violence, and inclusive financial assistance schemes that address the unique needs of people from asylum seeker and refugee backgrounds in Australia. Further research is needed to inform therapeutic supports and trauma-informed services for these groups.

1. Introduction

The COVID-19 pandemic was declared in early 2020 [1] and had a profound impact on people globally [2]. While the pandemic impacted most people's health and well-being and economic and social situations, research has shown that some groups were disproportionately impacted. These include people with disability, those experiencing homelessness, older people, children and youth, culturally and linguistically diverse (CALD) communities, and people from low socioeconomic backgrounds [3–8]. These groups had poorer outcomes than others across multiple domains, which include economic, employment, and health domains, and had limited access to health and social services [4, 9].

In addition, those considered displaced individuals— people seeking asylum, refugees, undocumented migrants, or those who arrived by boat and on temporary protection visas or safe haven enterprise visas, bridging visas, or people without visas—regularly experience chronic economic, health, and social impacts and marginalization and

inequalities across these domains when compared to the general population [8–13]. These groups also have restricted or limited access to social, health, employment, and financial supports and services, often due to their migration or legal status [10, 13–15], and globally experienced greater exposure to the COVID-19 virus and higher infection rates than others [11].

These are groups of people in Australia who, prior to the pandemic faced significant issues, particularly in relation to punitive government policies [16], employment issues [10, 13], separation from family and feelings of hopelessness, anger, entrapment and defeat [16, 17], and the impacts of these on the mental health of these groups of people including higher rates of depression and anxiety symptoms, suicidal intent, and posttraumatic stress disorder symptoms [17–19].

Some authors have suggested that for these displaced peoples, the acculturation challenges, social isolation, poor living conditions, and financial disadvantage are factors that impacted further on the health and well-being of those during the COVID-19 pandemic, globally, [11, 14, 20] and on those who resided in Australia at this time [21, 22].

Since the pandemic, literature has highlighted that Australia's pandemic response, control, and support measures provided limited social, economic, and health support and services for *people on temporary visas or without visas* [2, 23]. However, this is a trend observed globally [11]. In Australia, these are people who were excluded from social security and wage protection mechanisms put in place by the Federal Government temporarily during the pandemic to help alleviate the loss of Australians' regular income [24–26]. The financial impact for *people from asylum seeker and refugee backgrounds* and people *on temporary visas or without visas* meant many were not able to secure their basic living needs [15, 27–29], which has impacted greatly on these groups' mental health [30], a trend observed globally [11].

In Australia, some authors noted that financial vulnerability functioned as a trigger, in part, for an increase in family and domestic violence incidents both in frequency and severity amongst undocumented migrants and displaced groups from CALD communities [31]. The closure of community and cultural centers resulted in reduced help-seeking from women who frequently attended these social hubs [32–34] and for some other minority communities in Australia, for example, Afghan, Congolese, and Syrian communities, a reduced access to help-seeking information and government-led COVID-19 information in regional areas [2].

While the literature has provided an overview of the impacts the COVID-19 pandemic had upon *people on temporary visas or without visas in Australia*, we know less about the everyday experiences of these groups, the vulnerabilities, marginalization, and exposure from their perspectives. As such, there is limited research conducted in the Australian context that captures the lived experiences of those who were seeking asylum or who were refugees throughout the COVID-19 pandemic and lockdown periods in 2021. By addressing this research gap, this study contributes knowledge towards a better understanding of the challenges faced by people from asylum seeker and refugee backgrounds in Australia and draws attention towards an urgent need for a targeted and comprehensive approach to healthcare and well-being supports.

2. Study Design and Approach

2.1. Study Objectives. In response to the above, this study investigates the impacts of the COVID-19 pandemic from March to November 2021 in New South Wales, Australia, on people from asylum seeker and refugee backgrounds. As a part of a larger project on community groups' experiences of living through the COVID-19 pandemic in Australia, the aim of this study was to give a voice to asylum seekers and refugees in Australia throughout the COVID-19 pandemic and to explore their perspectives concerning their experiences of everyday life.

2.2. Methodology and Methods. This study adheres to a social constructivist view that "...individuals seek understanding of the world in which they live" and "develop subjective meanings of their experiences" ([35], p. 8). For the purposes of this study, we understand that the personal construction of meaning is socially positioned, experienced, and influenced by participants' interactions with others, their environment, and the surrounding context [36].

As researchers working from this approach, we rely on participant perspectives and do not generalize to a group or population. Staying open and attentive to the variability, diversity, and complexity within the data are essential for researchers adopting a social constructivist approach [37]. It is also a valuable practice for researchers who interact with participants in vulnerable situations or identify as vulnerable themselves [38]. The study used a qualitative methodology guided by a narrative research approach. A narrative approach to this study provides a platform for groups who are not regularly provided a voice in research [39] and aims to explore the participants' storied experiences as told by them in their own words and worlds [40, 41]. Ethics approval for this study was provided by the Australian Catholic University.

2.3. Participants and Procedures. This study included thirteen participants who received support and/or assistance from either one of two governments funded or supported community social service organisations in New South Wales, Australia, any time from March to November 2021. Participant characteristics are provided in Table 1. The recruitment of study participants was conducted through and with the assistance of staff at two organisations. To safeguard participant anonymity, we refrained from documenting the cultural backgrounds of participants. Instead, we categorized their status as either asylum seekers (e.g., those on bridging visas or still using their original visas upon entering Australia, such as student visas) or as individuals granted refugee status and holding temporary protection visas. The supports and services that organisations like those in this study typically provide to the community include housing and

TABLE 1: Participant characteristics.

Participant	Gender	Status
Alexandra	Female	Asylum seeker/no visa
Amira	Male	Asylum seeker/no visa
Miranda	Female	Asylum seeker/no visa
Rosina	Female	Asylum seeker/no visa
Sameera	Female	Asylum seeker/no visa
Tameena	Female	Asylum seeker/no visa
Angelo	Male	Refugee/temporary visa
Felicity	Female	Refugee/temporary visa
Hamin	Male	Refugee/temporary visa
Julie	Female	Refugee/temporary visa
Raju	Male	Refugee/temporary visa
Rameena	Female	Refugee/temporary visa
Rosa	Female	Refugee/temporary visa

employment assistance, financial support, and the provision of people's basic needs such as clothing and food, as well as assisting people who are not permanent residents or citizens of Australia with a range of issues like these.

2.4. Consent Process. An active consent procedure [42] was used for all participants included in this study. Prior to their involvement, participants were provided with a project information letter with details about the study and included information about how to withdraw from the study at any time. Information letters were read to the participants by an interpreter and were asked to confirm their consent prior to the interview. Each study participant was offered a $30 voucher as reimbursement for their time in interviews. Just two participants declined the voucher stating that they did not need it.

2.5. Interviews. Individual semistructured interviews were carried out to explore participants experiences of the COVID-19 pandemic, including within the period of government-mandated lockdowns in New South Wales from March to November 2021. The focus of the interviews was on the reported impacts on the participants and the nature of these. Due to COVID-19 health restrictions, interviews were set up to be conducted either remotely or, where possible, in person. All interviews were recorded and conducted over the telephone or with video-conferencing software, i.e., Microsoft Teams or Zoom. Interviews with participants lasted up to 1 hour and were participant-led, meaning discussion was focused on key topics while encouraging the participant to share with the interviewer what was important and relevant to them.

Interview questions were prewritten and designed to gather an initial response, and the researchers prompted additional follow-up as required with simple open-ended phrases and questions. Questions were focused on the difficulties and challenges experienced due to the COVID-19 pandemic, seeking support and service user engagement, barriers to support, mental health and well-being, and ongoing difficulties and challenges. Where participants ($n = 12$) had English as a second language and/or were proficient in

a language other than English, interpreters were arranged through Translating and Interpreter Service (TIS National) and joined the interview with the researcher and participant. Interviews were transcribed using an online service.

2.6. Data Analysis. Thematic analysis [43] was selected as the method to analyze the data. Thematic analysis is an adaptable and flexible method and is used to generate themes from patterns in data. Themes and patterns in data can be used to address research questions about people's lived experiences of a certain topic/s or phenomena [43]. The themes generated from the interview and data collected for this study were produced through a process of continual engagement and reflection with the data. Code and memo books were kept and documented throughout the research process, and researchers met regularly to document thoughts, views, perceptions, and biases, as part of a reflexive research practice [44, 45]. The themes produced from the analysis and interpretation of the data are grounded in participants' words. This is carried out to ensure that the findings from the process of analysis remain closely aligned with participants' reports.

3. Findings

The findings of this study are presented as a global theme with several subthemes. The theme titles were drawn from participant language or quotes that were selected as being effective in depicting the shared and diverse experiences of the participants. The global theme, *Everyday Life and the Arrival of the COVID-19 Pandemic*, is presented. Figure 1, a thematic network map [46], illustrates this global theme and subthemes. Where names appear within or beside quotes, pseudonyms have been used.

3.1. Global Theme: Everyday Life and the Arrival of the COVID-19 Pandemic. The global theme highlights how the study participants often faced difficult choices in their everyday lives and within sometimes great constraints. Despite the precarious situations that most of the participants reported themselves to be in, we found them to be agentic and capable actors who strived to take control of their challenging circumstances. These were participants not just in need of support, but who were also supporters and carers for family, friends, and communities and who upheld vital roles across these areas. The subthemes presented offer insight as to how the COVID-19 pandemic impacted participants' mental health, social and community participation, employment and financial status, and sense of belonging in Australian society. The themes also provide a look at the domestic violence that some female participants experienced and the exclusion and isolation that featured prominently throughout the participants' lives, including prior to the pandemic period.

3.1.1. Before the Pandemic: "Sometimes Working, Sometimes Not Working". Prior to the pandemic, many participants reported that they were just getting by with everyday
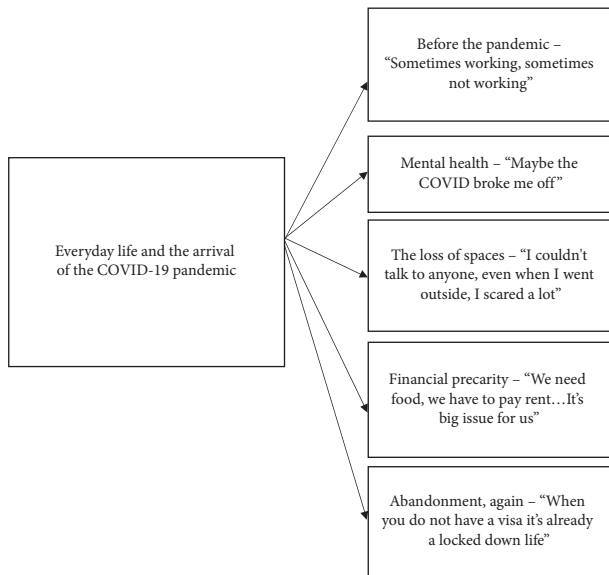
FIGURE 1: Global theme: Everyday Life and the Arrival of the COVID-19 Pandemic.

life—although working hard, most had some employment and an income, were mostly making ends meet, paying bills, and were providing just enough for themselves and their families:

> ...My husband was studying in university. We pay the tuition fee and some casual work and can meet financial needs. Life is not too hard. (Rosa)

While participants reported that everyday life and getting through the week was already difficult, the COVID-19 pandemic added to their existing financial precarity. These participants were those who described themselves as asylum seekers or refugees. These participants were often in situations where they earned less than the minimum wage and were juggling several part-time, casual jobs:

> My language is not too good, so something I read, but I don't understand... I'm pregnant, so I can't work, so my husband finds some job. Sometimes he is working, sometimes not working, but he said there is not enough money for us... (Alexandra)

> ...I'm on a student visa as well, which I'm doing double job if I could during off days from school...(Julie)

> I was working and paying tax and trying to contribute in Australia's society but after some time, when the pandemic come, there's nothing. Absolutely nothing for us to do. Nothing. And no job, no family, everything becomes extra hard and big problem, especially when you can't work, no rent, pay money rent never stops, you have to pay the rent and yeah, that was very difficult. I was very scared ...I might become homeless and big problems. (Amira)

A participant's description of their circumstances just prior to the COVID-19 pandemic highlights some of the additional challenges and difficulties some experienced:

> I have a disability with my arms, so working is quite difficult for me, working as a cleaner...my immigration matters were unsuccessful, and my Centrelink benefits ceased...my husband could also not support [us] financially... I had to somehow manage rental payments as well as children's schooling expenses and other needs. (Miranda)

The arrival of the pandemic had an immediate and long-lasting impact on all participants. Participants shared accounts of various overlapping issues, including mental health and well-being, finance and employment, greater caring responsibilities, and increased isolation.

3.1.2. Mental Health: "Maybe the COVID Broke me off". All participants reported a decline in their mental health/well-being from the period of the pandemic first being announced in Australia. Most community members described feeling anxious, stressed, depressed, worried, or scared and reported a sense of hopelessness in their situation or circumstances as well as in the broader sense of what was occurring around them at the time:

> Maybe the COVID broke me off... I had a very bad separation during COVID in 2021, I had to leave my house and a lot of things happened, there was court involved, and I was being abused... (Rameena)

For a couple of participants, preexisting mental health problems were exacerbated during the pandemic and contributed to additional pressures:

> I had issues with suicidal thoughts and actions...I also had one incident, where I shook my baby. So, child protection team had to get the call...but it did scare me a lot, it was something that I didn't expect. So, I was thinking that people or these services would be taking my child away from me and not having any relatives here in Australia somehow kind of boosted that fear and doubts about yourself and then you can't even let anybody come in here for you to help because there were restrictions. People can't visit. Because it was up and down in terms of the pandemic. It's not easy for people to visit you, even during your birth, visitations in hospital can't be done...(Julie)

For some others, their experience was directly linked to the pandemic and the feelings of helplessness that arose from that. The strict government mandated lockdowns, increased police presence where the participants lived, and being confined to one space triggered fear and anxiety in several participants:

> Not only am I sitting at home with too much time to think, I feel like the future has gone. I went shopping and was stopped by the police and had my bag searched. I had to show I had been shopping. I don't have much money, so I have to go to the shops, I can't order food. My heart was

beating, when I got home, I collapsed and cried. I thought, "is everything I went through, for this?". (Amira)

For people already experiencing social isolation, the fear of contracting COVID-19 was very real, leading one participant to leave her job:

From the onset of 2020, I started a job. Immediately COVID came in, I can't start anything again, because I have my child, so it's hard [and] *with too much anxiety and the trauma. Anybody that has cold, as in flu,* [during] *that time it's like the person has COVID. I was so traumatized. How will my child survive COVID? Because you see all those things on internet, how people are suffocating and couldn't breathe because of COVID. I couldn't imagine that. So, because of that, on my own, I have to quit my job because I just need to focus on my child and be sure he's alive.* (Rosa)

3.1.3. The Loss of Spaces: "I couldn't Talk to Anyone, Even When I Went outside, I Scared a Lot". The lockdowns created a loss of familiar spaces, routines, and in-person activities or gatherings for many participants. This led to isolation and increased feelings of loneliness for some. For most participants, the mandated lockdown was particularly challenging because spaces that were once regularly frequented (like community or religious centers) were essential for mental and physical well-being, socializing, and receiving support and educational programs:

. . .Because of being alone in COVID times, we couldn't go and meet... I don't have any family here, I had very few friends, so I couldn't even meet them, and I was totally isolated... It really affected my mental health. I got anxiety because of COVID, weight gain, everything, you name it, because of COVID. (Rameena)

For all participants, staying at home resulted in a loss of support and spaces that provided people with a sense of community. These spaces were an important part of people's daily routines and involved socializing and accessing healthcare support, information, and education:

I was in the house alone and I didn't know much about COVID then, I couldn't move. I couldn't talk to anyone, even when I went outside, I scared a lot, like, "Oh, maybe something can be happen" . . . And the shopping mall was closed during that time, there was nothing. . . "Okay, where I need to be go, how can I pass my time? And what will I do?" There was nothing to do. (Rosina)

As the quotes above illustrate, the loss of spaces for gathering and socializing engendered a series of negative impacts for the participants. Social isolation increased and mental health worsened as participants could not visit the places in which they previously connected with other people.

There were a few stories of domestic partner violence incidents amongst participants. The physical restriction imposed by mandated lockdowns suggested perpetrators had an increased ease to monitor and control victim survivors:

. . . I'm a victim of domestic violence and lots of things happened in my life. And my previous house owner, she increased my rent without any notice. . . I didn't know where I need to go. And my ex-partner was in jail. And I called every organization everywhere, like where will I stay? I didn't know anything. I was new at that time, and I didn't understand any Aussie accents, nothing. It was really tough for me. (Tameena)

. . .Trying to secure myself in always, look after myself then overcome those psychological scars from domestic violence . . . deep seated psychological scars that I would say that I faced and during that COVID, that pandemic period, it really affects me mentally. They affected my health and mental health... The impact of those things. . .it was very challenging. . . (Felicity)

A couple of participants described how social media was used by perpetrators of violence to reach them during lockdown and to continue abuse through emails. This involved using emails and other online spaces to reinforce the stay-at-home message:

Everyone is telling you to stay home. But it was hell, the violence was non-stop, and I was to blame for everything that was happening. (Tameena)

3.1.4. Financial Precarity: "We Need Food, We Have to Pay Rent. . .It's Big Issue for Us". Contributing to further impacts on participants' mental health, participants shared their experience of how the loss of work reduced employment and ineligibility for COVID-19 government financial assistance support resulted in increased levels of financial stress, which often resulted in fear and despair:

Many worry because no work... Only thing that we had left in the house is lots of rice, little bit of noodles, and lots of lentils and little vegetables and the food left and now we eating, everyday, rice. Cook big rice and we eat, maybe one day, two days and then maybe some noodle, two-minute noodles. Yes, not many vegetables and I forgot what fruit is like and yeah, it's very hard. . .the situation was very hard and we sharing house with many people and can't able to have the lights on every day and no water . . . I was just remembering our lives in our country, some villages and things with no light, no water, no facilities, so we were in the same sort of place all over again. Very hard. (Raju)

While the public health advice was to stay at home and wear masks if leaving the home, most participants consistently needed to travel to have access to essentials, such as to get food from social service organizations. Some participants were faced with the additional challenge of how to access masks without having sufficient income to purchase them. As one participant explained, ". . .I have to choose how to

spend my \$50–food, masks or calling my children." Participants noted the additional pressures of having to purchase food and medicines while shops increased their prices and some shared experiences of the ongoing costs for those who had children. These were all factors that exacerbated participants' financial stress:

> *It was really big impact for us, the COVID. . .I have two kids and we have to deal with the financial. . .Especially that we are temporary here, so we just really have to work without government support . . . then the government, says, lockdown. . . Kids really needs milk, we need food, we have to pay rent, electricity bills. . .It's big issue for us, mental issues . . . We're trying to call family [overseas], but they cannot do anything because they are also part of it. . . it's really, really challenging.* (Angelo)

For some, this meant that to pay rent, utilities, or other expenses, they reached out to friends or family and asked for money and to take out a loan and enter debt. For these participants, this was something that they did not want to do or felt comfortable with but had no choice. Some participants described the strain and stress that borrowing money placed on their relationships with their friends and family:

> *After the COVID, we both lost our job . . . After that, we had some problem. We had some of savings for paying the rent and food but finish our savings, and COVID everywhere. My family aren't in the country, so they can't support us. . .we have a bank loan, credit card. . .we have some of the money from our friend. . .the friends asking, "When you pay us back?" It's so stressful. Sometimes we, my partner and me, very angry because it's so stressful. Can't stay in, can't sit, calm down. It's impossible. . .*(Alexandra)

3.1.5. Abandonment, Again: "When You Do Not Have a Visa It's Already a Locked Down Life". For asylum seekers, including those on bridging visas or on the visas they entered, e.g., student visa, who were already involved in legal proceedings and related processes, the challenges they faced in the pandemic increased their feeling of powerlessness and helplessness:

> *. . .when you do not have a visa it's already a locked down life. . . You are already in lockdown. There is no study, there is no work. No freedom. See you are already in lockdown. . . When COVID arrived it just made things worse.* (Sameera)

> *. . .the pandemic is for everyone, but especially like our guys, we're living with temporary visa, and we don't have the work for full time. But because of our visa condition, we couldn't get the proper work into the community, but all the companies are expecting it for the permanent visa holder. That's issue. They make us very difficult. During pandemic time, we very struggle. . . And then we're trying to start our life here. COVID is come, struck everything, we can't move forward our life. And then almost is trying to build our life again. . . I am looking for the jobs to find a job with temporary visa. Always visa is big issue to me, . . . they*

> *wanted the permanent resident or good visa condition, but even six-month visa is not affect. We couldn't get that good opportunity to workplace. That's quite pain. Always quite tricky.* (Hamin)

These preexisting issues combined with the challenges of the pandemic left many participants highly vulnerable during and beyond the pandemic crisis period. Several participants reported a sense of abandonment connected to Australia's response to the pandemic:

> [the Australian government says] *"go home," how can I go home? I've paid so much money to come here to study and money is already tight, the process already started and then all of a sudden, "go home." How to go home? No airplanes. Airlines shut, I can't go home because very big money. Thirty thousand, that is very big money in my life and my parents, they sacrifice very big. I can't waste all that money and go home. . .I work here. I pay tax. I do everything. I'm studying here, why should I go home? I should be able to, when things like pandemic, like this happens, I think the government should help and look after, it's this country's responsibility. We are guests invited to this country, to study and make everything good and when very bad things happen, they should look after us. . .that was very disappointing* [to hear from the Australian government]. (Raju)

> *I mean, we struggled first coming into this country, looking for jobs. . .going from one place to the other to get free food, to get free groceries. . . residents here. . . they're treated differently. For example, when you're a resident or a citizen here, you get money, funds from the government. Some assistance from the government, but for us student visas or other temporary visas, we don't.* (Julie)

4. Discussion

The aim of this study was to give a voice to people from asylum seeker and refugee backgrounds in New South Wales, Australia, in 2021 during the COVID-19 pandemic and to explore their perspectives concerning their experiences of everyday life. This study highlighted the profound impacts of the pandemic on the mental health and well-being of these groups. The findings reveal that the pandemic exacerbated preexisting mental health problems, intensified feelings of helplessness and loneliness, reinforced perpetrators' use of domestic partner violence, and placed additional stress on participants who already faced various challenges because of their insecure legal status. As such, this Australian study provides a rare look into the experiences of people from asylum seeker and refugee backgrounds in Australia throughout the COVID-19 pandemic.

Participants in this study experienced heightened anxiety and social and physical isolation due to their loss of access to communal social spaces, including support groups and community organisations because of the government-mandated lockdown measures. These spaces were essential for participants' socializing, mental well-being, and daily routines. These spaces were described by the participants as

vital for coping with the challenges associated with asylum seekers and temporary visa status. Moreover, our findings highlight that the pandemic lockdown response measures reinforced environments for perpetrators of domestic partner violence and influenced the ways that perpetrators coerced the victim-survivors, exerting control and carrying out the abuse in offline and online settings.

The financial precariousness experienced by participants further contributed to a decline in their mental health. The loss or reduction of employment for some participants had a significant impact on their daily functioning. Most participants who could not access work due to legally imposed visa restrictions and who were ineligible for government support experienced increased stress and despair as they struggled to provide the basics and necessities for themselves and their families. This financial strain negatively impacted some participants' relationships with friends and family, as borrowing money to meet basic needs became necessary.

Our findings highlight that the sense of abandonment felt by the participants, due to Australia's response measures to the COVID-19 virus, underscores the intersectional nature of their vulnerabilities. The pandemic intensified participant's preexisting hardships while government policies that excluded them from support packages exacerbated their feelings of worthlessness and humiliation. This exclusion suggests a systemic failure to recognize and address the unique needs of these groups in Australia during the crisis.

Our findings are consistent with those from other qualitative and quantitative studies of temporary migrants or people on temporary visas or without visas in Australia during the COVID-19 pandemic. Using a variety of methods including surveys, interviews, deidentified client data, case studies, and caseworker insights, these studies [2, 15, 20, 26–29, 47–50] reported on the impacts of the COVID-19 pandemic on these groups. Findings from these studies showed a significant reduction in income from loss of employment or reduced work hours and/or reduced family support for the participants. These studies reported impacts on the mental health of people on temporary visas or without visas in Australia due not only to the stress of the pandemic, the isolation of lockdown periods, and worry for the well-being of family but also to the ongoing uncertainty to attain their basic needs and, for some, to maintain their visa.

Our findings are consistent with research which has shown that, for many temporary migrants or people on temporary visas or without visas in Australia, lockdowns during the COVID-19 pandemic were a reminder of their prior experiences of confinement and isolation. This research has shown that these past traumas and the dispossession of these groups impacted greatly on their mental health outcomes [20]. This included posttraumatic stress disorder, depression, and health anxiety during the pandemic and beyond [20, 49].

In a qualitative survey study conducted by Farbenblum and Berg [27], participants—people on temporary visas or without visas in Australia—reported an increase in family and domestic violence. Aligned with our study findings, the findings from Farbenblum and Berg [27] included verbal abuse and harassment in participants' homes during the pandemic as well as most respondents reporting that they experienced physical violence.

4.1. Implications. To make sense of what was happening in the participants' lives, it is crucial to recognize that the pandemic amplified preexisting challenges and created new stressors that, when combined, had a profound impact on their mental health and well-being. Based on the findings of our study, implications include the need for a comprehensive approach to inclusive policy and practices that consider the unique experiences of people from asylum seeker and refugee backgrounds in Australia. We suggest that policymakers and healthcare service providers collaborate to develop targeted and linguistically sensitive or diverse mental health supports, additional measures to prevent and respond to domestic partner and family violence in pandemic or crisis environments, and inclusive financial assistance schemes. These are suggested policies and practices to be put in place for refugees, migrants, and those seeking asylum in Australia and globally that aim to reduce vulnerability and inequalities across healthcare professions and social services [9, 11, 48, 51].

There is some initial research [51, 52] showing that providing telephone health and medical care to refugees and asylum seekers in Australia is a viable option. However, further research is needed to inform ongoing clinical and therapeutic support, including a trauma-informed response to health care and services for these groups [48]. From our study findings, we suggest there is an urgent need for future research to identify the factors which are drivers of resiliency amongst those who are people from asylum seeker and refugee backgrounds in Australia and to help buffer the widely reported poor mental health outcomes experienced by these groups. Finally, government-directed mechanisms are needed to better support refugees, migrants, and those seeking asylum in Australia and to help these groups navigate through future crises like the COVID-19 pandemic.

4.2. Contribution and Limitations. This qualitative study has expanded the knowledge concerning how and in what ways the COVID-19 pandemic impacted on those in New South Wales, Australia, who, from March to November 2021, identified as people from asylum seeker and refugee backgrounds. The study not only provides a voice to people in these groups but also forefronts their insights with policy and practice to provide suggestions for healthcare professionals when working with them in developing inclusive and tailored measures to address their unique vulnerabilities and marginalization.

A limitation of the study is that it reflects a single and narrow point in time amongst a small group of people drawn from one geographic area. This means that the research is not generalizable outside of the specific scope of the study. However, it is important to note that a social constructivist approach to the study is not to generalize the findings to a group or population, but rather to draw out the richness of the shared and diverse experiences of the participants.

Another limitation is that one interview with participants may not elicit the depth in the description that is required for meaningful findings [53].

Also, conducting qualitative interviews in another language with the assistance of an interpreter poses a potential threat to the validity of the research [54]. However, in this study, the potential threat to validity was mitigated by the interpreters' formal linguistic abilities and training and their familiarization with the overall topic and experiences of the people who were likely to be included in the groups who were sought for this study [54]. In addition, we were aware of these potential threats to the validity of the research early on and sought to address any concerns or identify issues wherever possible throughout the interview and translation processes. Strategies we employed included seeking clarification from interpreters and checking at times if the interpreter summarized or paraphrased the responses given by the study participants.

5. Conclusion and Future Research

The COVID-19 pandemic has had a profound impact on the mental health and well-being of people from asylum seeker and refugee backgrounds in Australia. The experiences of the participants in this study demonstrate the need for more inclusive policies and healthcare support systems that address the specific challenges faced by these groups in Australia. Future research should explore potential interventions and strategies to mitigate the adverse effects of pandemics and other crises on the mental health of asylum seekers and refugees in Australia. Additionally, policymakers and healthcare service providers should collaborate to develop comprehensive and linguistically sensitive or diverse mental health services, inclusive financial support schemes, and additional family domestic and partner violence responses in pandemic or crisis environments. These are needed to reduce the vulnerability, marginalization, and inequalities experienced by these groups and to ensure services and support are tailored to their unique needs as people from asylum seeker and refugee backgrounds in Australia.

Data Availability

The data used to support the findings of this study are included within the article.

Ethical Approval

This study was approved by the Australian Catholic University (ACU) National Human Research Ethics Committee (HREC), study registration number 2021-133H.

Consent

All participants provided informed consent prior to enrolment in the study.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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