INTERNATIONAL CITIZEN SERVICE (ICS) AND MENTAL HEALTH:

Exploring the relationship between international youth volunteering and mental health

Summary Report

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In partnership with

Lancaster University

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Introduction

This report summarises results from a research project, funded by VSO, on the experiences of volunteers with International Citizen Service (ICS).

The research aimed to provide greater understanding of the experiences of ICS volunteers, with a focus on understanding the impact of mental health conditions on the placement experience. During the compulsory pre-placement health screening, approximately 20% of volunteers declare a history of mental health problems, yet there has previously been little research on whether this group of volunteers experiences their placements differently from other volunteers and what support they might find helpful.

We collected data from volunteers themselves, from agencies about volunteers, and from health screening records. Our research provides data that could help improve agencies' preparation, support and understanding for volunteers and thereby an improved experience for all involved.

Headline findings from this study

- Overwhelmingly, volunteer placements were regarded as positive by both agencies and volunteers, 85% of whom gave positive satisfaction ratings.
- One in five volunteers included in the study declared current or historical mental health issues on their health screening. However, when surveyed, half this volunteer sample reported current or historical mental health issues. Of these, 72%, about a third of all volunteers surveyed, said they did not declare mental health issues in screening. In both samples, depression and anxiety were most common.
- Reasons for non-declaration varied, with the most common being that a volunteer did not consider it relevant to their application. Diagnosed issues were most likely to be declared (probably because they were most serious and/or could be checked).
- ICS is a challenging experience for most volunteers. Volunteers reported a relatively high prevalence of challenges on placement, regardless of a history of mental health issues. And half of all volunteers reported they needed additional support, from team leaders, fellow team members, and friends and family/support network back home.

Overwhelmingly, ICS placements are regarded positively, by both agencies and volunteers.

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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.

- Agencies reported that a third of volunteers on whom they had submitted data needed significant extra support. A quarter of volunteers who said they required support said that they needed more support than offered.
- Having a history of mental health issues did not change volunteers' satisfaction, though it was associated with reduced agency satisfaction with volunteers. The differences are not large.
- Mental health was a factor in up to six of the 22 early repatriations in our samples, and half of early repatriations had a (declared or undeclared) history of mental health issues – the same proportion as for the sample as a whole.
- We found evidence of inconsistent levels of in-country knowledge about how to recognise and deal with problems as they arose, particularly (but not exclusively) mental health problems.
- Our data suggests that team leaders need more preparation and on placement support. This can exacerbate pre-existing mental health issues, but even those with no previous history can find the experience stressful.
- All volunteers reported numerous and wide-ranging benefits, most regardless of a history of mental health issues. Those with a history of mental health issues were more likely to identify benefits to their mental health and leadership skills.
- Our recommendations fall into three categories:
  - Measures that could be taken to increase the declaration rate for a history of mental health issues during the application process.
  - Measures that could better prepare all volunteers (including those with a history of mental health issues) for the range of challenges ICS placements raise.
  - Measures that could be put in place to better support all volunteers (including team leaders) and in-country staff to manage problems when on placement.

All volunteers reported numerous and wide-ranging benefits, most regardless of a history of mental health issues. Those with a history of mental health issues were more likely to identify benefits to their mental health and leadership skills.

84%

of volunteers rated their placement positively.

85%

of partner agencies rated placements positively.

21%

of volunteers surveyed declared a history of mental health issues.

72%

of volunteers with a history of mental health issues did not declare them at health screening.

Caveats

We need to be cautious about the conclusions we draw, because we could only gather data from volunteers who chose to participate (some volunteers did not consent to participate or only consented to part of their data being used). We have limited data on those not in our sample and ICS figures for 2017 suggest that in some respects our sample is not representative of all volunteers. Results should be considered indicative and exploratory, rather than definitive.

This is a study of volunteers who had been through selection and clearance procedures and completed some of or all their placement. Many applicants with serious mental health issues will not have passed medical clearance and selection processes or may have chosen to drop out during the demands of selection.

When it comes to data on mental health conditions, two further caveats apply:

- In our surveys, we collected data on mental health issues that had been professionally diagnosed as well as issues that a volunteer believed that they had, even if they had not consulted a professional about them. Mental health data in the latter cases may not be reliable.

- Sometimes mental health issues (diagnosed or not) had been declared during health screening. Sometimes volunteers did not declare mental health issues on health screening but declared them in our anonymous volunteer survey. However, some volunteers in our sample may have a history of mental health issues that they did not declare in either the volunteer survey or health screening.

A. Our sample: What data is included in the study?

850 volunteers, who travelled between May and August 2017 with seven ICS agencies were invited to participate in our study. 299 gave us permission to collect data about them. This data came from four sources: the volunteers themselves via an online survey (127 people), surveys about volunteers completed by their agencies (190 people), volunteers' health screening records (277 people), and in-depth interviews (19 people).

All seven agencies were represented in our sample, with the most data from VSO volunteers, and the least from Tearfund.

The ages of volunteers in our sample ranged from 18 to 35 years at the middle of 2017, with an average of 21.9 years and a mode of 20 years. 24% were male and 75% female; 61% identified as White British, and 83.5% as heterosexual. Comparing these figures to the characteristics of all ICS volunteers in 2017: women are over-represented (65.5% in the entire cohort), and White British are under-represented (71% in the entire cohort).

We also interviewed 19 volunteers aged from 18 to 26, including four team leaders. All seven agencies were represented in this sample.

VSO ICS volunteers in Birampur, Northern Bangladesh, work with the local youth club to deliver sessions on governance and sexual and reproductive health rights.

B. Before placement: History of mental health issues

One in five (21%) volunteers in our health survey sample declared current or historical mental health issues on their health screening. Most common were anxiety, panic attacks and depression, but two volunteers declared historical suicide attempts. Of those who declared, 24% had experienced symptoms in the six months prior to their screening. Only 2.5% of the health sample declared ongoing symptoms.

In our volunteer survey, 48% (61 volunteers) reported a history of known or suspected mental health issues, with depression, anxiety and self-harm the most common (and often co-occurring). Of these, 25 (41%) said they fully declared their history of at least one disorder, and five declared some but not all the facts. Forty-four (72%) did not declare their history of at least one disorder at screening.

We found that professionally diagnosed issues were more likely to be declared than self-reported issues. Reasons for non-declaration varied, with the most common being that a volunteer did not consider it to be relevant to their application. Free text comments and interviews shed further light on reasons for non-declaration, the most common of which were fear of their application being rejected, and feeling that it was unnecessary to declare because they were managing their mental health ok.

Depression, anxiety and self-harm were the most common mental health problems experienced.

Recommendations

The low level of declaration regarding mental health issues is concerning. As our later analysis shows, in most cases a declaration would likely not have made a difference to the decision to allow a volunteer to go, or to their experience on placement. However, in a small number of cases, knowing more about a volunteer's history of mental health issues may have allowed ICS to put more support in place for the volunteer and their team, thereby increasing the likelihood of a positive experience for all.

Recommendation 1: Review the messages volunteers get about mental health issues and placement experiences at each stage of the process (from the website, in application materials, at assessment days and during screening, after acceptance, and on placement).

Messages should emphasise that:

- Having a history of or current mental health issues is not an automatic barrier to a successful application or a successful placement.

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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.

- Even if an issue is in the past/settled it should be declared – and the reasons why.
- Even if the applicant is coping well with the issue, it should be declared – and the reasons why.
- Each case is evaluated on its own merits and where an applicant with mental health issues is successful, appropriate support mechanisms will be put in place (with a discussion about what support is available).
- For a small number of applicants with mental health issues, especially where the problems are recent, likely to be worsened by the placement, or could present serious risk to safety, their health needs may not be safely supported during an ICS placement now, but it could be an option at a later stage.

Consider the prominence and nature of case histories within application materials and during selection processes to reinforce messages about declaration, at every stage of the selection process.

Recommendation 2: Review the process by which information about mental health is elicited as part of health screening. For instance:

- Check the wording on health screening forms to ensure that requests for details of a history of mental health issues are clear and complete, and explain why they are being asked.
- Consider routinely asking applicants for consent to contact their GP, when they complete their personal health form (if applicants think their records will be checked they may be more likely to declare).
- Ensure the importance of declaring past and current mental health problems is explained in health briefings, perhaps with some specific written information about mental health on placements for all applicants.
- Recognise that some applicants may feel shy or embarrassed about declaring or may not appreciate the importance of doing so, or not feel confident to declare a problem which was not diagnosed by a health professional.
- Ensure that applicants know information given is treated confidentially and how to speak to a medical professional about their health by phone or in person if they do not wish to write their answer.

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

C. Before placement: Travel experience and family/support network

Most volunteers had little prior experience of conditions similar to ICS. Although volunteers in this sample were generally well-travelled (with nine out of ten having spent at least one week abroad), and about half had travelled to a resource-poor country, a much smaller number had experience of staying in the sort of conditions that they later faced on placement. In other words, if volunteers have any sense of what to expect in terms of the conditions they will be living in, most will only have had this second-hand (from ICS agencies or their own independent research).

Volunteers reported that family/support network reactions varied considerably from the highly supportive to extremely negative, sometimes with both expressed within families. These results suggest that some volunteers may be subject to pressure (to volunteer or not) from family/support network members. Understandable anxieties experienced by family/support network members may exacerbate stress for volunteers, (whether or not they themselves feel anxious about their placement).

Many of our interviewees said that they had felt unprepared for the actual work they were doing on placement. They also struggled with a lack of support materials for the work (eg briefing notes on planning lessons).

Recommendations

Recommendation 3: Review pre-placement information given to volunteers to help them prepare for the environment. Ensure that the material is accurate for the location and up-to-date. Consider increased use of first person accounts, including video and photos, and information about experiences as close as possible to those the volunteers are likely to have.

Recommendation 4: Preparation for volunteers (before travel and on arrival, as appropriate) should focus on and train for the actual work they will do, not just for the different culture and environment. For instance, initial training in the basic principles of the work, and, where possible, access to ongoing work-related support materials or people who can offer advice.

Recommendation 5: Consider how families/support networks are involved in pre-departure briefings and how to improve information directed at families/support networks, as this may help support volunteers. Family/support network members may have different concerns or attitudes towards a placement from the volunteer and family/support network support is an important part of volunteer experience.

D. On placement

How satisfied were agencies and volunteers?

Overwhelmingly, volunteer placements were regarded as positive by both agencies and volunteers.

Agencies reported that they were either "extremely satisfied" or "somewhat satisfied" with 85% of volunteers. 7% of volunteers prompted "somewhat" or "extremely dissatisfied" ratings and 8% had neutral satisfaction ratings.

Most volunteers reported a positive experience, with 84% reporting satisfaction (and 56% reporting that they were "extremely" or "very" satisfied). 12% reported some level of dissatisfaction, and 5.5% (or seven individuals) reported that they were extremely or very dissatisfied).

Older volunteers tended to be less satisfied, but agency satisfaction ratings were not related to the age of the volunteer. We did not find evidence that sexuality and gender affected any satisfaction ratings.

Agencies reported that 87% of volunteers met or exceeded their expectations, with 10% falling short and 3% falling "far short". In cases where volunteers did not meet expectations, factors included:

- Poor coping
- Interpersonal problems
- Negative attitude
- Poor work ethic or code of conduct violation
- Early return (due to homesickness or physical health problems).

However, in their free text responses, agencies also gave many examples of exemplary behaviour by volunteers.

Problems on placement

Nearly two-thirds of volunteers (62%) reported problems on placement, with interpersonal problems and issues with their agency being most common. Adjustment problems were relatively uncommon. Twenty people reported physical health issues on placement.

In contrast to the relatively high prevalence of problems reported by volunteers, agencies reported that just over a third of volunteers had problems on placement. As with volunteer problems, the most common were issues with interpersonal relationships. Agencies reported code of conduct issues with 9.5% of volunteers and perceived that 8% of volunteers had problems coping.

Examining each type of problem, we found that lower satisfaction ratings were significantly associated with only two sorts of reported problems: problems with the agency and health problems.

Early repatriation

Fifteen volunteers reported ending their placement early, with the most common reasons for repatriation cited being medical issues. Comparing volunteer responses with agency surveys revealed that in three cases where the volunteer had said that medical reasons were behind their repatriation, the agency cited mental health or poor coping. In a fourth case, the agency reported poor performance and excessive need for supervision rather than medical issues. It is not possible to tell from our data which is the correct explanation. For instance, one of our interviewees chose to go home early because she was unwell; the agency stated her reason was depression but she reported that she was later diagnosed with malaria.

Other reasons for early departure were occupational-related (exam resits; job interview) and a family/support network emergency. Two reported that they left for mental health reasons (stress; loneliness) and two volunteers indicated that shortcomings with the agency were the cause of their early return.

Most volunteers reported a positive experience, with 84% reporting satisfaction (and 56% reporting that they were "extremely" or "very" satisfied).

Challenges Worldwide ICS volunteers develop their business development skills during their weekly training sessions at the University of Ghana, Accra.

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Recommendations

Recommendation 6: As the most significant problems on placement are interpersonal (see also section F),

- Review the pre-placement materials and training and consider what more could be done to prepare volunteers, team leaders and staff to recognise and manage interpersonal difficulties (eg listening and communications skills, offering support to each other, managing conflict, knowing how to seek further help should it be needed).
- Ensure there is sufficient attention to candidates' interpersonal skills during assessment and selection criteria.

Recommendation 7: Consider additional support:

- Consider additional training and support for in-country leaders (team leaders and agency staff) on communication, mediation, conflict resolution skills and the skills needed to support individuals in emotional distress.
- Consider what could be made available from HQ to support in-country leaders. Clarify the line management if interpersonal difficulties are being experienced and not resolved.
- Consider ways to make in-country staff more visibly supportive at times of difficulty (present and contactable) if problems persist.

E. On placement: Mental health

In total there were 18 cases (17 of whom were female) where either the agency or the volunteer (or both) reported a mental health problem on placement (depression, anxiety, and/or panic attacks). In ten of these cases a previous mental health issue had been declared.

Three volunteers had conditional clearance (compared to 38 in the sample as a whole) and coping strategies had been discussed with 11 volunteers. In all but one of the cases where the volunteer reported a mental health issue on placement, they also reported that this was an issue they had experienced in the past.

There was no significant difference in satisfaction score between volunteers with and without a reported history of mental health issues. Neither did it make a difference if the history had been declared or not, or diagnosed or not. However, agency satisfaction scores were lower for volunteers who had declared a history of mental health issues had been professionally diagnosed compared with those who had self diagnosed. Satisfaction scores were lower when a history of mental health. The differences are statistically significant but not large.

We found no statistically significant differences in the number of problems reported by agencies and by volunteers between those with a history of mental health issues and those without. However, looking at the types of problem, we found volunteers with a history of mental health issues were more likely to report health problems (both physical and mental) on placement.

Volunteers with a diagnosed mental health condition in their history reported more problems than those without (although these are small numbers: average 2.19 and 1.33 problems respectively). Volunteers with a diagnosis did not report any particular type of problem more often. On average, those who declared fully (as opposed to those who partially declared or did not declare) reported more problems (2.20 versus 1.37), though this is not statistically significant.

Those who came home early made up 7.5% of our cases; mental health reasons were known to be a factor in a minority of early repatriations (and in under 2% of our whole sample). Of those repatriated early, half of those for whom we have volunteer data reported a mixture of mental health conditions in their history, the same proportion as for our volunteer sample as a whole (48% with at least one condition in their history of mental health issues).

Volunteers with a diagnosed mental health condition in their history reported more problems than those without (although these are small numbers: average 2.19 and 1.33 problems respectively). Volunteers with a diagnosis did not report any particular type of problem more often.

ICS volunteers attend a workshop at the ICS Celebration Event in Birmingham on International Youth Day, 12 August 2018.

Recommendations

In most cases, having a history of mental health issues doesn't affect the volunteers' level of satisfaction with the placement. However, in a small number of cases, additional support for both volunteer and their agency would be beneficial.

Recommendation 8: Consider what more can be done to support volunteers with mental health issues, for instance:

- Ensure specific pre-departure contact for volunteers with recent or current mental health issues, particularly for those with a formal diagnosis. Discussions should cover coping strategies, likely triggers for symptoms and measures to avoid these, how to access help if needed, and choice of placement location.
- Consider having a named in-country staff member who is aware of the volunteer's history and can be available for a confidential chat if required. (In such cases, the volunteer's permission to share details of their history of mental health issues must be obtained in writing.) Such staff members must have appropriate training and know where and when further support should be sought.
- When choosing a placement location, consider the ability of in-country staff to support volunteers with recent or current mental health issues. This may necessitate a change of original placement location.
- Consider targeted mental health resources to allow increased personal support in the event of a mental health crisis.

Agencies who commented on the nature and impact of support reported several cases where the support needed was within what the programme could provide, despite issues often being time-consuming to deal with.

International Service ICS volunteers Simon Atipkiliama and Gary Marshal share a laugh before the goalball tournament at the Tamale sports stadium, Ghana.

F. On placement: Extra support

Overall, agencies reported that a third of volunteers on whom they had submitted data needed significant extra support. The most common forms of support provided were from project staff, team leaders, other volunteers, or the host family. Medical help was required in 25 cases (of which ten involved hospitalisation). Mental health support was required in six cases.

Agencies who commented on the nature and impact of support reported several cases where the support needed was within what the programme could provide, despite issues often being time-consuming to deal with.

Those whom the agencies judged to require "excessive support" tended to display multiple problems, with adjustment issues and mental health problems being most common (despite this, when asked if the right decision was made to clear these individuals, in only one case did the agency say not). In such cases, agencies referred to how a volunteer's problem had distracted them from other duties and reported examples of where this had a knock-on negative impact on other team members. Other cases highlighted the lack of capability within a team to deal with complex issues. In some cases, there had still been a negative outcome despite support, but there were also comments about the positive impact of additional support, with agencies reporting successful placements and good experiences.

In all but ten cases, agencies believed that the volunteer should have been cleared. In one case the agencies said the volunteer "definitely should not have been cleared". The ten volunteers who the agencies believed "probably" or "definitely" should not have been cleared were reported to have multiple issues, including problems coping, problems with interpersonal relationships, and code of conduct issues. In only two cases were volunteers reported to have a physical illness and only two had mental health problems. This suggests that when agencies disagree with clearance decisions, it is not solely on the basis of medical clearance.

In the volunteers' survey, half of all volunteers reported they needed additional support, from team leaders, fellow team members, and friends and family/support network back home. A quarter of volunteers who said they required support said that their support was inadequate. Interviewees also gave examples of inadequate support. In both samples, a common theme was that problems were not taken seriously enough, not understood, or not dealt with effectively by agencies.

However, there were examples of effective support too, given by agencies, team leaders, and – especially – other volunteers and loved ones back home. For some, WhatsApp and other social media platforms played a crucial role in enabling support from friends and family/support network.

Those whom the agencies judged to require "excessive support" tended to display multiple problems, with adjustment issues and mental health problems being most common.

Recommendations

Our research found evidence of inconsistent levels of in-country knowledge about how to recognise and deal with problems as they arose, particularly (but not exclusively) mental health problems. This can lead to volunteers, and particularly volunteer team leaders, feeling dissatisfied with their agency. It can also result in agency representatives feeling uncertain about how to resolve problems, or resolution taking excessive amounts of their time.

Recommendation 9: Consider a more formal structure for the provision of care on placement, perhaps implementing a 'stepped care' model. In this model, the least resource-intensive, non-specialist intervention is delivered first, stepping up through increasingly intensive, specialist support as required and within the limits of what is available in the programme. This may include repatriation if specialist facilities are not available locally. As it is not possible to predict who will experience mental health problems, emergency plans (local and remote psychological and medical services), should be identified, assuming any volunteer could become unwell.

Recommendation 10: Consider training and support needs for in-country leaders, and crib sheets / aides memoire for common problems.

VSO ICS volunteers in Battambang, Cambodia, take part in a community action day at a local school to raise awareness of children's rights.

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G. After placement: Positive consequences

Almost every volunteer in our survey identified at least one benefit, with the majority identifying more than five positive outcomes from their placement. Positive consequences ranged across benefits to health, interpersonal relationships, vocational skills, knowledge of development issues and different cultures, and activism (making a positive contribution to the community and becoming an active citizen).

Interviewees gave additional detail on benefits experienced, with common themes being increased resilience, personal development, a different way of looking at life, and professional/career benefits.

We explored whether a history of mental health issues and declaration had any impact on the benefits that volunteers reported. For most benefits there was no difference between volunteers with and without a history of mental health issues in the average number or type of benefits reported, with two exceptions: those with a history of mental health issues were more likely to say that their placement had a positive impact on their mental health, and were more likely to say that their placement developed their leadership skills.

Most volunteers identified more than five benefits from their placement.

H. Team leaders

In total, there were 29 team leaders in our sample, 10 men and 19 women. No team leader reported being 'extremely satisfied' with their placement, but the majority were 'very' or 'slightly' satisfied. Agencies, however, reported being extremely or somewhat satisfied with all team leaders, and neutral about one.

Ten team leaders declared a history of mental health issues on their health screening, and two of these had ongoing mental health symptoms at the time of clearance. Three reported having mental health issues on placement (one with anxiety and two with depression).

Only five of the 21 team leaders who completed a volunteer survey said they experienced no significant problems on placement. The other 16 reported a range of issues, with the most common problems being with their ICS agency.

Free text comments in the survey and the interviews with team leaders gave some insight to the reasons for dissatisfaction. They spoke of feeling the pressure of responsibility for the team and having a high workload, while also feeling unprepared for the role, sometimes unclear about what that role was, and needing more support.

The most common benefits experienced by team leaders were an improved leadership skills, friendship with in-country volunteers, and increased knowledge of different cultures and development issues.

> *The majority of team leaders were satisfied with their placement. The majority of agencies where satisfied with team leader performance.*

Recommendations

Our data suggests that team leaders need more support to prepare for and execute their role. In some cases, this can exacerbate pre-existing mental health issues, but even those with no previous history can find the experience stressful.

Recommendation 11: Review the role of team leaders and the expectations of them, including:

- Review the process for selecting leaders and the nature and extent of training and guidance provided in advance of their placement.
- Consider joint training for in-country agency staff and team leaders so that roles are clear, and each knows how to access further support as necessary.
- Consider increasing regular meetings between team leaders and in-country staff, perhaps with a named in-country staff member with responsibility for supporting each team leader.
- Consider increasing pastoral support available for team leaders, especially in times of supporting others with difficulty. Consider increasing personal (rather than phone or email) support from in-country office staff at times of difficulty in addition to team leader support.

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