
Psychosocial reintegration assistance

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Psychosocial assistance at the individual level supports returnees' psychological states (including emotional, behavioural and cultural aspects) and their ability to (re)form positive social relationships and networks and cope with (re)migration drivers. Individual psychosocial assistance is provided mainly through counselling interventions, although clinical referrals should be considered in some cases. Psychosocial counselling can be appropriate for returnees even if they do not have clinical needs, because positive coping mechanisms and a healthy social life, networks and connections are crucial for sustainable reintegration.

The migration process brings changes to migrants' emotions, feelings, thoughts, memories and beliefs and to their relations with others. This process of change includes the reasons why the migrant decided to leave their own country, the experiences lived during the journey, the way they were received in the host country and how they were able to adapt and integrate, and their return and re-adaptation to the country of origin. This experience can affect the way returnees 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 an organic, smooth way, but, at times, they can be disruptive, especially when migration is forced or involves dangerous conditions or exploitation, when the return is forced on the migrant or when return was the result of tough choices with few alternatives. Understanding these elements and considering them during the delivery of assistance can facilitate returnees' reintegration.

The interrelation of the above-mentioned elements determines a person's psychosocial well-being upon return. Shame, guilt, negative self-perception, sense of failure, sense of loss and other deep negative psychological reactions might come with the difficulty of being accepted or to reestablish links with family and friends, challenges creating a livelihood, and uncertainties of facing a new life in a country that has changed during their absence (or that returnees perceive very differently after their migratory experience). Attention to the psychosocial dimension of reintegration and the psychological, social and cultural challenges reintegration presents is an essential part of supporting migrants towards sustainable reintegration.

Psychosocial assistance to support individual reintegration is important to complement other interventions. This is especially true of livelihoods' support, because psychological states characterized by toxic levels of stress, deep anxieties and social stigma make it difficult for an individual to engage in livelihoods programmes or benefit from livelihood opportunities. Such a psychological state can even make it difficult to make coherent decisions about the future.

Besides allocating appropriate assistance and referrals as needed, a case manager is central to providing direct assistance and support to returnees in the psychosocial dimension of their reintegration. It is important to consider the psychosocial dimension in any interactions with returnees. The role of the case manager in relation to psychosocial reintegration should therefore be focused on:

- Understanding the psychological, relational and cultural dimensions of return migration;
- Providing reintegration counselling that is empathic and supportive and accounts for the psychosocial needs and tensions of the individual;
- Providing first-line emotional support to migrants who are particularly stressed during counselling;
- Referring migrants in need for psychological counselling or other psychosocial services; and
- Understanding that creating community-based psychosocial support systems can help returning migrants in the reintegration process.

When case managers address the psychosocial dimension of reintegration (from the first contact before travelling, upon arrival and through follow-up meetings during counselling), they can strengthen returnees' ability to succeed in their reintegration and the ability of the family and community to contribute to this success ([see section 3.4 for more on community-level psychosocial assistance](#)). Considering the psychosocial dimension during the reintegration process makes the case manager's intervention more effective in both dealing with the emotional complexity of the return and designing and implementing reintegration plans.

This chapter presents a detailed overview of the following types of psychosocial assistance typically recommended for consideration in a reintegration plan at the individual level, supported by further guidance in the annexes:

- **2.6.1 Counselling for psychosocial well-being**
- **2.6.2 Counselling with returnee and family**
- **2.6.3 Devising a referral plan for mental and psychosocial support**

2.6.1 Counselling for psychosocial well-being

In addition to providing reintegration counselling ([see section 2.1](#)), case managers might need to support a returnee through their psychosocial difficulties. Supporting a returnee's psychosocial well-being therefore permeates many other aspects of the case manager's task and can be essential to making the beneficiary feel motivated, involved and supported.

Psychosocial counselling in the context of reintegration assistance is a support intervention based on listening, proper questioning and information sharing, aiming to help returnees:

- Be aware of their situation;

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- Be aware of the opportunities and the challenges of reintegration;
 - Reduce the sense of guilt;
 - Increase self-esteem;
 - Reduce the feeling of stigma;
 - Integrate into the community.

Annex

[Annex 1](#) provides more detail on counselling techniques to provide individual psychosocial support. Specifically, [1.D](#) and [1.E](#) guide case managers through assisting, counselling or communicating with a migrant suffering from a mental disorder such as PTSD, depression, psychotic disorder, or even through an acute psychotic crisis.

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Case managers can play an important role in stabilizing or reducing the emotional suffering of returnees. All the communication techniques recommended for counselling (see [Annex 1.A](#)), together with the basic knowledge of signs and symptoms of mental disorders, are useful in creating a climate of safety and trust and guiding the returnee with or without a diagnosed mental disorder towards sustainable reintegration.

At the same time, case managers should always be aware of their limits and not try to do everything by themselves. For people in need of a more focused support, a referral to a counsellor or psychologist fully dedicated to mental health is essential. For those in need of specialized clinical care, referral to a mental health specialist is necessary. The case manager should explain with simple words the reason for the referral and the kind of support the returnee would receive and ask the opinion of the returnees (the stigma around mental health issues should always be kept in mind).

Understanding coping mechanisms

Reintegration is often more successful and sustainable if returnees think of return migration, as with any life experience, as both positive and negative rather than either positive or negative. To support this way of thinking, case managers can use Renos Papadopoulos' grid of outcomes of disruptive events, which differentiates three categories of responses to disruption experiences. This grid can guide the case manager in understanding the return experience and perspective of the different groups (individual, family, communities and society). It can organize the returnee's experience by sorting positive and supportive qualities and negative and counterproductive elements.

Identifying negative responses to the challenge of the migration experience helps in understanding current psychological needs and envisaging a possible way of addressing them through referral to the appropriate level of care. Identifying the positive qualities of the returnee and developments deriving from the migration experience helps tailor the reintegration plan to the psychosocial needs of the returnee.

Table 2.8: Framework of outcomes of disruptive events

	SUFFERING	RESILIENCE	ACTIVATED DEVELOPMENT
INDIVIDUAL			
FAMILY			
COMMUNITIES			
SOCIETY			

Source: Papadopoulos, 2002.

? **Suffering** is a normal negative response to a challenge and includes the effects that are often perceived, such as pain, loss, disorientation and confusion, as well as the various types of psychological and even psychiatric manifestations and deficits that migrants experience.

? **Resilience** refers to individual qualities, behaviours, relationships and habits that allow the returnee to withstand pressures. These positive qualities (such as optimism, irony and self-irony, self-awareness), functions (such as practicing acceptance) and abilities (such as problem solving and personal characteristics) are retained from the times before the person was exposed to the challenge, despite that exposure. It means that a returnee might have undergone hardships, violence or perilous journeys and used existing qualities to withstand those challenges.

? **Adversity-activated development** is a positive response to a challenge. In addition to resilience, every person who is exposed to stressful experiences also gains something. The saying in most languages and cultures along the lines of “whatever does not kill you, makes you stronger” conveys the reality that the experience of disruptive events also has a transformative power. It can make people change their vision of the world, their priorities in life, their values and beliefs and so on. These responses are called “adversity-activated developments” because they refer to those positive transformative aspects that are activated specifically by exposure to disruptive experiences. The migrant might learn new skills and languages, discover new qualities and attitudes and explore new cultures, all things that can help themselves and their family. These elements can be relied on upon return and can also help returnees gain back and reinforce a social role within their community. Although the returnee may focus their narrative on the negative aspects of returning, it is useful and important to help them reflect on their adversity-activated developments and how they can be used during reintegration into their country of origin.

Supporting functional coping mechanisms

Returnees can use different ways of coping that have developed during their entire life, including during migration. Functional coping mechanisms can help reduce feelings of distress and can help the returnee directly tackle the situation that caused stress. Functional coping mechanisms can also activate developments to help returnees take steps forward and to envisage a positive change. This is very important when it comes to reintegration, which entails the psychosocial challenge of a new adjustment. The following coping mechanisms could be encouraged, among others:

? **The need for and the search for social support**, whether among other migrants or within the community, is an important resilience factor.

? **Faith and praying** are resilience factors migrants can use to reduce feelings of hopelessness.

? **The sense of being responsible for others** is a resilience factor to reduce the risk of adopting a passive attitude and the risk of feeling hopeless, which impair any steps towards reintegration.

? The experience of migration, though tough, may activate developments in the form of **learning a language or a skill**.

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“New Life Beginning” in Ethiopia

Long stays abroad combined with a rapidly evolving context of the country of origin often exacerbate feelings of estrangement and uncertainty among returnees. To address this, IOM Ethiopia, in close coordination with the NGO Women in Self Employment (WISE), designed a two-day “New Life Beginning” orientation package that allows returnees to start viewing their reintegration as a new chapter of their lives. New Life Beginning helps them find ways to reconnect with their country of origin.

The orientation sessions help beneficiaries build trust in their own abilities to reintegrate by exploring their strengths, skills and experience. The sessions reinforce their understanding of opportunities available upon return. Through interactive dialogues and role plays, returnees share their experiences, build self-confidence and discuss ways to mitigate potential reintegration challenges. They also receive practical information on how to look for information on income-generating activities, education, vocational training and other services useful for reintegration. Furthermore, upon screening from IOM, returnees may be referred to another five-day basic business-skills’ training, facilitated by WISE.

To maximize the audience, these orientation activities take place in transit centres located in Addis Ababa, the capital, before beneficiaries return to their communities of origin. Orientation is conducted in local languages and returnees receive a manual in their local language that they can refer to after they leave the transit centre.

After the orientation, the IOM reintegration team follows up with the beneficiaries in their communities to define and implement their reintegration plan.

Created with Sketch. Tips for success

- Target areas where returns to different remote areas occur simultaneously.
- Focus on beneficiaries who spent a significant amount of time abroad or feel disconnected from their communities of origin.

2.6.2 Counselling with the returnee's family

Individual suffering, resilience and activated development cannot be detached from that of the family, the household and the community at large. In particular, the family can be an element of support when it helps the returnee to cope with the challenges of reintegration. Yet families can also reinforce suffering, for example when they have difficulty accepting their own relative returning from abroad because they see that person as a burden.

Whenever possible, collaboration with the family is desirable in supporting the daily well-being of a returnee. Family counselling could represent a first step towards establishing this support. Counselling a family can empower the family as a group, Counselling can reinforce family cohesion and activate the internal and external resources that can help the reintegration process of the returning migrant or an entire returning family.

Family counselling upon return should be based on the family assessment. The returnee should let the case manager know if they wish the case manager to carry out the family counselling session and whether they wish to be part of it.

? In the case of a **family unit returning**, the return may have reinforced the unity or deteriorated the relationships within it. The reintegration case manager should explore all the possibilities that can help the family face a new future in the community of origin. However, it is not the reintegration case manager's task to fix the family relational problems. They can support the returning family to move forward by designing with them a reintegration plan that considers the psychosocial risks and opportunities they have to face in the country of origin. Questions that can guide this discussion include:

- Were your children born abroad?
- Do your children speak the language of the country?
- What school level have your children reached?
- Did you and your spouse learn a job abroad?
- What are your priorities now?
- Did you keep in touch with your families? Are they willing to support you?
- Did you keep in contact with friends and other members of your community?

? **If the family stayed behind**, family members could have ambivalent feelings towards the returning relative, in particular after having made a financial investment in helping them leave and now needing to support them on return. Often the family is unable or unwilling to understand why someone who has lived abroad now returns "empty-handed". Feelings of distrust and disappointment can result in relatives being unwilling to support returnees with basic needs. For this reason, it is essential to ask about the expectations and the feelings of those who stayed behind. Questions to explore these feelings include:²⁷

- How do you feel about the return of your relative?

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- Do you see this as a failure or as an opportunity?
 - Do you consider your relative a burden?
 - How do you think you can transform the return of your relative into a resource for the family?

? In case the individual returnee or one member of the returning family has **a health (including mental health) condition**, it is important to evaluate the capacity of the family to deal with the affected relative. Questions to better understand this issue can include:

- Do you know about your relative's mental disorder?
- Do you think you can deal with it? Do you have financial resources to buy medication?
- What do you think you can do to reduce your relative's suffering?
- Do you know where to get support for your relative?
- In your opinion, what does your community think about mental health conditions?
- Do you think that your community can support you in dealing with your relative's mental disorder?

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All that has been described previously for individual counselling in terms of effective communication and setting is valid also for families ([Annex 1.A](#)), with some differences. Techniques of effective listening must be seriously respected: the counsellor must keep a balance between listening to the adult members of the family and also allowing children to express themselves. Balance is also important in listening to all adult members of the family, to make sure that all perspectives are presented. In some cases, it might be useful to listen to individuals separately so that all can adequately express themselves.

2.6.3 Devising a referral plan for mental and psychosocial support

As explained in [section 2.3.2](#), effective referrals benefit from advance preparation. Case managers should ideally be informed about each returnee's physical and mental health needs before the returnee arrives in the country of origin.

For mental health and psychosocial support, case managers should know about the manifestations of common disorders, how to communicate with people manifesting these disorders, and how to provide first-line emotional support (see [Annex 1.D](#) and [1.E](#)). Referral mechanisms should have efficient lines of communication and clearly outlined referral pathways and procedures, with clear and simple sequential steps ([see section 4.1.3](#)).

In terms of referral services, it is necessary to differentiate between:

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1. Immediate lifesaving referral, to psychiatric, clinical psychological or, if not available, general health services;
 2. Referral to psychological counselling or psychotherapy; and
 3. Referral to generic psychosocial support.

This section details which returnees should be referred to these categories of care. The services provided in each category of care are listed in [Annex 8](#). All the referral services listed, from specialized psychiatric care to generic psychosocial support, focus on returnees' mental health and well-being, a cornerstone to sustainable reintegration. These services complement and reinforce the reintegration case manager's work by providing formal and informal advice on tailoring individual reintegration plans.

Referral to psychiatric and clinical psychological care

Returnees suffering from serious disorders should be referred to professional assistance in a timely manner.

These are returnees who:

- Report having tried to commit suicide and still have the intention to try again, or are threatening suicide;
- Are particularly aggressive and can harm themselves or the case managers or the people present in the premises of the organization;
- Are alcohol and substance users;
- Are so confused that they can't remember very simple facts of their life (such as their name) and can't attend to basic tasks (such as eating);
- Are in distress and can't be calmed down using the relaxation techniques described at the end of this chapter;
- Report an existing psychiatric condition, especially if they have not had access to drugs for a prolonged period of time;
- Are known to return with a diagnosed mental health condition; and
- Ask for psychiatric care.

Referral to psychological counselling and psychotherapy

Returnees to refer for psychological counselling and psychotherapy include those who:

- Are seen to remain isolated or withdrawn most of the time and show no overt interest in the activities going on around them;
- On being approached, break into an irritated outburst or start weeping;
- Show extreme reluctance to communicate when approached;
- Appear extremely distressed;
- Are grieving, or communicate during the interview that they are having intrusive thoughts of past events; and
- Report having experienced protracted detention, personal violence or having witnessed tragic deaths.

Referral to psychosocial support

Returnees who should be referred to additional psychosocial support include those who are facing

emotional, psychological or social difficulties or who request this type of support.

For returnees in any of the above categories, case managers can and should continue providing or coordinating all other aspects of their reintegration plan, including reintegration counselling and follow up.

The feasibility grid for identification and referral to psychosocial, psychological or clinical service providers can be found in [Annex 5](#).

²⁷ The case manager should seek the returnee's consent before asking these questions to family members.

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