# Mental health and psychosocial support for (young) migrants and displaced persons: the (unintended) social consequences

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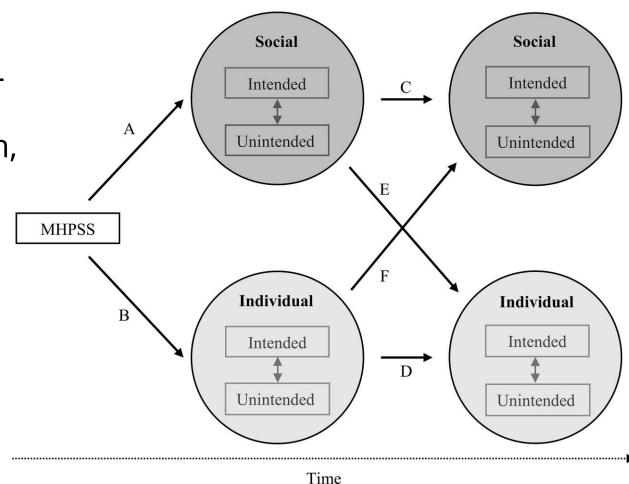
# **RESEARCH PROJECT**

- Background: Historically, MHPSS research was mostly clinical. Policy makers and practitioners lead the way by also looking at social outcomes (e.g. peace and poverty reduction). Bridge the gap between research and practice.
- Research question: What are the intended and unintended social effects of psychosocial support for migrants and displaced persons, why do they occur, and how can we mitigate negative effects and capitalise on positive ones?



## **LITERATURE REVIEW**

- Possible social outcomes relate to: cohesion, personto-person relations, socioeconomic, stigma reduction, family care, peace, communication, culture, gender.
- Social determinant versus MHPSS outcome.





## **RECOMMENDATIONS**

# What can we do?

- 1. Continue multi-sectoral collaboration between organisations offering MHPSS and other types of support.
- 2. Update *theory of change* in programme documents.
- 3. Improve measurements!
- 4. Organise a reference group of participants.



# **LATEST STUDY**

- The **aim** of this study is to understand how individual and social post-migration factors interact, and in consequence, affect the well-being of undocumented migrants in the Netherlands.
- Included in the analysis: 'Life Skills' workshops, a psychosocial support intervention from the Netherlands Red Cross.

# **STUDY SAMPLE AND METHODS**

- Retrospective interviews with participants from Life Skills workshops (2017, 2018, 2019).
  - Closed-ended and open-ended questions: socio-demographics, health and well-being, safety, psychosocial support, social cohesion, trust, stigma, etc.
- Data was collected between December 2021 and February 2022.
- Total: 18 participants.

20-29     3     16.7%       30-39     6     33.3%       40-49     4     22.2%       50-59     4     22.2%       60+     1     5.6%       Gender		Number (N = 18)	Percentage of total
30-39     6     33.3%       40-49     4     22.2%       50-59     4     22.2%       60+     1     5.6%       Gender	Age		
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50-59     4     22.2%       60+     1     5.6%       Gender	30-39	6	33.3%
60+     1     5.6%       Gender	40-49	4	22.2%
Gender     John       Male     13     72.2%       Female     4     22.2%       Other     1     5.6%       Partner	50-59	4	22.2%
Male     13     72.2%       Female     4     22.2%       Other     1     5.6%       Partner	60+	1	5.6%
Female     4     22.2%       Other     1     5.6%       Partner	Gender		
Other     1     5.6%       Partner     5.6%       Yes     6     33.3%       No     12     66.7%       At least one child	Male	13	72.2%
Partner       Yes     6     33.3%       No     12     66.7%       At least one child	Female	4	22.2%
Yes     6     33.3%       No     12     66.7%       At least one child	Other	1	5.6%
No     12     66.7%       At least one child	Partner		
At least one child       Yes     6     33.3%       No     12     66.7%       Regions of birth         Northern Africa     4     22.2%       Eastern Africa     7     38.9%       Western Africa     3     16.7%       South-Eastern Asia     1     5.6%       Western Asia     3     16.7%       South-Eastern Asia     3     16.7%       South America     0     0%       Reasons for migrating (multiple)      56%       War, persecution or     10     55.6%       political reasons         Work     2     11.1%       Study     1     5.6%       Poverty     1     5.6%       Marriage     1     5.6%       Other reasons     6     33.3%       Legal status         Undocumented     8     44.4%       Asylum procedure     4     22.2%       Temporary or     5     27.8% <	Yes	6	33.3%
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permanent residence	Asylum procedure	-	
permanent residence	Temporary or	5	27.8%
•	permanent residence		
	•	1	5.6%



# **SAMPLE DEMOGRAPHICS AND WELL-BEING**

- Overall score well-being: 3.1 *life satisfaction* and 3.0 *happiness* on a 5-point scale.
- Men scored higher than women.
- Participants without documents (undocumented or in asylum procedure) scored lower than those with documents.



# **YOUNGER MIGRANTS**

- Younger part of the sample scored higher (3.1 for life satisfaction and 3.6 for happiness) than older part of the sample (3.0 and 2.4).
- Possible explanations
  - $\circ$  More often have a legal status
  - $\circ$  More often have stable housing
  - Almost all (except one) have contact with family



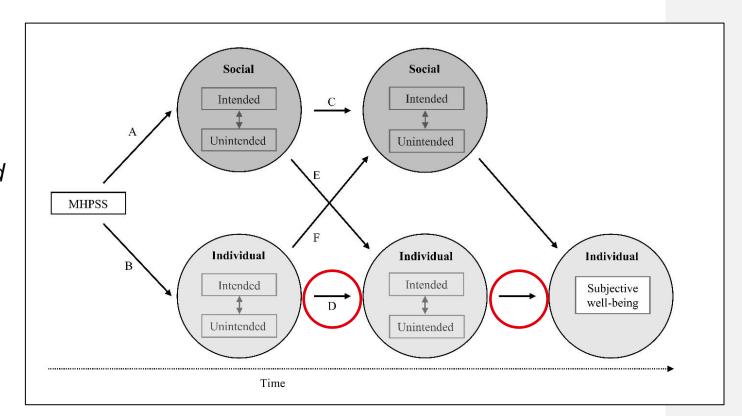
# **POST-MIGRATION FACTORS**

Conceptual model	Factors	
Individual	a. Health	
	b. Legal status and asylum system	
	c. Hope and future perspectives	
	d. Employment and lack of financial	
	resources	
	e. Education	
	f. Housing	
	g. Coping strategies	
Social	a. Social contacts	
	b. Sense of belonging	
	c. Giving support to others	
	d. Trust	
	e. Discrimination and stigma	
Support	a. Need for formal and informal support	
	b. Impact of psychosocial support	



## **LEGAL STATUS**

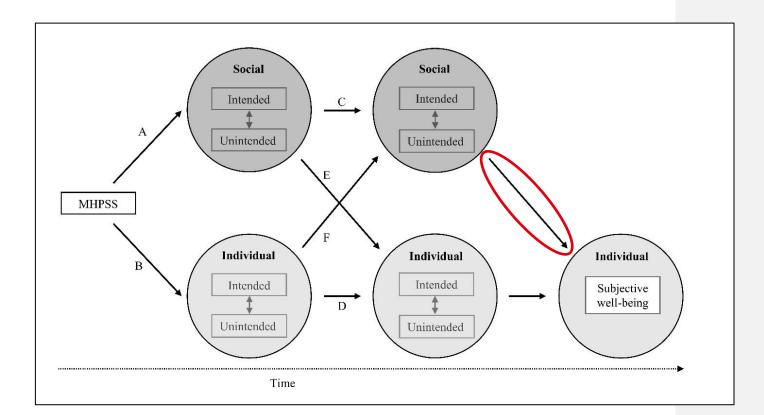
"So, without ID, I have nothing, I have stress and everything. No one can help me to go to school or anything. I came when I was 25, I started in [school], and then they give me a internship at the [supermarket]. I was working and everything, all that... even my stress was... [lower] because I was doing something."





### **GIVING SUPPORT**

*"I like to help, it makes me happy"* 





# **NEW SOCIAL CONTACTS**

# "[T]

Did you also make contact with new people in the workshops?

[Participant]

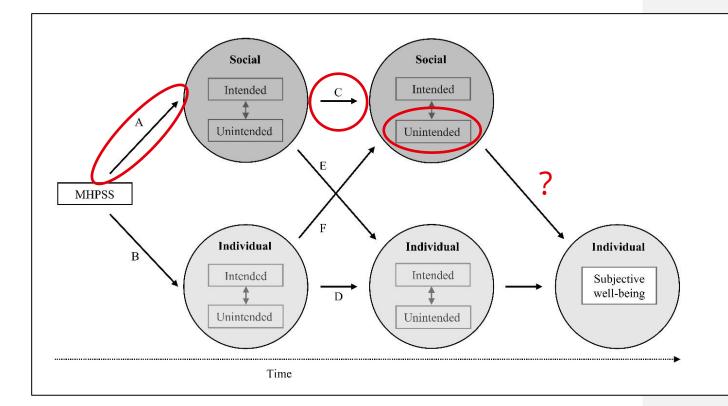
Yes I made some friends from different countries, we started making music also.

# [T]

So you still have contact with people you met there, at the workshops?

#### [Participant]

Yes, some of them they are out of the Netherlands, some of them are back in their countries, some of them are still in different cities now."





## **TAKE-AWAYS**

- Some post-migration factors greatly determine well-being.
- One factor can both form a **risk** as well as **protection**.
- Outcomes of MHPSS programmes can reinforce or weaken each other.
- "Well-being" is a **complex** concept: **define** the (expected) impact.
- Conceptual model can be used to better understand the outcomes of MHPSS.



# **NEXT STEPS IN RESEARCH PROJECT**

- **Uganda**: soon-to-start data collection with TPO Uganda (in collaboration with IICBS and UNHCR) to study (unintended) social effects of community-based sociotherapy.
- **The Netherlands**: further data collection at the Netherlands Red Cross and Doctors of the World to study (unintended) social effects.

Is the MHPSS intervention I am implementing the best intervention for the goal I wish to achieve?



What outcomes should be reached to achieve the goal?



How do I measure if the goal has been achieved?



How do I involve the target group in the MHPSS intervention?



## **THANK YOU**

Thank you for your attention.

Any ideas or questions? Please send me an email: **tessa.ubels@ru.nl** 

