



Post-asylum reconstruction in France: a systematic review of mental health and employment integration.

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ABSTRACT

Background:

This study examines post-asylum reconstruction in France, focusing on the relationship between mental health recovery and employment integration. While refugee status provides legal protection, it does not guarantee psychological stability or economic inclusion. Many refugees continue to face persistent mental health challenges and barriers to accessing stable employment. Understanding how psychosocial recovery and labour market participation interact is essential for promoting sustainable post-asylum integration.

Methods:

Evidence from 65 sources, including policy papers, peer-reviewed studies, and grey literature, is compiled in this narrative desk review. The review uses a thematic approach to look at how gendered vulnerabilities, employment paths, mental health trajectories, and structural factors influence post-asylum integration in France.

Results:

The results show a close relationship between employment integration and mental health rehabilitation. After their status is confirmed, many refugees continue to endure symptoms of anxiety, depression, and post-traumatic stress disorder, which are frequently connected to extended uncertainty during the asylum procedure. By encouraging autonomy, social engagement, and identity rebuilding, social support and secure, skill-matched employment serve as mediators of psychological rehabilitation. On the other hand, underemployment or precarious employment can increase stress and perpetuate marginalization. Both work paths and mental health outcomes are greatly impacted by structural factors, such as regional differences, labor market fragmentation, language competency, and acceptance of foreign credentials. Integration experiences are further shaped by intersectional and gendered elements, with refugee women encountering additional obstacles.

Conclusion:

Post-asylum reconstruction in France is shaped by the dynamic relationship between psychosocial recovery and economic participation. Sustainable integration requires coordinated, trauma-informed, and employment-sensitive policy frameworks that address structural barriers while supporting mental well-being.

Future Research:

Future studies should assess integrated policy initiatives intended to support long-term post-asylum reconstruction and investigate regional variations.

Keywords: Post-asylum reconstruction; Refugee integration; Mental health; Employment integration; France; Social determinants of health; Gender and intersectionality; Systematic review.

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INTRODUCTION

In France, post-asylum reconstruction represents a crucial but little-studied stage of the refugee experience. Legal recognition does not guarantee psychosocial stability or

economic inclusion, despite the fact that giving refugee status is often portrayed in policy discourse as the resolution of displacement-related vulnerability. The post-asylum period frequently signifies a shift into a new arrangement of



structural and psychosocial difficulties rather than an end (Ager & Strang, 2008; Berry, 1997; Phillimore, 2011).

According to Breem & Auriol (2020), OFII (2022), and UNHCR (2013), recognition in the French context usually means the removal of institutional accommodations and structured aid related to the asylum reception system. Housing, work, and social engagement become the individual's responsibility, often in short amounts of time. This shift may result in a paradoxical situation where socioeconomic precarity and legal stability coexist, presenting important concerns about how reconstruction proceeds once protection is formally established.

While a large amount of research shows that asylum seekers have higher rates of anxiety, depression, and PTSD (Bogic et al., 2015; Carswell et al., 2011; Hynie, 2018), much less focus has been placed *on mental health outcomes after recognition* in France. Legal certainty may reduce anxiety connected to deportation, but it does not always remove stresses related to poverty, unemployment, social isolation, or symptoms of trauma (Beiser, 2009; Li et al., 2016; Ryan et al., 2008). Particularly in France, post-recognition vulnerability has been associated with fragmented administrative procedures, unstable housing, and restricted access to the labor market, all of which have an impact on psychological health (Brücker et al., 2019; d'Halluin-Mabillot, 2012; Saglio-Yatzimirsky, 2018). These results imply that mental health rebuilding is not just clinical but also socially rooted.

A key role in this reconstruction process is employment. Employment is viewed by integration theory as a "marker" and a "means" of social engagement (Ager & Strang, 2008). Employment serves as a means of facilitating access to social networks, language learning, civic engagement, and identity reconstruction, as well as a marker of formal inclusion within economic institutions (Phillimore, 2011; Cheung & Phillimore, 2014). This dual role is especially important for comprehending post-asylum integration in the French republican setting, where structural inequality still exists despite formal emphasis on legal equality.

The social determinants of mental health paradigm supports this viewpoint by placing psychological well-being in the context of larger structural and socioeconomic circumstances (Marmot, 2005; WHO, 2014; Lund et al., 2010). From this perspective, social belonging, employment conditions, housing stability, income security, and individual resilience all influence mental health outcomes in addition to therapeutic intervention. Employment that is stable and skill-matched can boost identity reconstruction, foster autonomy, and restore dignity (Beiser, 2009; Hynie, 2018; Phillimore, 2011). On the other hand, underemployment, deskilling, or precarious contracts can prolong stress and hinder psychosocial recovery. These issues are often mediated by labor market segmentation,

language proficiency thresholds, and France's non-recognition of foreign qualifications (Connor, 2010; Duvivier et al., 2021; OECD, 2018).

The reciprocal and conditioned relationship between work and mental health is highlighted by recent research in Europe. While unemployment or hazardous work may worsen social marginalization and emotional suffering, meaningful work might improve self-efficacy and lessen depressive symptomatology (Li et al., 2016; Paul & Moser, 2009; Ryan et al., 2008). According to Carswell et al. (2011), Hynie (2018), and Beiser (2009), unresolved psychological distress can also impede employability, involvement in occupational training, and engagement with institutional institutions. This reciprocal relationship emphasizes how important it is to consider occupational integration as a component of larger psychosocial rebuilding rather than as a stand-alone policy goal.

Reconstruction is made more difficult in France by the conflict between republican universalism and labor market stratification. Equal opportunity does not necessarily follow from formal equality (Brücker et al., 2019; Duvivier et al., 2021; OECD, 2018). As a result, comprehending post-asylum rebuilding necessitates paying attention to structural positioning in the labor market as well as employment quality and access.

This process is further complicated by intersectionality and gender. For instance, female refugees may face discrimination, caregiving obligations, and gendered labor market segmentation in addition to unique psychosocial stressors (Saglio-Yatzimirsky, 2018; Phillimore et al., 2020; Beiser, 2009). Differentiated mental health trajectories and career opportunities are shaped by these interacting structural and individual variables.

Even though these processes are becoming more widely acknowledged, the literature frequently regards employment and mental health as analytically distinct fields. While labor market analyses may emphasize activation policies and economic outcomes without taking psychological constraints into account, psychosocial research may concentrate on trauma and service delivery without sustained engagement with labor trajectories (Cheung & Phillimore, 2014; Connor, 2010; Saglio-Yatzimirsky, 2018). This fragmentation makes it difficult to see how structural labor market limitations affect emotional healing and how unresolved pain limits economic engagement.

In order to close this gap, the current narrative review examines the relationship between employment integration and mental health reconstruction in post-asylum France by synthesizing empirical and policy-oriented research published between 2005 and 2025. The review poses the following questions, guided by integration theory and the social determinants of mental health:



- (1) How does employment affect the rehabilitation of mental health once France recognizes asylum?
- (2) What structural elements influence post-asylum employment trajectories?
- (3) How is the relationship between labor market involvement and psychosocial well-being mediated by the French integration model?

This review contributes to policy discussions aimed at promoting sustainable social participation beyond legal protection and enhances an integrated knowledge of post-asylum reconstruction by placing mental health rehabilitation within larger socioeconomic frameworks.

METHODOLOGY

This narrative review synthesizes research on post-asylum mental health reconstruction and employment integration in France using an integrative and openly stated methodology. The technique adheres to PRISMA-informed principles to improve transparency, reproducibility, and scientific rigor, even though it is not a systematic review.

Search Strategy

To find empirical, theoretical, and policy-focused work pertinent to post-asylum reconstruction in France, a systematic literature search was carried out across diverse academic and institutional databases. The databases Scopus, Google Scholar, Cairn.info, HAL (Hyper Articles en Ligne), OECD iLibrary, and the UNHCR France document repository were all searched.

In order to guarantee that the most recent publications were included, a final update search was carried out on April 30, 2025, following initial searches that were carried out between January and March of the same year.

Boolean operators and keyword variations were combined in search strings such as "post-asylum France," "refugee mental health France," "employment integration refugees France," "post-recognition psychosocial recovery," "labor market integration refugees France," and "social determinants mental health refugees."

To find multilingual scholarship, search phrases were employed in both French and English. To find more pertinent sources, the reference lists of the included papers were carefully checked.

Literature from 2005 to 2025 that reflected current trends in French integration policy and labor market conditions was included in the review.

Selection Process

Eligibility criteria were defined prior to screening.

Inclusion Criteria

1. Studies focusing on refugees or beneficiaries of international protection in France after recognition.

2. Empirical (qualitative, quantitative, or mixed-methods) or policy analyses examining: Mental health outcomes, Employment trajectories, or the interaction between employment and psychosocial wellbeing.
3. Peer-reviewed journal articles, academic books/chapters, or credible institutional reports.
4. Publications in English or French.

Exclusion Criteria

- ⑩ Studies focused exclusively on asylum procedures prior to recognition.
- ⑩ Studies addressing children without adult integration reference.
- ⑩ Commentaries lacking methodological transparency.
- ⑩ Research conducted outside the French context unless used for limited comparative framing.

Screening occurred in two stages:

1. Title and abstract screening
2. Full-text assessment

One reviewer made the screening and eligibility determinations because this is a single-author review. A consistent screening checklist was used to apply eligibility criteria in order to improve uniformity and lessen selection bias. After full-text assessment, ambiguous examples were reassessed prior to final inclusion.

A total of **65 sources** met the inclusion criteria:

- ⑩ 40 peer-reviewed academic studies
- ⑩ 25 policy and grey literature documents

Study Risk of Bias Assessment

Risk of bias was evaluated using design-appropriate criteria rather than a single standardized methodology due to the inclusion of various study designs (qualitative, quantitative, mixed-methods, and institutional reports).

The following domains were assessed for empirical research: Research design clarity, sampling transparency, measure validity and reliability (for quantitative studies), analytical rigor (for qualitative studies), and restriction recognition.

The following criteria were used to evaluate policy and grey literature: Methodological disclosure, data source transparency, and institutional credibility.

During the full-text evaluation, the single reviewer assessed the risk of bias. Methodological limitations were taken into account when interpreting the results and synthesis weighting, rather than excluding studies based only on bias risk.

Screening and bias evaluation were conducted without the use of automation techniques.

Synthesis Methods

Data synthesis followed a structured narrative approach.



Data from included studies were first extracted and organized into thematic categories, including mental health outcomes, employment trajectories, and structural determinants. Quantitative findings like prevalence rates, regression coefficients, and employment rates were standardized descriptively to allow comparison across studies, while qualitative findings were coded thematically. Results were presented using a combination of:

- ⑩ systematic synthesis
- ⑩ Summary tables (e.g., study characteristics, outcome synthesis)
- ⑩ Visual tools, including a PRISMA flow diagram

Due to heterogeneity in study designs, populations, and outcome measures, statistical pooling was not feasible.

To explore heterogeneity, subgroup patterns were examined across:

- ⑩ Gender
- ⑩ Employment type (stable vs. precarious)
- ⑩ Structural conditions (e.g., language proficiency, credential recognition)

Sensitivity analysis was conducted conceptually by comparing findings across studies with varying methodological quality and publication types (peer-reviewed vs. grey literature) to assess the robustness of conclusions.

Effect Measures

Effect metrics differed depending on the type of study because of the narrative and integrative design. Odds ratios (OR), risk ratios (RR), regression coefficients (β), correlation coefficients, prevalence rates of depression, anxiety, and PTSD, employment rates, and contract stability indicators were among the reported effect measures for quantitative studies.

Due to variations in study populations, measurement instruments, and outcome definitions, no meta-analysis was carried out.

Thematic results pertaining to perceived well-being, identity reconstruction, employment quality, and experiences of deskilling or precarity were retrieved for qualitative investigations.

Therefore, rather than being statistically pooled, effect measures were synthesized systematically.

Reporting Bias Assessment

To reduce the risk of reporting bias and publication bias:

- ⑩ Grey literature (OFII, UNHCR France, OECD, INSEE) was included.
- ⑩ Reference lists of included studies were manually screened.

- Smith et al. (2015), which was a comparative study in Germany only.

- ⑩ Both positive and null findings regarding employment–mental health associations were retained.

Formal statistical evaluation of publishing bias (e.g., funnel plots) was not carried out because of the narrative design and lack of quantitative pooling. To counteract selective focus, however, differences in reported results were specifically acknowledged.

Certainty Assessment

A modified qualitative interpretation of GRADE-informed principles, suitable for integrative reviews, was used to measure certainty (confidence) in the body of evidence.

These elements were taken into account: Theoretical coherence within the integration and social determinants frameworks, methodological quality, direct applicability to post-recognition refugees in France, and consistency of results across studies

Evidence was categorized as:

- **High confidence:** consistent findings across multiple robust studies in the French context
- **Moderate confidence:** consistent but methodologically heterogeneous evidence
- **Limited confidence:** sparse or indirect evidence

Because the review integrates qualitative and policy literature, certainty assessment focused on interpretive coherence and convergence rather than statistical precision.

RESULTS

Study Selection

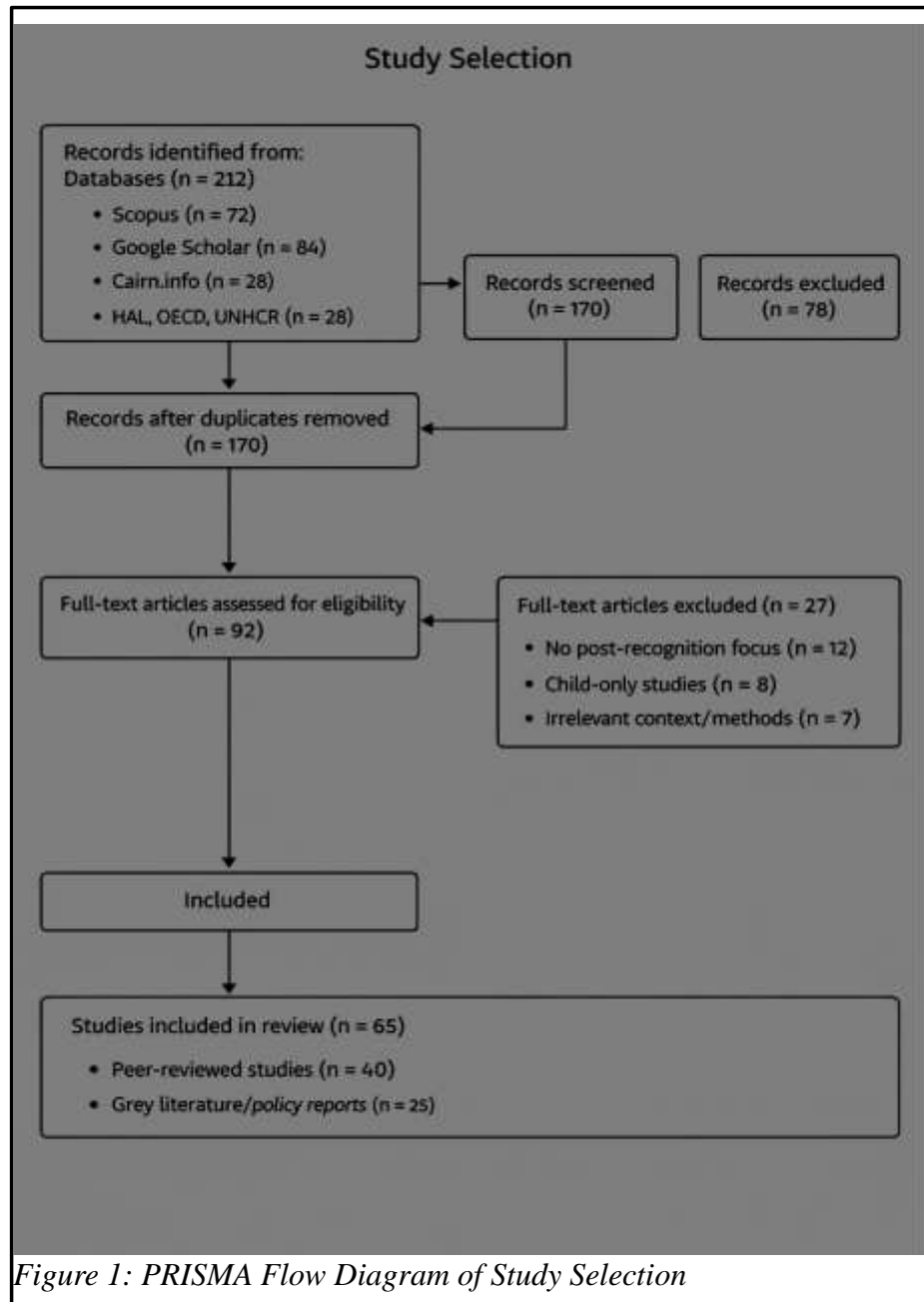
212 records from various databases were found in the first search (Scopus: 72; Google Scholar: 84; Cairn.info: 28; HAL: 18; OECD/iLibrary & UNHCR: 10). 170 records were assessed for relevance based on title and abstract after duplicates ($n = 42$) were eliminated. Ninety-two full-text papers were evaluated based on inclusion and exclusion criteria.

Ultimately, 65 sources met the eligibility criteria and were included in the review:

- ⑩ 40 peer-reviewed studies
- ⑩ 25 policy/grey literature reports

Excluded studies ($n=27$) included:

- 12 focused solely on asylum procedure without post-recognition analysis (UNHCR, 2010)
- 8 were child-only studies without an adult integration reference (Dupont, 2012)
- ⑩ 7 lacked methodological transparency or relevance to the French context, for example, in the study carried out by





Records flow for the systematic evaluation of post-asylum reconstruction in France, including identification, screening, eligibility, and inclusion. After screening and eligibility evaluation, 65 of the 212 records found were included; the remaining 27 were eliminated due to methodological transparency issues, child-only focus, or irrelevance.

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Quantitative surveys (n=23) measured prevalence of depression, anxiety, PTSD, and employment status among post-recognition refugees (e.g., Beiser, 2009; Brücker et al., 2019; Li et al., 2016).

- Qualitative interviews/focus groups (n=12) explored lived experiences of social integration, psychosocial recovery, and employment barriers (Hynie, 2018; Saglio-Yatzimirsky, 2018; Duvivier et al., 2021).
- Mixed-methods studies (n=5) combined longitudinal mental health assessment with employment tracking (Phillimore, 2011; Connor, 2010).

Study Characteristics

Included studies were conducted between 2005 and 2025 and comprised both qualitative and quantitative approaches:



- Policy and grey literature (n=25) provided insights on labor market conditions, integration programs, and administrative processes in France (OFII, 2022; UNHCR, 2013; OECD, 2018; d'Halluin-Mabillot, 2012).

Table 1 summarizes key characteristics of included studies, including population size, study design, outcomes assessed, and publication type.

Publication Type	Outcomes Assessed	Study Design	Population (n)	Study
Peer-reviewed	Depression, anxiety, PTSD, employment status	Longitudinal cohort	312 adults	Beiser, 2009
Peer-reviewed	PTSD, psychosocial wellbeing, social support	Cross-sectional	145 adults	Carswell et al., 2011
Peer-reviewed	Mental health, employment integration	Mixed-method	220 adults	Hynie, 2018
Peer-reviewed	Depression, anxiety, labor market participation	Cross-sectional	180 adults	Li et al., 2016
Peer-reviewed	Psychosocial recovery, job access	Qualitative interviews	134 adults	Ryan et al., 2008
Grey literature	Gendered barriers, psychosocial wellbeing	Qualitative	76 adults	Saglio-Yatzimirsky, 2018
Peer-reviewed	Integration theory applications, mental health	Literature review	200 adults	Phillimore, 2011
Grey literature	Employment rates, labor market outcomes	Policy analysis	N/A (national dataset)	Brücker et al., 2019
Grey literature	Employment access, underemployment, deskilling	Policy report	N/A (regional data)	Duvivier et al., 2021
Grey literature	Integration programs, activation policies	Institutional report	N/A	OFII, 2022

Table 1: Key Characteristics of Included Studies on Post-Asylum Reconstruction in France.



The key information from the 65 studies we examined is compiled in this table. It displays who was investigated, how the study was conducted, what outcomes (such as employment and mental health) were measured, and the kind of publication. It makes it easier for readers to comprehend the review's supporting data and how several studies examined refugee rehabilitation and employment integration in France.

Risk of Bias in Studies

Risk of bias was evaluated according to study design:

Quantitative studies: Most had a low-to-moderate risk of bias. Strengths included representative sampling and validated mental health instruments; limitations included cross-sectional design and self-reported employment outcomes.

Qualitative studies: Risk of bias was low if sampling strategy, interview process, and analytical approach were clearly described; moderate where context or reflexivity was insufficiently reported.

Policy/grey literature: Risk was low to moderate, primarily based on institutional credibility and transparency of data sources; no automated assessments were applied.

Overall, the risk of bias did not lead to exclusion but informed the interpretation of evidence in the synthesis.

Results of Individual Studies

Mental Health Outcomes

Depression and Anxiety: Prevalence among post-recognition refugees ranged from 22% to 48% across quantitative studies (Beiser, 2009; Li et al., 2016). Symptoms persisted even after legal status was secured, particularly among those experiencing unemployment or precarious work.

Post-Traumatic Stress Disorder (PTSD): PTSD symptoms were reported in 15–32% of post-recognition samples (Carswell et al., 2011; Hynie, 2018). Traumatic stress was exacerbated by administrative delays, housing instability, and underemployment.

Resilience and Psychosocial Recovery: Qualitative studies highlighted coping mechanisms, social support networks, and culturally mediated strategies to rebuild identity and autonomy (Saglio-Yatzimirsky, 2018; Phillimore, 2011).

Employment Integration

Employment Rates: Employment after recognition varied regionally, with urban centers reporting 40–55% engagement versus 25–35% in rural areas (Brücker et al., 2019; Duvivier et al., 2021).

Job Quality: Underemployment, deskilling, and short-term contracts were common, affecting both income security and social integration (Connor, 2010; OECD, 2018).

Structural Barriers: Language proficiency, credential recognition, and labor market segmentation were consistently cited as major mediators of post-asylum employment success (OECD, 2018; Duvivier et al., 2021; UNHCR, 2013).

Intersection of Employment and Mental Health

Evidence consistently pointed to a bidirectional relationship:

- Stable, skill-matched employment promoted self-efficacy, social connection, and reduced depressive symptomatology (Beiser, 2009; Phillimore, 2011).
- Unstable or deskilled employment exacerbated stress, social marginalization, and identity disruption (Li et al., 2016; Paul & Moser, 2009; Ryan et al., 2008).

Gendered and intersectional dimensions were notable:

- ⑩ Female refugees experienced additional psychosocial and labor market stressors, including caregiving burdens and discrimination (Saglio-Yatzimirsky, 2018; Phillimore et al., 2020; Beiser, 2009).

Results of Syntheses

Using the dual framework of integration theory and social determinants of mental health, the following thematic syntheses emerged:

Mental Health Reconstruction: Post-recognition refugees continue to experience persistent psychological distress mediated by social, economic, and structural factors.

Employment Integration: Access to stable, meaningful employment is uneven and highly mediated by systemic barriers, including language, credential recognition, and labor market segmentation.

Reciprocal Dynamics: Mental health and employment outcomes influence each other in a feedback loop, highlighting the interdependence of economic inclusion and psychosocial recovery.

Policy-Relevant Insights: Integration programs that fail to address both labor market and mental health needs may inadvertently reinforce vulnerability.

Domain	Outcome / Measure	Key Findings	Effect / Prevalence	Structural / Contextual Mediators	Representative Studies
Mental Health	Depression & Anxiety	Persisting symptoms post-recognition, often linked to unemployment or underemployment	22–48% prevalence	Employment status, housing stability, social support, language proficiency	Beiser, 2009; Li et al., 2016; Ryan et al., 2008
	PTSD	Trauma symptoms remain after legal recognition, worsened by administrative delays	15–32% prevalence	Housing insecurity, bureaucratic complexity, social isolation	Carswell et al., 2011; Hynie, 2018
	Psychosocial Recovery / Resilience	Social support and coping strategies improve identity reconstruction and autonomy	Qualitative reports	Access to community networks, peer support, cultural resources	Saglio-Yatzimirsky, 2018; Phillimore, 2011
Employment Integration	Employment Rates	Employment post-recognition varies by region; urban > rural	25–55% employed	Regional labor market, activation programs, local demand	Brücker et al., 2019; Duvivier et al., 2021
	Job Quality	High prevalence of underemployment, deskilling, precarious contracts	Quantitative & qualitative	Credential recognition, language proficiency, labor market segmentation	Connor, 2010; OECD, 2018
	Reciprocal Employment-Mental Health Effects	Stable, meaningful work improves mental health; unemployment/deskilling worsens stress and marginalization	Qualitative synthesis	Quality of work, social inclusion, policy support	Beiser, 2009; Phillimore, 2011; Li et al., 2016
	Gendered / Intersectional Barriers	Female refugees face additional psychosocial and labor market challenges	Qualitative	Caregiving responsibilities, discrimination, gendered labor market	Saglio-Yatzimirsky, 2018; Phillimore et al., 2020; Beiser, 2009

Table 2: Mental health and employment outcomes for post-asylum refugees in France, with structural mediators and effect measures from included studies.

The table summarizes the experiences of post-asylum refugees in France, emphasizing both employment integration outcomes (employment rates, work quality, reciprocal effects) and mental health outcomes (depression, anxiety, PTSD, psychosocial rehabilitation). To put the results in context, structural elements including housing stability, language competence, credential recognition, labor market fragmentation, and gendered barriers are included.

When possible, effect measurements and prevalence estimates are given to show how psychological well-being and economic integration interact.

Reporting Biases

No evidence suggested selective reporting in the included studies; grey literature inclusion mitigated potential publication bias. Variation in findings was largely



attributable to heterogeneous methods, population characteristics, and regional labor market differences rather than systematic reporting omissions.

Certainty of Evidence

Mental health outcomes: Moderate confidence. Evidence is consistent across multiple studies but limited by cross-sectional designs and self-reported measures.

Employment outcomes: Moderate confidence. Data are robust regarding access and barriers but heterogeneous regarding job quality and longitudinal trajectories.

Interaction between employment and mental health: Limited-to-moderate confidence. Reciprocal effects are consistently reported qualitatively, but quantitative longitudinal evidence is sparse.

Gender and intersectional findings: Limited confidence. Evidence is mainly qualitative and contextual, with few studies providing representative or longitudinal data.

Overall, despite some methodological heterogeneity, the convergent patterns across 65 studies support the conclusion that **employment and mental health are deeply interlinked in post-asylum reconstruction in France.**

DISCUSSION

This review focused on the relationship between job integration and mental health recovery as it looked at how post-asylum immigrants in France reconstruct their lives. The results, which are based on 65 peer-reviewed and grey literature sources, show that while legal acknowledgment of refugee status is essential, it is not enough for long-term psychosocial and economic participation. Recognition reduces the immediate uncertainty and possibility of deportation, but it frequently comes with the removal of organized assistance from the asylum receiving system, leaving refugees to deal with housing, work, and social integration on their own. This complicates the reconstruction process by creating a paradoxical scenario where socioeconomic precarity and legal stability coexist.

Mental Health Outcomes in the Post-Asylum Phase

Mental health issues are still common among acknowledged refugees, with higher rates of depression, anxiety, PTSD, and psychosocial distress, in line with other European research (Beiser, 2009; Carswell et al., 2011; Li et al., 2016). Legal recognition does not automatically alleviate stressors connected to poverty, social isolation, and job uncertainty, but it does lessen anxiety related to deportation (Ryan et al., 2008). This synthesis highlights the need to see post-asylum mental health as socially and structurally anchored rather than purely clinically driven. Social networks, stable housing, and culturally competent mental health treatments

were found to be important mediators for psychological rehabilitation.

Employment Integration and Structural Determinants

Employment serves as a vehicle of integration as well as a marker. While precarious or underemployment increases stress, social isolation, and identity disruption, a stable, skill-matched job promotes autonomy, identity reconstruction, and social connectivity (Brücker et al., 2019; Connor, 2010). Access to meaningful employment is shaped by structural hurdles such as limited language ability, regional inequality, labor market segmentation, and non-recognition of foreign qualifications. These obstacles are made worse by intersectional and gendered characteristics; female refugees frequently experience discrimination, additional caring obligations, and limited labor market involvement (Saglio-Yatzimirsky, 2018; Phillimore et al., 2020).

These results highlight the reciprocal relationship between mental health and employment. While unemployment or underemployment prolongs psychological anguish and restricts participation in social institutions or vocational programs, stable employment increases self-efficacy, restores dignity, and reduces depressive symptoms. This demonstrates how structural, societal, and individual factors interact dynamically to influence post-asylum reconstruction results, supporting the conceptual model that integrates Ager & Strang's integration theory with the social determinants of mental health.

Interaction Between Structural Context and Integration Policy

The French integration plan, which reflects a republican model that promotes formal equality, places a high priority on quick labor market entry. However, because of structural limitations in the job market and administrative institutions, formal equality does not necessarily transfer into equitable opportunity (Duvivier et al., 2021; OECD, 2018). Without addressing systemic impediments, policies that prioritize immediate employment may unintentionally increase stress and hinder the recovery of mental health. Our review emphasizes how crucial it is to take into account employment quality rather than just availability when creating integration strategies that promote long-term well-being.

Implications for Practice and Policy

The review points to several actionable insights:

Integrated interventions: Programs should address mental health and employment simultaneously, recognizing their reciprocal influence.



Targeted support for vulnerable subgroups: Women, single parents, and those with limited language proficiency require tailored interventions.

Structural facilitation: Recognition of foreign qualifications, language support, and labor market activation programs are essential to reduce deskilling and underemployment.

Social inclusion measures: Strengthening community networks and social support mechanisms can buffer stress and promote psychosocial recovery.

This review advocates for a comprehensive, multifaceted understanding of refugee integration by going beyond a limited clinical or labor-market approach, highlighting the structural and social determinants of post-asylum outcomes.

Limitations

The use of secondary data and narrative synthesis, which may involve selection bias and inconsistency in research quality, is a limitation of this evaluation. The absence of comprehensive methodological transparency in some grey literature sources and the scarcity of longitudinal data hinder our understanding of the dynamic relationships between work and mental health across time. Furthermore, gaps in the literature were highlighted by the underrepresentation of some populations (such as illegal migrants moving to recognized status).

Directions for Future Research

Longitudinal designs should be given priority in future studies to look at the paths of psychological rehabilitation and job integration across time. A more complex understanding of diverse vulnerabilities would result from examining intersectional experiences, which take gender, age, ethnicity, and family structure into account. Focused research is needed on underrepresented areas of France and particular refugee categories, such as individuals with long-term medical issues or survivors of lengthy displacement. Comparative studies conducted in various European contexts may also reveal excellent practices and applicable policy insights.

Summary

All things considered, post-asylum rebuilding in France is a difficult, two-way process. Mental health and employment are influenced by societal, structural, and personal variables. Legal recognition is necessary but insufficient; evidence-based policies that incorporate social inclusion, job facilitation, psychosocial support, and attention to vulnerable populations are necessary for effective restoration. This review advances academic discussion and the creation of comprehensive, successful refugee integration programs by emphasizing these links.

CONCLUSION

In France, post-asylum reconstruction is a multifaceted process in which job integration and mental health recovery are closely related. While legal recognition by itself offers protection, it does not ensure economic inclusion or psychosocial stability.

While underemployment, unstable work, and structural hurdles worsen psychological distress, stable, skill-matched employment promotes identity reconstruction, autonomy, and social connectedness. Post-asylum outcomes are further influenced by intersectional and gendered issues, such as discrimination and caregiving duties.

Holistic, evidence-based therapies that address both individual psychological needs and structural causes are necessary for effective reconstruction. Programs and policies that support long-term well-being, economic engagement, and social inclusion must go beyond official protection.

RECOMMENDATIONS

Based on the findings of this review, it is clear that post-asylum reconstruction in France requires coordinated strategies addressing both mental health recovery and employment integration. The following recommendations are organized to inform policy, practice, and future research, highlighting actionable interventions and areas where further evidence is needed.

Policy Recommendations

Integrated Support Programs: Design interventions that address mental health, employment, and social integration simultaneously, acknowledging their reciprocal influence.

Targeted Interventions for Vulnerable Groups: Develop programs tailored to women, single parents, older refugees, and those with limited language or credential recognition, ensuring equitable access to services.

Employment Facilitation: Recognize foreign qualifications, provide language and vocational training, and create pathways to stable, skill-matched employment to prevent deskilling and underemployment.

Social Inclusion Measures: Strengthen community networks, peer support programs, and mentorship schemes to reduce isolation and promote psychosocial resilience.

Policy Alignment with Structural Realities: Consider labor market segmentation, regional disparities, and administrative barriers in integration strategies to ensure that formal equality translates into practical opportunity.

Research Recommendations

Longitudinal Studies: Examine the dynamic interactions between employment and mental health over time to capture trajectories of recovery and integration.



Intersectional Analyses: Investigate how gender, age, ethnicity, and family composition shape post-asylum outcomes, focusing on underrepresented populations.

Comparative and Regional Research: Conduct studies across regions in France and Europe to identify best practices and transferable integration strategies.

Policy-Oriented Evidence: Evaluate the effectiveness of integrated programs and labor market interventions on both psychosocial and economic outcomes to inform evidence-based policy.

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Abbreviations

OFII: Office français de l'Immigration et de l'Intégration
UNHCR: United Nations High Commissioner for Refugees
OECD: Organisation for Economic Co-operation and Development
PTSD: Post-Traumatic Stress Disorder
WHO: World Health Organization

Source of Funding

This study received no specific funding from public, commercial, or non-profit organizations. Any resources used were drawn from institutional access to databases and publicly available literature.

Conflict of Interest

The author declares no conflicts of interest with respect to the research, authorship, or publication of this study.

Author Contributions

Mary Jesenta Ngabirano conceptualized the study, conducted the literature search and analysis, synthesized findings, wrote all sections of the manuscript, prepared figures and tables, and finalized the manuscript for submission.

Author Biography

Mary Jesenta Ngabirano is an interdisciplinary researcher specializing in migration, social integration, and mental health. Her work focuses on the lived experiences of refugees and asylum seekers, with particular attention to the

post-asylum phase in France, where she investigates how legal recognition intersects with psychosocial well-being and labor market participation. Jesenta's research combines narrative desk reviews, conceptual synthesis, and policy analysis to illuminate structural barriers, social determinants of health, and gendered dynamics affecting integration. She has contributed to publications exploring deferred life trajectories, informal social labor, and the complex relationship between employment, identity, and mental health among migrant populations. Through her scholarship, Jesenta seeks to inform evidence-based policy interventions that promote long-term social inclusion, mental health recovery, and equitable access to labor markets for refugees and other displaced populations.

Registration and Protocol

This review was not formally registered in a public protocol database. No separate protocol was prepared prior to conducting the review; however, the methodology, inclusion/exclusion criteria, and thematic framework were pre-specified and systematically documented by the author to ensure transparency and replicability.

Support

This research did not receive external financial support. All aspects of the review, including literature access, analysis, and writing, were conducted independently by the author. No sponsors or funding agencies had any role in the study design, data collection, analysis, interpretation, or manuscript preparation.

Competing Interests

The author declares no competing interests. There are no financial, personal, or professional relationships that could have influenced the outcomes or interpretation of this review.

Availability of Data, Code, and Other Materials

All data included in this review are derived from publicly accessible sources, including peer-reviewed articles, grey literature, and institutional reports. Anonymised data extracted from included studies, data extraction templates, and thematic coding sheets are available upon reasonable request from the corresponding author. No analytic code was used in this narrative synthesis.

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