



VSO ICS volunteers pose together outside a host home in Bentiko, Ashanti region, Ghana. They've been working on livelihoods projects in the cocoa farming community.

INTERNATIONAL CITIZEN SERVICE (ICS) AND MENTAL HEALTH:

Exploring the relationship between international youth volunteering and mental health

Highlights

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www.volunteerics.org



Introduction

Led by VSO, and funded by the UK Government, ICS provides overseas volunteering opportunities for UK-based 18-25 year-olds and team leader placements for 23-35 year-olds. Reflective of young people in the UK, a considerable number of ICS volunteers have – or have had at some stage – mental health problems. Yet there is limited understanding of how these young volunteers experience their placements in some of the world's poorest communities. ICS therefore initiated

research, conducted by Lancaster University, in order to shed light on the impact of mental health issues on the volunteer placement, and find out what kind of support would be helpful. Data came from the volunteers themselves, ICS partner organisations and health screening records. This short document summarises the key research findings and puts forward some recommendations which, if implemented, could improve the volunteering experience for everyone involved.

Key research messages

- The vast majority of volunteers included in the study (84%) and partner agencies (85%) rated the ICS volunteer placement positively.
- During pre-placement health screening about one in five (21%) volunteers declared a history of mental health issues. But when asked in an anonymous survey, 48% of the same volunteer sample said they had a history of mental health problems. Most volunteers said that they did not declare mental health issues because they didn't consider it relevant to their application.
- ICS is a challenging experience for most volunteers. Half of all volunteers surveyed said they needed extra support on their placement. Partner agencies reported that a third of volunteers required significant extra support. Knowledge among agencies in-country varied about how to recognise and deal with problems, particularly those relating to mental health.
- A history of mental health issues did not affect volunteers' level of satisfaction with their placement. But agencies tended to be less satisfied with the volunteers who had a history of mental health problems. This was due to the extent of extra support required and the impact on other team members.
- Of the 22 volunteers who went home early, mental health was a factor in up to six of the cases.
- A number of team leaders participating in the study felt they needed better preparation for the role and more support during the placement both for their own wellbeing and for the wellbeing of the volunteers whom they were supporting.
- Looking back on their placements, all volunteers identified a wide range of benefits. Those young people with a history of mental health issues were more likely to see benefits to their mental health and leadership skills.



84%

of volunteers rated their placement positively.



85%

of partner agencies rated their volunteer placements positively.



21%

of volunteers declared a history of mental health issues.

How data was collected

850 UK volunteers, who worked overseas with seven ICS agencies between May and August 2017, were invited to take part in the study. Of these, 299 gave their permission for data to be collected about them. Data came from four sources:

1. Volunteers via an anonymous online survey (127 people).
2. Surveys about volunteers completed by the agencies they volunteered with (190 people).
3. Volunteers' health screening records (277 people).
4. In-depth interviews (19 volunteers, including four team leaders, aged 18-26).

Volunteers in the sample were aged 18-35, with an average of 22 years. Of this sample, 75% were female; 61% identified as White British, and 84% as heterosexual.



VSO ICS volunteers Mohammed Hassan Mahroof and Sulemana Yussif help out with the cooking at their host home in Bentiko, Ashanti region, Ghana.

Limitations

Findings should be considered exploratory, rather than definitive. Caution is needed before drawing firm conclusions as the study has a number of limitations. Firstly, data could only be collected from those UK volunteers who agreed to take part, and data is scarce on those not in the sample. Secondly, many applicants who have serious mental health problems will not have passed the initial medical clearance or may have

dropped out. Thirdly, the data collected on mental health problems includes those conditions that had been diagnosed by a healthcare professional, as well as issues that volunteers perceived they had. As such, some data may not be entirely reliable. Finally, some volunteers in the sample may have a history of mental health issues that they chose not to declare in either health screening or the anonymous volunteer survey.



ICS volunteers come together on International Youth Day in Birmingham to celebrate their experience of volunteering for development with ICS.

Findings and discussion

More detail is provided in this section on the volunteers' experience, with a focus on mental health.

Before placement

Mental health issues

"I didn't feel the need to disclose something to them which was just something that was part of everyday life for me."

"I didn't put this down 'cos I didn't want to not go on ICS."

About one in five ICS volunteers in the sample declared a history of mental health problems in the compulsory health screening questionnaire they completed as part of their application. Only 2.5% of volunteers reported ongoing mental health symptoms at the time of screening. In the anonymous survey, however, almost half (61 out of 127) of volunteers reported a history of mental health issues. Depression, anxiety and self-harm were the most common. But 44 of these volunteers did not declare their history of mental health issues during health screening. Most volunteers said that they did not consider it relevant. Some feared their application would be rejected. Others felt that they did not have to declare mental health problems because they were coping.

The fact that many volunteers choose not to declare their mental health issues is of concern. In most cases, a history of mental health problems would probably not have changed ICS' decision to allow a volunteer to work overseas. Equally, it is unlikely to affect the volunteer's experience on placement. Nevertheless, in a few cases, knowing about a volunteer's history would have enabled ICS to provide more support for the volunteer and the team: enhancing the experience for everyone.



Travel experience and family support

Although half the volunteers in the sample had previously travelled to a low-income country, few had experienced conditions similar to those they faced on placement. When interviewed, a number of volunteers said they would have liked more training ahead of their placement to better prepare them.

Families' reactions to the volunteers going on an ICS placement varied greatly: some family members were very supportive, whereas others were negative. Relatives' anxiety could heighten the stress felt by volunteers.



Makara is a VSO ICS Team Leader in Battambang, Cambodia. Along with her team of ICS volunteers, Makara runs weekly sessions to help local youth build skills and confidence to improve their employability.

"You have to go in prepared that you're not gonna be living in England....You're living in a developing country... And also I feel like the other thing is you, you are going there for development work.... You're not going there to have a holiday."

On placement

"You have to go in prepared that you're not gonna be living in England....You're living in a developing country... And also I feel like the other thing is you, you are going there for development work.... You're not going there to have a holiday or anything like that."

Overwhelmingly, volunteer placements were considered positive by volunteers as well as ICS partner agencies. Agencies were "extremely" or "somewhat" satisfied with 85% of volunteers. Most volunteers (84%) were satisfied with their experience. And more than half (56%) were "extremely" or "very" satisfied.

ICS is a rewarding but challenging experience, and problems on placement are not unusual. Almost two-thirds (62%) of volunteers, whether they had a history of mental health issues or not, experienced some difficulties. Interpersonal problems and issues with the agency were the most common. The main reasons why volunteers ended their placement early were medical problems.

Mental health

"I grew a huge amount, but took weeks to recover physically and mentally in the short-term. It was still an amazing opportunity and I think people with mental illness should be well informed and allowed to go on placements."

"Having had experience dealing with depression and being equipped with strategies before going, I thought


I was prepared. However, I was totally unprepared for the culture shock, especially the language communication barrier, the environmental conditions, the constant humidity and the lack of control with food choices, when you could wash and be cool..."

A history of mental health problems (whether disclosed or not at screening) did not affect volunteers' level of satisfaction with their placement. ICS partner agencies, however, tended to be less satisfied with those volunteers who had a history of mental health issues (whether or not they declared this at screening). This was due to the extent of support required in some cases and the impact on other team members.

The number of problems reported by agencies and volunteers did not differ greatly between those volunteers with a history of mental health issues and those without. But volunteers with mental health issues were more likely to report health problems (physical as well as mental) on placement. And in a few cases, extra support for volunteers and the agency would have been beneficial.

Extra support

Half of all volunteers in the survey said that they needed extra support on placement: from team leaders, other volunteers, and friends and family. A quarter of volunteers who needed support would have liked more than was provided. Many, however, valued the support and guidance they received.



ICS volunteers relax before a goalball tournament, part of International Service's Fair Play disability programme. This bespoke ICS project brings together a diverse group of partially-sighted and fully-sighted volunteers from Britain and Ghana to combat stigma around disability.

ICS partner agencies reported that a third of volunteers needed “significant extra” support from staff, team leaders, other volunteers or the host family. A small number of volunteers were considered by agencies to require “excessive support”. Typically, these volunteers struggled to adapt to the new conditions or experienced mental health problems.

Knowledge in-country varied of how to identify and manage problems, particularly those relating to mental health. This led to some volunteers, especially team leaders, feeling dissatisfied with the agency, and some agency staff not knowing how to deal with problems.

Team leaders

“As a team leader, obviously, I was there to support the other volunteers. It was like my primary role. But I was having quite a lot of difficulties with the programme myself.... I think there was an assumption that as team leaders we didn’t need any support.”

Most team leaders were “very” or “slightly” satisfied with the ICS placement. None was “extremely” satisfied. The difference between the agencies’ and team leaders’ perception is striking: agencies were “extremely” or “somewhat” satisfied with nearly all team leaders.

Many of the team leaders interviewed felt the weight of responsibility and a heavy workload. Sixteen of the 21 team leaders in the sample reported significant problems on placement. This pressure can amplify existing mental health issues, and be stressful for all team leaders, even those who have not experienced mental health problems before.

After placement

“ICS just challenged my resilience on a whole other level. It’s, kind of, reminded me, and it’s living proof of the fact that I am adaptable and I can survive in all sorts of challenges.”

Almost every volunteer in the survey identified at least one benefit from their ICS placement. And most listed more than five. These included benefits to their health, relationships, vocational skills, knowledge of development issues and different cultures, and becoming an active citizen: making a positive contribution to the community.

On the whole, a history of mental health issues had no impact on the number or kind of benefits identified by the volunteers. There were two notable exceptions: those volunteers with a history of mental health problems were more likely to say that the placement had improved their mental health and strengthened their leadership skills.

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Partially-sighted International Service ICS volunteer Nikita Slate prepares for her team’s goalball tournament at the Tamale sports stadium, Ghana with a fellow volunteer.



This research has helped improve the quality of the programme so that it continues to support all volunteers, including those with mental health issues.

Recommendations

The report proposes a series of recommendations, many of which ICS is already implementing. This research has helped improve the quality of the programme so that it continues to support all volunteers, including those with mental health issues. The recommendations fall into three categories and include:

1. In order to encourage more volunteers to declare a history of mental health issues in the application process:
 - Ensure that all ICS materials and resources (including the website) clearly communicate the message that experiencing mental health issues – currently or in the past – is not necessarily a barrier to a successful application or placement; and that problems should be declared even if they occurred in the past and the applicant is now coping well.
 - Provide more clarity in health screening forms; explain why it is vital that applicants declare previous and current mental health problems; and underline confidentiality.
 2. In order to better prepare all volunteers, including those with a history of mental health issues, for the challenges they face on ICS placements:
 - Ensure pre-placement briefing materials are accurate, specific and up-to-date, and include first person accounts so that volunteers obtain a realistic impression of their placement, as well as knowledge and approaches to improve their resilience and wellbeing while on placement.
 3. In order to better support all volunteers, including team leaders, and ICS agency staff in-country to deal with problems on placement:
 - Deliver training that prepares volunteers for their placement, including understanding of the local context, as well as skills for community development and placement activities.
 - Improve the information aimed at families so that family members can support volunteers.
3. In order to better support all volunteers, including team leaders, and ICS agency staff in-country to deal with problems on placement:
 - Develop resources and boost training so that volunteers, team leaders and agency staff can recognise and manage interpersonal difficulties, communicate and resolve conflict.
 - Provide extra training and support for in-country leaders (team leaders and agency staff) so that they have the skills to identify and support young people experiencing mental health issues.
 - Put in place measures to help volunteers with mental health issues, such as discussing coping strategies, and appointing a trained in-country staff member to provide support.
 - Review the selection, training and support for team leaders, and clarify the role.

Conclusions

This research provides valuable insights into ICS volunteers' experience, and explores how mental health problems shape the volunteer placement in some of the world's poorest communities. The findings illuminate an area which had previously received little attention.

There are a number of limitations, and care should be taken before generalising. Nonetheless, the recommendations are balanced and informed by the evidence. If implemented, they will promote

understanding and support for young volunteers experiencing mental health issues. What's more, these recommendations should result in all volunteers – not only those with a history of mental health problems – being better equipped for the challenges ahead. They should also lead to in-country agency staff and team leaders receiving further training to help them support young volunteers in stressful situations. This will benefit a wide range of people and make the ICS volunteering experience even more rewarding.

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