On November 25 and 26, 2024, Imaobong Ladipo Sanusi, of WOTCLEF as a member, was invited to join other NACTAL and stakeholders on a Mental Health and Psychosocial Support meeting on Return, Reintegration and Readmission, at JVM Hotel, Mararaba, Nasarawa State.

The programme was organised by the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI), with support from the International Organisation on Migration (IOM). About 30 participants drawn from Ministries Departments, Agencies, Civil Society Organisations were in attendance.

On November 25, 2024 the event focused on :

- The nature of irregular migration: A case of Migrants entering a country irregularly; reside irregularly and remain employed irregularly
- Psychosocial problems
- The challenges of returning back
  Participants were shared into 4 different groups. WOTCLEF group concentration was on the identification of issues around pre departure, during migration and post return.
- **PRE TRAVEL**

1. Push factors: No job/economic challenges/financial instability
   Mental Health impact: Perceived wasted effort of going to school; Illusive belief

2. Family pressure : Mental Health impact include depression, anxiety

- **During travel, Migrants have the following issues :**

1. Finding themselves in unfamiliar environment with no compass for direction
2. Language barrier
3. Harsh living conditions
4. Sexual abuse
5. Trafficking (exploitation, coercion, forced labour, slavery)

Mental Health impact: Trauma, depression, anxiety, panic attack, Post Traumatic Stress Disorder (PTSD)

- **Post return, Migrants face a lot such as**

1. Family rejection
2. Unwanted pregnancy
3. Mental Health impact include trauma, depression, Post Traumatic Stress Disorder (PTSD)

- The groups were tasked to identify what returning back to country of origin means

- One after the other, each group described what comes to mind when one hears about mental health?
- The differences between what mental health is and Mental Health illnesses were identified. There was an understanding that mental illness is a diagnosis that only a professional can give. An intervention is needed to address the situation. Post Traumatic Stress Disorder (PTSD) was discussed, which also requires an extensive diagnosis and intervention. Other emotional instability by Migrants include delusion, false belief, anxiety, depression were touched. For instance, persecutory delusion is often visible among Migrants- a feeling that everyone is against them. Some many psychological disorders need to be diagnosed.
- Looking at the definition of poitive mental health and well-being which enable people to realize their potential, cope with norman stresses of life, work productively and contribute to their communities (WHO, Mental Health Action Plan, 2013), the question was raised by the facilitator if there is anyone free of mental health issues.
- Breaking down the concept of Mental Health and Psychosocial Support, some agreed that someone with mental health challenges can show good health when taking medications if need be.
- More diggings on the Psyche which irefers to the inner world of a person – their emotions, thought processes, feelings and internal reactions, was looked into.
- Relating to the Social the meeting focused on aspects which is the external world and environment of the person, and the relationships, family and community networks, social values and cultural practices they have. "Pertaining … to the interrelation of behavioral and social factors… to the interrelation between mind and society (OED, 1997)

Different types of trauma discussed including re traumatizing experience which is when the trauma happens again when a trigger is seen by the individual.

Different aspects of how migration affects returnees looking at 3 reactions in 3 dimensions:

1. Bio-psychological reactions
    - Feelings of shame and guilt
    - Self-perception to be a failure
    - Feelings of hopelessness and helplessness
    - A sense of loss and disorientation
    - Fear, frustration, anger
    - Sadness, emotional instability
    - Anxiety
    - Constant emotional pressure
    - Lack of trust and low self-esteem
    - Isolation from others
    - Feelings of not being understood
    - Risks of social marginalization and exclusion
    - Being perceived as a failure

- Being perceived as a burden/problem
- Being perceived as someone who did wrong and who is responsible for what happened
- Poverty
- Financial difficulties
- Challenges in the re-integration into the community

2. Cultural-Anthropological dimensions

- The cultural identity might be challenged according to duration/time spent abroad
- Cultural values, beliefs, interiorized social norms, traditions, habits might have changed during migration (risks of cultural conflicts)
- Devaluation/transformation of traditional values

Note that Returnees are also returning through land borders and they are not well coordinated which increases the stress for the officers at the land border duty posts. These particular individuals are not assisted unlike the Assisted Voluntary Return and Reintegration, AVRR). The Law Enforcement Officers at the borders are encouraged to build a Reception Centre for a dignifying reception just like it was identified in some West African Countries.

IDENTITY/ROLE AS KEY CONCEPT OF WELL-BEING OF MIGRANTS :

- Who am I to myself (Individual diffrences)
- The interiorized society factors
- How others perceive me - can also be a self-perception

In the migration context, points 2 and 3 above change, hence the identity is challenged which can result to traumatic experiences. Building resilience shows to be a way out.

WHAT IS RESILIENCE?

Resilience is the process of adapting well in the face of adversities, crisis, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means ‘bouncing back’ from difficult experiences. Everyone has coping abilities that can be strengthened or promoted.

Factors that support resilience

- **Physical**

1. Access to food, water, shelter
2. Good physical health
3. Healthy behaviors
4. Physical activity

- **Moral**

1. Ability to forgive, show compassion
2. Recognition of rules/regulations
3. Adherence to a moral code (social, religious)
4. Sense of contribution to a greater good
5. Sense of survival for a higher purpose

- **Mental**
    1. Feeling of control
    2. Previous method of coping used
    3. Access to knowledge and information
    4. Access to training

- **Spiritual**
    1. Religious or spiritual belief
    2. Beliefs about the event
    3. Rituals
    4. Places of contemplation, worship

- **Social**

1. Ability to mobilize social support
2. Presence of a cohesive community
3. Continuation of traditional activities
4. Presence of respected leaders in the community

On the NovNovember 26, 2024 the following were the focus:

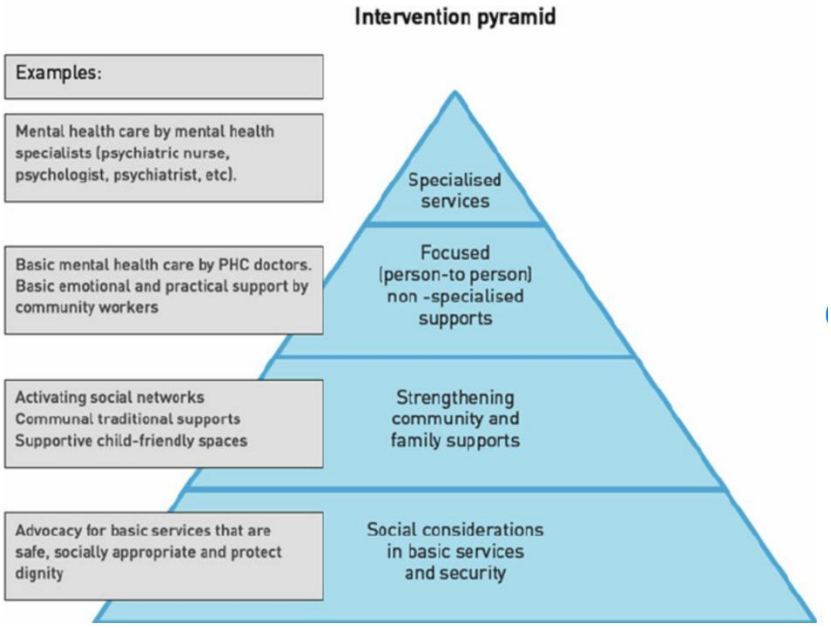
CORE PRINCIPLES MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

1. Human rights and equity:
2. Participation: Ensure participation in your activities. Ensure it cuts across all genders, Persons With Disabilities (PWD). We must know that in every community, there are different category of people. Getting the beneficiaries involved in all the process, involving the people that are involved and also people the support will be provided for.
3. Building on available resources: Every community has available resources one can build on, that is building on what is existing. For instance, culture, the people may have their own way of responding to certain situations. It is better one does not try to change it, but rather one can build on it. This way the community is involved and the stigma associated with return is reduced or avoided completely.
4. Do no harm approach: All activities should be evidenced based and not what we think. Look at every aspect to make sure we do not further cause harm.
5. Multi layered support: Including mental health in the activities we are already doing.

6. Integrated approach : Various organizations can mainstream MHPSS using these principles. MHPSS does not work in isolation.

MODEL OF THE IOM APPROACH

The facilitator projected the pyramid of Intervention explaining that all MHPSS activities are within this approach. It is evidence that from the bottom, one requires less skill to provide these activities at the bottom layer . More people need the services at this level.



What can be done on arrival? Ensure that the activity is provided in a way that helps their mental well-being. Be therapeutic rather than provide therapy. Your attitude is actually the mental health activity you are doing at that time. Provide your on arrival intervention with dignity and respect for them.

THE DISCUSSION ON SELF CARE

The following questions were asked while participants responded randomly:

Feeling guilty to take a break?

Difficulty to detach with work while on leave ?

Impatient ?

Snap at people easily ?

TERMINOLOGY

Burn-out: A state of complete exhaustion, both physically mentally and emotionally.

Vicarious trauma: This happens from listening to traumatic experiences of people

Compassion fatigue: consequence of helping someone

STRESS

A response to a stimulus

- **Eustress:** which helps motivate and focus energy, is short-lived. Eustress helps individuals cope and improve their performance, and it makes a person feel excited.

- **Distress:** Distress causes anxiety and concern, and it may be short or long lived. People perceive distressing events as outside their ability to cope; thus, distress feels unpleasant, as it decreases a person's ability to perform.

Afterwards there was a group photograph, lunch was served.