

MAINSTREAMING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
INTO MIGRANTS AS MESSENGERS PHASE 2 (MAM-2)



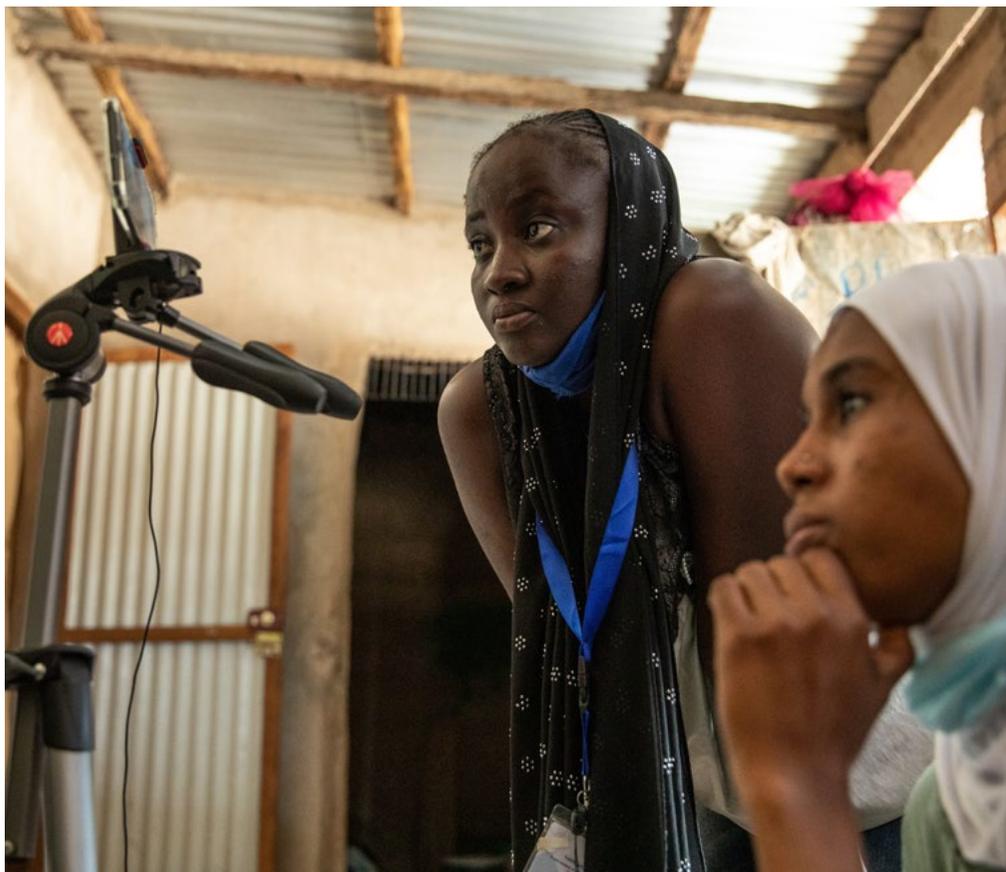
This document was created at the beginning of the project to support mainstreaming of Mental Health and Psychosocial Support (MHPSS) in the project. This version was updated in Nov 2021 based on project progress and the evaluation of an MHPSS expert.

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I. BRIEF INTRODUCTION TO MIGRANTS AS MESSENGERS PHASE 2 (MaM-2)

The International Organization for Migration (IOM) conducts **awareness raising campaigns** to support informed decision making around migration by raising awareness of the risks of irregular migration, legal pathways, and alternative livelihood opportunities. These campaigns were developed in response to mounting evidence of misinformation among migrants and the dangers migrants face when migrating irregularly.

The **‘Migrants as Messengers’ (MaM)** campaign is an IOM awareness raising campaign funded by the Netherlands. The MaM project was conceived to test a novel approach to relaying information to potential migrants through peer-to-peer messaging.

The **first phase** of Migrants as Messengers (**MaM-1**) started in November 2017 and ended in March 2019, covering three target countries: **Guinea, Nigeria and Senegal**.

The novelty of the MaM-1 project was that it did not rely on standard top-down information provided by Governments, International Organizations or Non-Governmental Organizations (NGOs). Instead, IOM worked with returned migrants engaged as “MaM Volunteers” to share their stories to peers via video recordings and in person. MaM-1 relied on authentic first-person testimonies that aimed to achieve change through emotional channels and direct testimonies rather than just relaying information.

Through this pilot project a scientifically rigorous Impact Evaluation study¹ was conducted by IOM’s Global Migration Data Analysis Centre (GMDAC) to address gaps in the available evidence regarding the effects of information and awareness raising campaigns in the field of migration.

In its **second phase (Apr 2019-Mar 2022)**, the MaM-2 campaign includes four additional countries: **Côte d’Ivoire, The Gambia, Liberia and Sierra Leone**. The project expanded its scope to integrate lessons learned from the previous phase and ensure its sustainability. MaM-2 aims at building an organic community of **more than 300 Volunteers**, having a stronger capacity-building component and a balanced combination off-line and on-line activities², being also complemented by four large IE studies further unpacking the effects and mechanisms of information and awareness raising interventions targeted at potential migrants.

¹ IOM, Migrants as Messengers: The Impact of Peer-to-Peer Communication on Potential Migrants in Senegal - Impact Evaluation Report (Geneva 2019). Available at <https://publications.iom.int/>

² Off-line activities are activities on-the-ground such as townhalls, community events, caravans; online activities are based on digital engagement and social media.

II. UNDERSTANDING THE MENTAL HEALTH AND PSYCHOSOCIAL ASPECTS OF RETURN MIGRATION.

Returned migration in West Africa is a complex phenomenon. In the region, a generation of migrants, mostly the youth, is on the move, in the hope or illusion of finding a better life for themselves, their families and their communities. When they leave their countries, it is often with the expectation that they will return at some point, improving their status.

While most migration in West Africa is intraregional, an increasing number of sophisticated smuggling and trafficking networks lure young people into undertaking the journey northwards. With a lack of jobs and other opportunities for personal and financial growth and fulfillment at home and a strong social pressure from their communities to contribute in a way or another to collective tasks and responsibilities. This reflects the idea that in most of the local culture, the group is primary on the individual, the individual exists only as a part of the group. These young people build their aspiration and their life projects yearning for the European “El Dorado” as a “shortcut” solution to their challenges; along the Central Mediterranean route they are exposed to high risks, such as human trafficking and exploitation, detention and even death.

These are only some of the socio-politico-cultural aspects illustrating the complexity of the migratory experience in the region. The return is often associated with the idea of failure of a life project and the fear of being rejected by family and community of origin. The way the returned migrants will experience their return, a welcoming one or not, is also strongly linked to what deep down drove them to leave and the way in which they left their country, months, or years before. They left a situation in a particular state. They might have questions on what they will find returning home and that might raise the level of anxiety for a possible return, and even prevent them of returning. The mere fact that someone returns to a country or place where they have previously lived does not mean that reintegration is seamless. For some returnees, the return is particularly fraught with a multiplicity of challenges.

Reintegration “back home” is in fact often mistakenly conceptualized as an easy and unproblematic process since returned migrants re-establish themselves in their “homeland”, within their community and family. This assumption does not, however, consider first the mindset they had when they decided to leave, what drove them to leave, feelings, conflict in the family, challenges to do with feeling a sense of belonging in their group of origin, and then the emotional, social, and cultural challenges migrants have faced during the journey abroad, and might face as they try to readjust their lives in their country of origin.



We could draw a parallel between migration process and maturation process.

Indeed, the migration process, starts even before physically leaving:

When discussing with the returned migrants, they all mentioned the same way they built an idea to leave by collecting the money, followed by leaving without notice or taking time to say goodbye. This type of departure impacts a possible homecoming.

It presupposes different level of changes in their attitudes and challenges. It starts from the idea of migrating to the experiences lived during the journey, the way they were received/ considered in the host country and how they were able to adapt and integrate, to their return and re-adaptation to the country of origin. Migration usually involves changes in the migrant's emotions, feelings, thoughts, memories, and beliefs, as well as in their relationships with others.

The stressors migrants are subjected to during the entire migration cycle can at times be excessive and may have an important impact on their psychosocial functioning. In addition to those experiences living abroad, facing new culture and people; can affect the way returned migrants perceive the world, their culture (including gender norms), their behaviour and the way they function in their old and new contexts. These changes can be positive or negative, major and minor, conscious or unconscious. They usually happen in a smooth way, as a continuous psychic work in progress for all human beings, but, at times, they can be disruptive, especially when migration is forced (or involves dangerous/exploitative conditions) or when return was the result of tough choices with few alternatives.

The interrelation of the above-mentioned elements influences a person's psychosocial functioning upon return.

Shame, guilt, low self-esteem, sense of failure, sense of loss and other deep negative feelings or thoughts may isolate a person more, and their psychological reactions might resonate with the difficulty of being accepted or reestablishing links with family and friends, the challenges in creating new livelihoods, uncertainties of the future and other post-migration difficulties. In some cases, migrants may suffer from more severe psychological distress and need special attention as they will carry a double stigma: on the one hand they struggle with the symptoms and the disabilities resulting from their situation; on the other, they are challenged by the prejudices of the general population and, commonly, those of their family and community, as well as the way they see themselves which can be even more severe.

Whether influenced by stressful events during migration or independent to those events, it is important to acknowledge and identify those psychological reactions without considering all psychological distress as psychopathologies or mental disorder.





III. WHY MAINSTREAMING THE IOM MENTAL HEALTH AND PSYCHOSOCIAL APPROACH (MHPSS) INTO MAM-2?

It is IOM's mission to uphold the dignity and human rights of migrants.

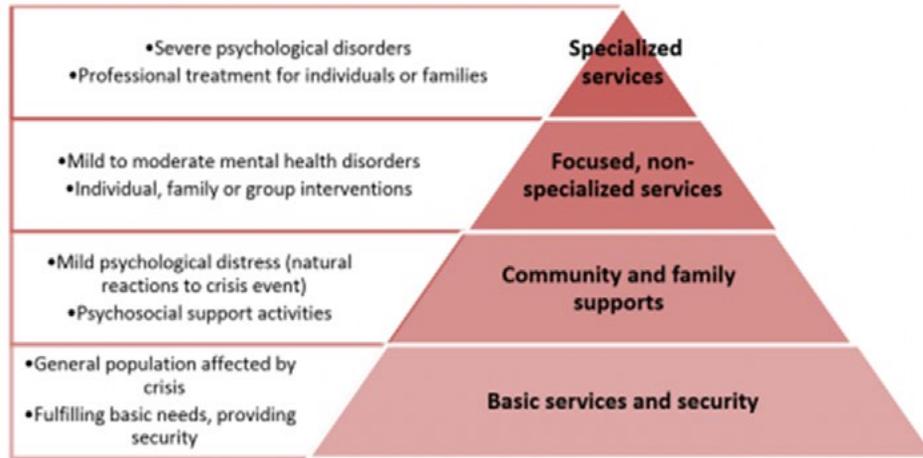
Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance. Thus, there are inseparable links between mental and physical health.

As mentioned above, migration provokes big changes for the migrants - psychological and social, some are positive, some are negative. Migration affects the individual's welfare. Leaving their homeland to travel in not always welcoming countries, facing unknown challenges, and difficult situations that remind them of their position as a foreigner, might make a person feel isolated, weak, and disarmed to confront life, particularly without resources or people to support.

From this perspective, IOM's MHPSS approach lies in the fundamental interrelation of bio-psychological, socio-economic/socio-relational and cultural factors, as a comprehensive approach to human beings, hence, migrants. The intervention and support provided will combine different levels of intervention according to the IASC MHPSS pyramid of intervention. IOM focuses more on the first 3 levels. This way of mainstreaming MHPSS is relevant for all IOM programmes and interventions, including awareness raising campaigns, as it allows the inclusion of diverse aspects of mental health, according to the programme, the activities, and the targeted population.

Figure 1: Intervention pyramid

When discussing with the returned migrants, they all mentioned the same way they built an idea to leave by collecting the money, followed by leaving without notice or taking time to say goodbye. This type of departure impacts a possible homecoming.



This illustration is based on the intervention pyramid for mental health and psychosocial support in the IASC Guidelines (2007).

Source: IASC MHPSS Intervention Guideline, 2007.

In IOM’s MHPSS model³, the community is a key notion. The psychosocial wellness of migrants is indeed linked to factors that are interrelated with the notion of community. Community is an important space for sharing socio-cultural code regarding the modality of interaction with others, behaviour in and out of groups (family, peer group...) and understanding the surrounding world. It defines normal and abnormal situations, reactions, associated behaviors and how to deal with them.

These include a sense of belonging, identity, acceptable social roles, culture and cultural adaptation. The dynamic between tradition and modernity hence changes and there can

be differences in paradigms of social support and in-group/out-group relations and stigma that can be associated with them.

All activities under IOM’s community-based psychosocial approach⁴ support the broader goal of community mobilization, which aims to develop inclusion through a welcoming attitude towards return migrants, promoting mutual understanding and acceptance, by sharing experiences in peer groups and community, strengthening social networks to deconstruct potential stigma, and support empowerment. This field of interventions has several points in common with the participatory awareness raising approach promoted by Migrants as Messengers.

MaM-1 Volunteers have been at the heart of **community engagement** as key actors in the development of sensitization activities and through the facilitation of peer-support mechanisms and systems, they have been providing de facto an **empowering form of psychosocial support**, based on a supportive relation between peers.

As shown by the GMDAC IE study in 2019, one of the outcomes of MaM-1 has been the demonstration of the power and positive psychosocial impact of the utilization of a peer-to-peer approach into awareness raising campaigns. Findings from the study suggest that the campaign had a positive impact on the perception of returnees among the sample of potential migrants. These results highlight the potential of using MaM not just as a vehicle for raising awareness among those people that consider migrating abroad, but also benefitting the key messengers themselves - those migrants who have returned⁵.

In this sense, the facilitation of peer support mechanisms by helping to create connections form a social, emotional, physical, and tangible support network that can help returned migrants to feel part of a group, to overcome feelings of social isolation and to build a bridge towards the community.

Based on the experience of MaM-1, the “Volunteer community” developed through MaM-2 represents a good opportunity to actively mainstream MHPSS in the project’s activities in synergies with other IOM MHPSS projects in the region.

³ IOM, Manual on Community-Based Mental Health and Psychosocial Support (MHPSS) in Emergencies and Displacement (Genève, 2021). Available at <https://iom.int/mhpsed>.

⁴ IOM, Manual on Community-Based Mental Health and Psychosocial Support (MHPSS) in Emergencies and Displacement (Genève, 2021). Available at <https://iom.int/mhpsed>.

⁵ In the MaM treatment group, 58.6 per cent stated that returnees could be “proud” of themselves, as opposed to 52.7 per cent in the control group. The MaM film screened during the townhalls also increased the level of trust in returning migrants as an information source on migration, as opposed to governments or international organizations, by 9.4 per cent.

The psychosocial well-being and needs of returned migrants remain IOM's primary consideration, and the integration of the MHPSS approach into MaM-2 campaigns is of crucial importance to:

- a. Create a deeper understanding and awareness of the mental health and psychosocial challenges of return migration;
- b. Facilitate empowering forms of bottom-up psychosocial support and build more supportive community networks;
- c. Identify those who need a more focused psychosocial support and ensure that they will receive it in the form of first-line emotional support or referrals to specialized mental health and psychosocial support services available;
- d. Protect/promote the MaM-2 Volunteers' psychosocial wellbeing and promote self-awareness, increased confidence and empowerment;
- e. Prevent potential harmful practices ("Do not harm" principle) in peer-to-peer interactions.

IV. INTEGRATE IOM's MHPSS APPROACH INTO MaM-2: AREAS OF INTERVENTION

The integration of IOM's MHPSS approach into MaM-2 is implemented through the following identified areas of intervention:

1. Pilot study and sustainability

The MaM-2 awareness raising team, working closely with the support of the GMDAC, implemented a study (Annex 1 & Annex 2) to investigate further the linkages between participatory awareness raising activities and community-based MHPSS approaches and to strengthen evidence-based programming in this innovative field. More specifically, the study assesses whether those returning migrants that participate in MaM-2 as messengers benefit from their engagement in terms of mental health and social-psychological wellbeing.

Experience from the first phase of MaM has shown that returning migrants can find a community of peers through participating in MaM as Volunteers. In addition, talking about their migration experiences and journey may allow returnees to deal with trauma and to mitigate fears of being stigmatized by the community. The planned pilot study is designed to collect evidence of such effects through a longitudinal survey with all participating Volunteers.

The study was designed by MaM-2 regional awareness raising (AWR) team and GMDAC in consultation with IOM's MHPSS. The questionnaire has been revised by the MHPSS expert for the next rounds of data collection. The survey is implemented in collaboration with the IOM country missions. Survey participants are interviewed in regular intervals over the course of their involvement in MaM which may range from 6 months to 3 years. In addition to collecting quantitative survey data, the team conduct focus groups with participating returnees to improve the survey and provide further qualitative information about changes in social-psychological wellbeing. MHPSS professionals based in each participating IOM mission should be involved as much as possible.

2. Capacity building activities (Annex 3)

2.1 MHPSS capacity-building component included in MaM-2 Training's toolkit-package addressed to all MaM-2 Volunteers

A MaM-2 Training Session addressed to all the Volunteers has been developed and includes practical modules on how to:

- Strengthen interpersonal, communication and interviewing skills with a focus on peer-to-peer interactions;
- Understand key aspects of peer-to-peer psychosocial support/community-based MHPSS intervention;
- Psychological First Aid⁶ (PFA);
- Prevent harmful practices.

2.2 One-day MHPSS training included in the Training of Trainers for a selected number of MaM-2 Volunteers

A smaller group of MaM-2 Volunteers participated in a Training of Trainers (ToT) aimed at preparing the participants to provide support as co-facilitators in capacity-building activities for new Volunteers, as well as assume the role of MHPSS Focal Persons during on-the-ground activities.

A one-day training module is added to the ToT package, based on the model of the IOM MHPSS community-based interventions. Such training is optional but recommended and delivered by IOM MHPSS officers when available in MaM-2 country offices or by other identified qualified IOM staff or Partners (International Non-Governmental Organizations and other UN Agencies) involved in MHPSS services provision. All of them should also have received the PFA training and the ToT on PFA.

3. Access to information on MHPSS services and programs

Key information on existing MHPSS services⁷ and programs (including IOM's) has been consolidated at the country office level whenever possible and disseminated through MaM-2 activities. A simple and practical guide containing key referral information has been developed and distributed to MaM-2 Volunteers, in case of identified psychosocial needs. Updated MHPSS service mapping information in the 7 MaM countries has been uploaded on the WAKA Well platform.

4. Content creation

MaM Volunteers, as members of their communities and people engaged in producing content for digital awareness campaigns, are invited to speak up about mental health in all its dimension linked to migration. In most of the stories shared by migrants, they explained the challenges they face to feel fulfilled in their place of origin, hence they decided to leave, to find more self-development. This means mental health dynamics are a transversal component that needs to be considered in all the migration process, not only psychological distress as result of extreme violence faced on the road.

In migration, body and mind are engaged in the migration process and both are potentially submitted to a tough experience. IOM's comprehensive approach integrates the body and mind's considerations in the developed activities to support returned migrants to elaborate on their experience and re-discover their own and/or new resources. So basically, **what the body undergoes, affects the mood**, the way of thinking and feeling. A repetitive and stressful event which disturbed mind/mood can affect your body sensation.

Following the "Do not Harm" principles, **no one will be pushed to speak up**. The whole process of MaM commitment is a way to support Volunteers in taking the ownership of their story and a way to share experience to raise awareness about the risk of irregular migration. As for all activities, it is only based on volunteering, even when it comes to selecting topics or conducting activities as a team.

In terms of content creation or production, it can consist of:

- Interviews with the Volunteers with emphasis on how they were/are affected (psychologically, morally, physically, spiritually), knowing that one area affects the others. Possible answers:

I felt I was not human anymore.
I believed that God had abandoned me.
I was afraid not to be able to walk anymore.

- How do they overcome from this?

I never prayed before but at that time I start praying.
I was talking to myself a lot.
I wanted to survive
I was thinking about my family.
I had a good friend I could talk to.

- Where did they find support? And how did it work?

Another migrant I met helped me to adapt to the situation.
When I went to a doctor for the injuries, I met a nurse who took time to listen to me.
I found a place to play sports.
I was drawing (singing or anything else), small things, thinking that at least I will leave my mark if I disappear.

Interviews between the Volunteers, their peers and community members emphasizing:

- What could they do to find some respite, some comfort during their migration journey?
- What helped them to overcome difficulties, before leaving, during their migration, and upon return
- Has their migratory experience changed their vision of the world, their relationship with religion and tradition?

- All people are not like me, the way they talk, eat, behave is different.
- Before I would never accept to do such job, in my country, but there, I had to do things to survive; now I can see differently.
- I never cooked before; it was a woman's thing.

Digital campaigns around mental health like for example for **World Mental Health Day**⁸

Elaborating more on the reasons for leaving (e.g., what is behind economic or social reasons) may allow us to talk differently about the conflicts (internal or family conflict) that occur in all migration stories and processes, but here, it is important to ensure consent to publish a private story.

These are sample questions that can be used to create content.

Different angles could be used and involve a larger network of friends, family and peers of the returned migrant (how they look at them, what do they imagine about their pain and suffering, how do they understand their choice to leave and then to come back...).

5. Community-based interventions

While conducting some community-based activities, Volunteers may identify people in need of mental health and psychosocial support. Being informed/trained on mental health and knowing where basic MHPSS services can be found, can help Volunteers in increasing awareness and in deconstructing the stigmatization of psychological distress in a community and stigma towards migrants.

Awareness raising activities/campaigns that include messages around mental health, stigma and migration can also be carried out. Each volunteer group can think about developing mental health prevention materials,

such as pamphlets or brochures presenting specific situations of migration and the understanding that one can have from a mental health point of view (e.g.: the effects on well-being of violence, loss of social ties and emotional distress, fear and anxiety).

These will have to be revised by a MHPSS expert to frame the right message. Community-based interventions, such as the ones included in the document on evidence-based MHPSS activities⁹ can be conducted to support psychosocial wellbeing.

6. MHPSS support for the Volunteer

As mentioned above, on the entire migration process, the volunteering engagement in the MaM program, might expose the returned migrants to different stressors. Speaking up could awaken difficult emotions and memories about their experience but talking is not always considered as a relief in some cultures.

Although, once expressed, they all acknowledge the benefit of talking and sharing their experiences. Group discussions with Volunteers show that talking about common knowledge during a campaign event or on video is easier than talking about more intimate subjects such as what really drives people to leave, or when singular experiences have affected people in their dignity and integrity. Based on this discussion, it will be relevant to propose a monthly group discussion (like a “clinical supervision” or InterVision) with the Volunteer, facilitated by a mental health professional (IOM or external consultant), as a private moment, insisting on the confidentiality of what is shared in the group.



⁸ WHO, World Mental Health Day (Genève, 2020). Available at <https://who.int/fr/campaigns/world-mental-health-day>

⁹ IOM, Selection of evidence-based activities for psychosocial support with returned migrants (Bruxelles, 2021).

Annex I

MHPSS Survey Round 2

1. Introduction. Please read the introduction text below to the respondent before starting the interview

Thank you for your time. This interview will approximately take 30 min. Your involvement in MaM-2 will help other people in the community to understand the (irregular) migration life-experiences and challenges through your direct testimonies. Now, this interview is about you and whether you think it helps you to be involved in this project.

This questionnaire is part of one of the studies IOM is conducting within the MaM project.

This study aims at accompanying the MaM Volunteers throughout the three years of project implementation to outline the relationship that there is between your direct engagement as MaM Volunteers through activities as trainings, peer-to-peer interviews, community-based awareness raising sessions and your own psychosocial wellbeing.

Conducting this study will help us to better understand your psychosocial needs and help us to provide you appropriate support if needed.

After today's interview, we will contact you again in several months for a follow-up interview.

2. Consent: Would you like to proceed with this interview? In the case of no-consent, please thank them for their time. Then, fill in their country and ID information and submit the survey form.

Yes

No

Oral consent Please record the respondent's oral consent using your phone recorder.

3. Country

Côte d'Ivoire

The Gambia

Guinea

Liberia

Nigeria

Senegal

Sierra Leone

Demographics

4. Volunteer's first and last name Only select from the list below. If this is a new volunteer, they will need to complete the baseline survey

Name

Surname

Social Media

5. Besides WhatsApp and Facebook that we asked you about during the first interview, do you use other social media?

No

Yes

- Which other social media do you use?

Instagram

Twitter

Tiktok

Snapchat

Likee

Signal

Telegram

Others (specify other social media)

Job Skills

6. Have you acquired any particular job skills in the past?

Yes

No

- Which particular job skills have you acquired? *Open text question*

MaM involvement

7. **Intensity:** How many MaM meetings have you attended so far? *Do not prompt and select among the listed items the one corresponding the best to the respondent's response.*

This is my first session

1 to 5

6 to 10

11 to 30

More than 30

8. **Friends:** Through your involvement in MAM, have you found peers that support you? *Do not prompt.*

Yes

No

Psychosocial wellbeing

9. **Well-being:** when someone is “well” what words would you use to describe the way they feel? For example, what might be experiencing in their body, mind and heart? *Open text question. If needed, explain that you refer for instance to local description of hopefulness, optimism, self-esteem, thinking of the future; etc.*

10. **Distress:** when someone is “not well” what words would you use to describe the way they feel? *Open text question. If needed, explain that you refer for instance to local description of anger, despair, negative thoughts, physical symptoms*

11. Personnel well-being

I am going to read a set of statement to you about your personal well-being. Please tell me if you experienced each statement Rarely, Sometimes, Most of the time or Always over the past six (06) months. Prompt and select one for all the series

- I am able to have positive (good) feelings *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- Everyone has difficult feelings sometimes (feeling upset, sad, angry, anxious). I can manage my difficult feelings in healthy ways (without hurting myself or others)

Prompt and Select one
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling cheerful *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have energy for the things I want to do *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling relaxed *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling optimistic about the future *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been thinking clearly *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling good about myself *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- My community engagement gives me a sense of personal well-being *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling interested in things that usually give me pleasure *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- I have been feeling distressed *Prompt and Select one*
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- **Feelings of distress: may you describe this feeling of distress? Do not prompt and select all items in the list cited by the respondent.**

Sleeping problems

Tiredness/Weakness

Decreased concentration

Constant worry/anxiety

Suicidal thoughts

Nightmares

Flashbacks

Loss of appetite

Somatic complaints

Irritable/angry

Hyperactivity

Fear

Panic attacks

Overwhelmed/unable to cope

Low or sad mood

Feeling worthless

Hopelessness

Cultural expression (please write down the words used to express distress in next question, if any)

Other, please specify bellow

- Please specify other cultural expressions

- Please specify other feelings of distress

- **Distress intensity: how severe is this feeling? Prompt**

No issue at all

Manageable

Bad

Very bad

Extremely bad

12. **Capacity to function and cope**

I am going to read a set of statements to you related to the coping strategies you use during difficult times. Please tell me if you agree or disagree with the statement based on how you have been feeling over the past month.

Prompt and select one for all the series

- **I have the knowledge to take decisions in my life Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I am able to meet the responsibilities in my life Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

31.3. **I am able to adapt to challenges that arise in my life Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

31.4. **I have been feeling useful Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I have been dealing with problems well Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I have been feeling confident Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I have been able to make up my own mind about things Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I have a voice in decisions that affect me Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- **I can express to others the things that are important to me Prompt and Select one**

RARELY

SOMETIMES

MOST OF THE TIME

ALWAYS

- Talking about my personal experience helps me to cope with painful memories
Prompt and Select one
RARELY SOMETIMES MOST OF THE TIME ALWAYS

- Coping: What helps you to deal with stress and worries? *Open text question*

13. Perceived social support

We are interested in how you feel about the following statements. Listen each statement carefully and indicate how you feel about each of them. The following response are accepted: Very Strongly Disagree, Strongly Disagree, Mildly Disagree, Neutral, Mildly Agree, Strongly Agree, Very Strongly Agree. Prompt and select one for all the 33 series of questions

- There is a special person who is around when I am in need. *Prompt and Select one*

Very strongly disagree
Strongly disagree
Mildly disagree
Neutral
Mildly agree
Strongly agree
Very strongly agree

- There is a special person with whom I can share my joys and sorrows. *Prompt and Select one*

Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- My family really tries to help me. *Prompt and Select one*

Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I get the emotional help and support I need from my family. *Prompt and Select one*

Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I have a special person who is a real source of comfort to me. *Prompt and Select one*

Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- My friends really try to help me. *Prompt and Select one*

Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I can count on my friends when things go wrong. *Prompt and Select one*
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I can talk about my problems with my family. *Prompt and Select one*
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I have friends with whom I can share my joys and sorrows. *Prompt and Select one*
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- There is a special person in my life who cares about my feelings.
Prompt and Select one
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- My family is willing to help me make decisions. *Prompt and Select one*
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

- I can talk about my problems with my friends. *Prompt and Select one*
Very Strongly Disagree
Strongly Disagree
Mildly Disagree
Neutral
Mildly Agree
Strongly Agree
Very Strongly Agree

Self-Esteem

Below is a list of statements dealing with your general feelings about yourself. Tell me for each of them if you strongly agree, agree, disagree, or strongly disagree with the statement. Prompt- select one

- On the whole, I am satisfied with myself. *Prompt and select one*
Strongly disagree
Disagree
Agree
Strongly agree

- At times, I think I am no good at all. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I feel that I have a number of good qualities. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I am able to do things as well as most other people. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I feel I do not have much to be proud of. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I certainly feel useless at times. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I feel that I am a person of worth, at least on an equal plane with others. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I wish I could have more respect for myself. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- All in all, I feel that I am a failure. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

- I take a positive attitude toward myself. *Prompt and select one*
Strongly Agree
Agree
Disagree
Strongly Disagree

Annex II

MHPSS QUESTIONNAIRE COMPANION

This peer-to-peer support study aims to:

- investigate links between participatory awareness raising and MHPSS approaches;
- strengthen evidence-based programming in this field.

The study assesses whether returnee migrants who are Volunteers of the MaM-project benefit in terms of their mental-health and psychosocial wellbeing by:

- Having access to peer support within the network of Volunteers and new social networks;
- Talking about their experiences and learning how to cope with stressful or potentially traumatic experiences;
- Participating in awareness raising activities and training that help support self-confidence and shift attitudes towards migrants.

Well-being will be assessed with questions that have been drawn from well-known studies.1 This questionnaire is designed to be conducted every 6 months with MaM Volunteers engaged in advocacy and awareness raising activities. The enumerator administering the questionnaire **MUST be briefed by a qualified MHPSS officer** on how to conduct an interview on sensitive topics related to psychological wellbeing and mental health.

Questionnaire Protocol:

1. **Before the interview:**
Select a quiet interview location. Ensure interviews will not be disrupted and that information being shared during the interview will be kept confidential.
2. **Welcome the interviewee.** Give a warm welcome to the MaM Volunteer and put them at ease so they can express themselves.
 - Respect his or her dignity and explain to them they are free to not answer any question they do not feel comfortable answering;
 - Listen well, do not judge. You as the enumerator are only asking to collect information not to comment in any way;
 - Avoid being impatient, intrusive, and demanding. The more reassuring and respectful you are, the more reassured the person will feel and find the strength to overcome their apprehension and communicate with you.
3. **Read the introduction of the questionnaire to the MaM Volunteer and ask for their consent to participate in this study.** If consent is obtained, enumerator can proceed with questionnaire. Be sure to read questions loud and clearly.

4. **Enumerators must observe the below instructions for each question:**
 - **“Prompt”** – This indicates that the enumerator should read answer options and allow respondent to select the most appropriate;
 - **“Do not prompt”** indicates that the enumerator should not read a list of answers to the respondent. Instead, enumerator should listen to the respondent’s free response and select answer(s) closest to their own words;
 - **“Select one”** indicates that the question can only have one answer;
 - **“Select all applicable”** indicates that the question can have multiple answers.
5. **Make notes.** Even though the questionnaire is loaded in KoboToolbox on a tablet, one way to keep track of each interview is to have a notebook next to the tablet to write down observations on their non-verbal communication, impressions, understanding.
 - Notes should be taken **AFTER** the interview to not to disturb the interview process;
 - At the end of the interview, all notebooks must be given to the IOM colleagues in charge of the study in each country (referred to as “IOM focal point from this point forward);
 - These notes will help to analyze the data collected. These notes should be shared with the IOM Regional Office by transcribing into a word document, scanning or taking a photo of the notes.



Considerations on sensitive aspects related to mental health and psychosocial well-being

Psychosocial well-being and mental health are often surrounded by stigma and fear of social exclusion; therefore, there are specific things that enumerators need to be aware of when administering the questionnaire.

Enumerators are not psychologists, and they are not able to provide support, but they can inform the MaM Volunteer that the IOM focal point can refer them to support services. Due to the sensitive nature of some of the questions, the enumerator may have to disclose sensitive issues regarding participants migratory experience, adversities, and psychosocial distress to the IOM focal point.

IMPORTANT NOTES:

- This study is not a clinical interview, and the enumerator is not a psychologist. The interview is about MaM Volunteers, returnee migrants, and how they benefit mentally, psychologically, and socially from being involved in the project.
 - The questionnaire is one of the studies IOM is conducting within the MaM project.
 - The study aims to accompany MaM Volunteers throughout the three-year project to support their own psychosocial wellbeing through engaging in the project's trainings, peer-to-peer interviews, and awareness raising activities.
 - Conducting this study will help the IOM to better understand the returnee migrants' psychosocial needs and provide them appropriate support if needed.
- If during the interview, you perceive any distress, please ask the participant if they know where to find support or know someone they can talk to. If they do not know, inform them that they can contact the IOM focal point in their office for more information.

10 things to consider:

The below 10 key points should be considered by those conducting interviews on sensitive topics related to psychosocial well-being and mental health. The below is not an exhaustive list. If enumerators need further support, they should refer to their IOM focal point.

1. **Do not judge**, do not give individual opinions: and remember that it is mandatory to guarantee the interview's confidentiality. This means that no personal information that emerges during the interview will be disclosed with people external to the process.
2. **Participant protection needs is a priority over conducting of the interview.**

Before starting the questionnaire, the IOM focal point should be available to provide key information about referral mechanisms and access to qualified services in the country to whom requests or needs can be directed (e.g. service mapping and referral mechanism available in each country).

3. **The interview should be conducted in a suitable setting.** It should be considerate of Covid-19 measures and somewhere MaM Volunteers will feel comfortable sharing their experience and answering potentially sensitive questions related to their own perceived psychosocial wellbeing.
4. **MaM Volunteers should never be forced to answer any question and have the right to interrupt the interview at any time.** It is important to respect the participants will. If the Volunteer does not want to answer a specific question, move on to the next question and note this your notebook after the interview. If needed, remind the purpose of the study.
5. **Listen carefully.** If Volunteers begin speaking about difficult experiences, allow them to finish their thoughts (be sure to not pass judgement or interrupt them) and when finished come back to the question, and remind that if they want to they can contact the IOM focal point who can support in referring them to services.
6. **Show patience and take the necessary time to conduct the questionnaire.** Ensuring that the MaM Volunteer does not feel under pressure to share when they are not ready.
7. **Do not interrupt or prompt questions (questions where the enumerator should listen to the respondent's response and select answer(s) closest to their own words).** As a rule, someone's story should never be interrupted or rushed. However, it is important for the enumerator to find the right balance between respectful, active listening and the aim of the interview. If the Volunteer needs a moment to share his or her experience out of the study framework, the enumerator can kindly remind the Volunteer that a special space for support can be offered.
8. **Showing extra sensitivity if the MaM Volunteer shares difficult experiences.** If the Volunteer shows signs of distress, (such as crying, being extremely silent, breathing quickly, showing irritability or other reactions, etc.) try to show empathy and share supportive messages. Keep the tone of voice soft and calm and if the Volunteer is showing signs of distress, kindly remind them about point #2 (the possibility to find support or being referred).
9. **Avoid being mechanic.** Sometimes we can have the tendency to become mechanic when we repeat the same questionnaire several times. Be mindful and take regular breaks. It is important to give full, undivided attention to every interviewee.

10. Interviews over the phone are not recommended but if this is the only available, additional attention should be paid to:

- Make sure that the MaM Volunteer has the possibility to choose a suitable place for the phone interview. Call the MaM Volunteer to make an appointment to conduct the interview and explain to them that during the interview they should be in a private, comfortable place (to ensure confidentiality of the interview);
- Be aware that over the phone, the enumerator should be prepared to verbally communicate empathy and support;
- Verbal communication includes both what we say and how we use our voice. Words and their meaning are equally important as the tone and rhythm of the voice.

Remember to use the notebook: the questionnaire is an objective tool, the notebook subjective. The two together can strengthen the quality of a research project. After each interview, the enumerator should take some personal notes on how the interview went, his observations and feelings about the interview dynamics.



Annex III

MHPSS component in MaM Trainings

Capacity building: a process of empowerment for the returnees

In the seven MaM-2 implementing countries, the project aims at building an organic community of more than 300 Volunteers, returned migrants engaged in civic engagement and awareness raising initiatives. To support returnees' empowerment and the sustainability of the action, an articulated and flexible set of capacity building opportunities has been designed.

The different types of trainings are all conceived around the key concepts of participatory approach and peer-to-peer communication; they will not only empower the participants to collectively shape the campaign and its content throughout the project, but also contribute to building a dynamic and autonomous volunteer-based community of returnees.

An overview of MaM capacity building opportunities:

- **Training of Trainers:** MaM Volunteers having one year of practice-based experience in participatory AWR will follow a 4 to 5 days train-the-trainer workshop during and assist IOM staff with the training of newly recruited Volunteers and other stakeholders.
- **Training of new Volunteers:** By the end of MaM-2, the Volunteer community is expected to count 315 MaM Volunteers across the seven participating countries. A total of 39 trainings will be organised for new Volunteers and co-facilitated by trainer Volunteers.
- **Skills training workshops for** (former and new) MaM Volunteers tailored to the needs and interest of the returnees and the campaign. During MaM-1, Volunteers expressed interest in receiving further training in public speaking, video editing, fundraising, project management and social theatre. These skills will be incorporated through the flexible formula of skills training targeting smaller group of Volunteers based on their common interests.
- **Partner training:** workshops for journalists, civil society actors, influencers, artists, and other stakeholders on key migration topics such as the Global Compact on Migration, terminology and balanced reporting, which a parallel objective of fostering collaborations to disseminate MaM content and create sustainable synergies between the Volunteers community and the local civil society.



MHPSS component in the trainer of trainers of MaM¹⁰

Sustainability is one of the reasons supporting the choice of working on a smaller group of experienced Volunteers with a ToT approach, It will allow 63 Volunteers to become team leaders and models for the new Volunteers joining the MaM community. The goal of the MaM ToT process is to give experienced Volunteers the background knowledge, skills and practical experience on **community engagement, digital storytelling and digital engagement**.

9 MaM-2 Volunteers per country will participate in a ToT preparing the participants to provide support as co-facilitators in capacity-building activities for new Volunteers and to assume a role of team leaders in on-the-ground AWR activities. The latter includes peer-to-peer interviews, focus group discussions with other returned migrants or community members, debate facilitation, caravans, townhalls and student outreach. Volunteers will maintain in-depth and dynamic contact with the community, especially with other returnees, establishing trusting relationships with target groups for AWR activities.

For this reason, within the process of MHPSS mainstreaming in MaM-2, experienced Volunteers attending the ToT have been identified as the best placed to act as MHPSS Focal Persons during on-the-ground activities.

Therefore, the 4 days ToT package is complemented by two additional modules based on the model of the IOM MHPSS community-based interventions and PFA. Such one-day training will be optional and delivered by IOM MHPSS officers when available in MaM-2 Country Offices or by other identified qualified IOM staff.

The module will aim to:

- Create a deeper understanding and awareness of the mental health and psychosocial challenges of return migration;
- Create a deeper understanding and awareness of the peer-support mechanism and how to avoid harmful practices;
- Strengthen interpersonal, communication and interviewing skills with a focus on peer-to-peer interactions;
- Provide participants with tools such as PFA and basic counseling skills to act as MHPSS Focal Persons, enabling them to 1) facilitate empowering forms of bottom-up psychosocial support, 2) build more supportive community networks, 3) use creative tools to increase awareness on the mental health and psychosocial needs of returnees at the community-level.

Ensure that MHPSS Focal Persons are able to provide first-line emotional support or referrals to specialized MHPSS services available to those who need a more focused psychosocial support.

Using a participatory and interactive methodology, the module will be focused on the peer-to-peer relationship and implications seen through different prisms. The training will leverage the participants' knowledge based on their **existing capacities** and it will build on what trainees already know thanks to their previous engagement as MaM Volunteers. Firstly, it will create a deeper understanding of the necessary **self-awareness** regarding the participant's path. How their own story, sociocultural values and identity can be seen as an asset and how their life experiences can positively influence their interactions/relationships with their peers.



¹⁰ IOM, Formation "Migration et Santé mentale" (Brussels, 2021).

Processes and challenges that are common to the whole MaM Volunteers community, such as the identity transformations that take place all along the migration cycle, with a focus on **return migration and social reintegration**, will be analyzed. This will aim not only at raising awareness on the related mental health and psychosocial challenges, but also at highlighting **resilience** and positive activation of resources as key aspects that the participants have likely already experienced throughout the Volunteer engagement.

Peer-to-peer dynamics will be seen then through the prism of **interpersonal communication skills**, necessary to prevent harmful practices in peer-to-peer interviewing, as well as to build and manage supportive relationships.

Then, the **peer-support mechanisms** will be explored as a form of bottom-up psychosocial support that can be applied through MaM AWR community-based activities. MaM Volunteers, who will act as MHPSS Focal Persons, will be equipped to increase awareness of the mental health and psychosocial needs of returnees at the community-level and contribute to building more supportive community networks. They will also be shown how to identify people who need a more focused psychosocial support and provide first-line emotional support or referrals to specialized MHPSS services available.

MHPSS partnership, training and coordination

During the MaM project, local organizations were created in some of the countries to continue awareness raising on irregular migration or to provide different types of support to returned migrants.

In the perspective to build their capacity and ensure more sustainability, Country Offices should coordinate with local or international organization in-country that can contribute to trainings or sharing experiences.

To strengthen the capacity of the IOM MaM team, as well as the Volunteers, in improving psychosocial self-awareness, some coordination efforts and partnerships can be developed for this purpose. Within the IOM team, some skills could also be needed to develop and reinforce the capacity of returned migrants. This would mean a better internal and external coordination to increase the quality of the services and the level of knowledge shared. Hence, the Volunteers will be able to transmit their knowledge to their peers, using the buddy system.

