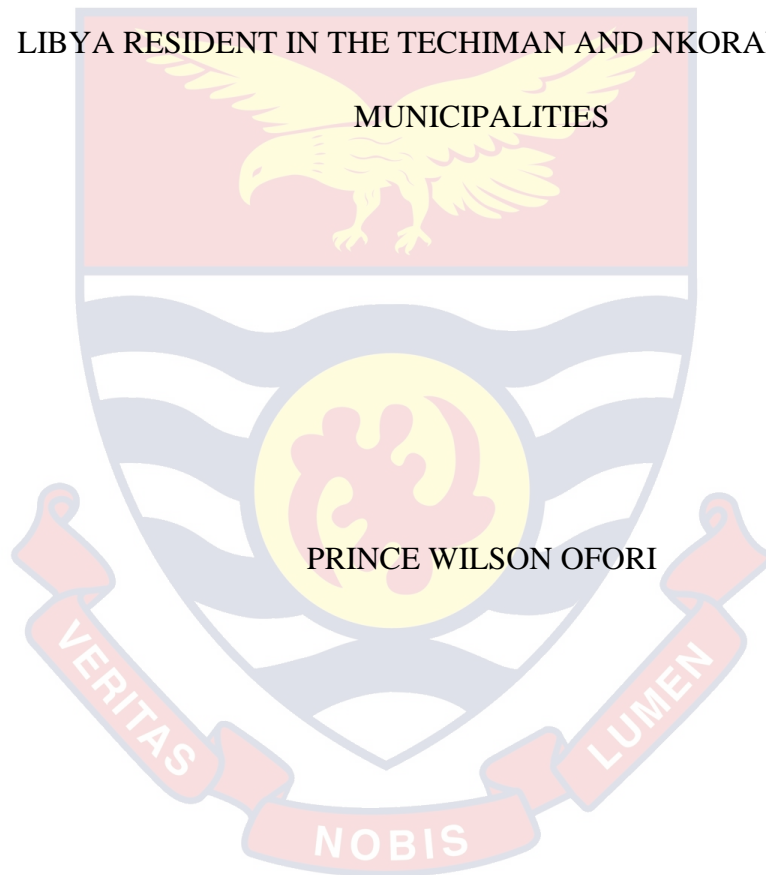


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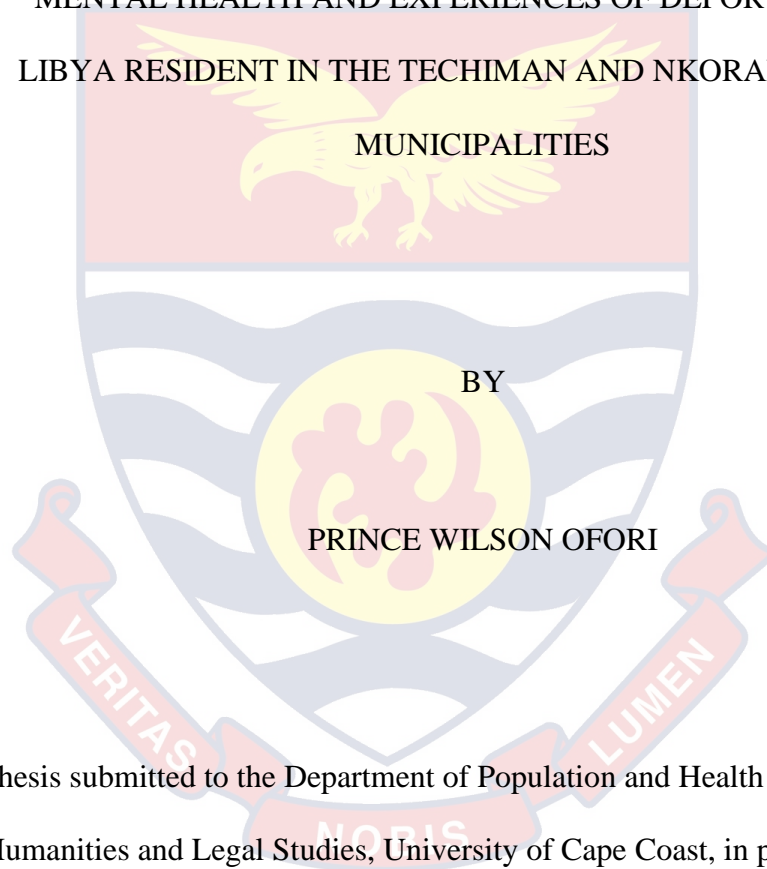
MENTAL HEALTH AND EXPERIENCES OF DEPORTEES FROM
LIBYA RESIDENT IN THE TECHIMAN AND NKORANZA SOUTH
MUNICIPALITIES



2020

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MENTAL HEALTH AND EXPERIENCES OF DEPORTEES FROM
LIBYA RESIDENT IN THE TECHIMAN AND NKORANZA SOUTH
MUNICIPALITIES



BY

PRINCE WILSON OFORI

Thesis submitted to the Department of Population and Health of the College of
Humanities and Legal Studies, University of Cape Coast, in partial fulfillment
of the requirements for the award of Master of Philosophy degree in
Population and Health

JUNE 2020

DECLARATIONS

Candidates' Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature.....Date.....

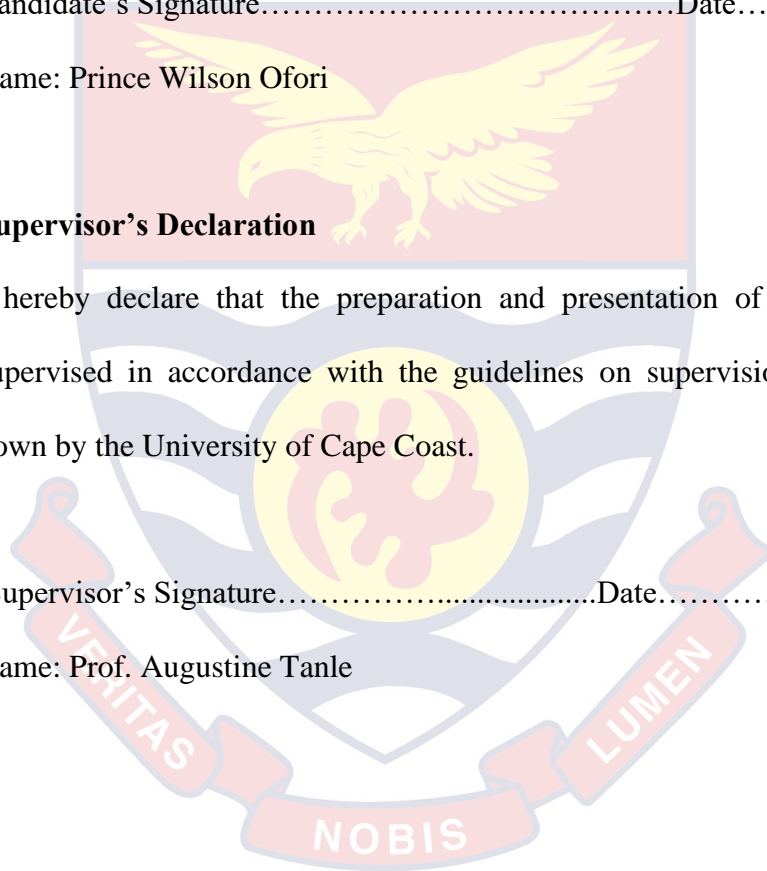
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Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature.....Date.....

Name: Prof. Augustine Tanle



ABSTRACT

This study sought to assess the mental health and experiences of deportees from Libya resident in the Techiman and Nkoranza South Municipalities. Specifically, it sought to examine the prevalence of mental health disorders among deportees in the study area, appraise the challenges faced by deportees, assessing the social support services available to deportees and the coping strategies adopted by these deportees. Quantitative and qualitative data collection techniques were used. The study used structured questionnaire (n =169) and in-depth interviews (IDIs =30) to collect data from deportees and key informants. The results of the data analysis showed that, deportees from Libya living in Techiman and Nkoranza South Municipalities suffer various degrees of mental health disorders (Depression, anxiety, suicide ideation). These mental health disorders are made worse by stigma, unemployment, loss of investments and lack of decent accommodation. Lack of proper social support from relevant agencies to improve the well being of the deportees in the study area is a major issue, which could precipitate mental health problems. Healthy coping strategies adopted by deportees will go a long way to improve the mental health state of deportees in the Techiman and Nkoranza South Municipalities. It is therefore recommended that the relevant institutions must engage the services of professional counselors to counsel the deportees upon arrival to help reduce stress and the possibility of developing mental health disorders. Government must strengthen social support services championed by the social welfare and other relevant institutions in areas noted to have high number of deportees.

KEY WORDS

Anxiety

Deportees

Depression

Mental health

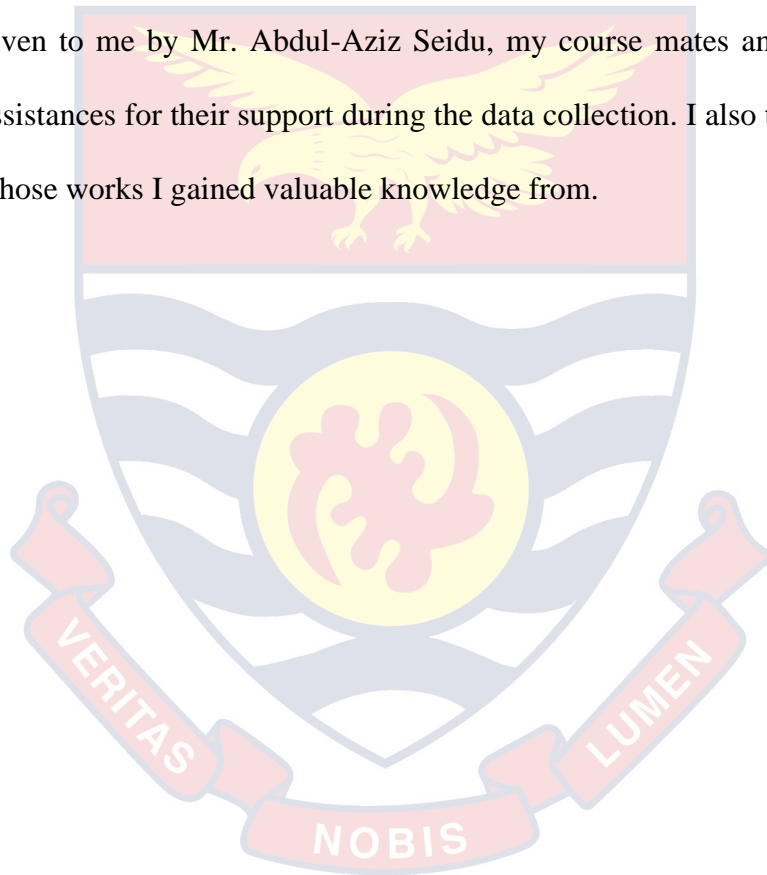
Migrants

Suicide ideation



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DEDICATION

To my family and friends



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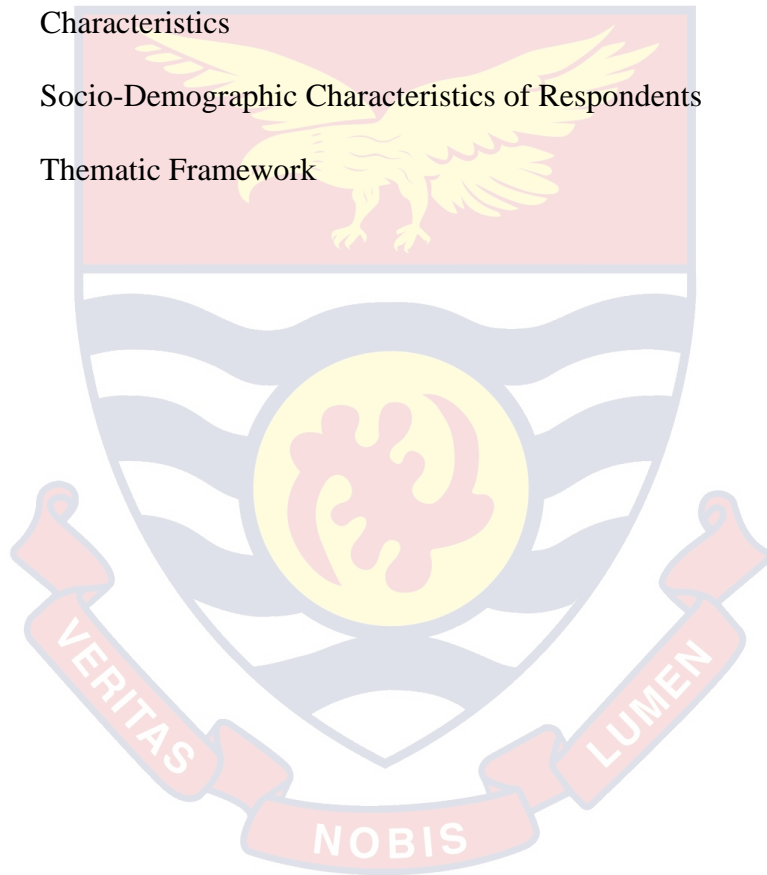
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LIST OF ABBREVIATION

AGEF	Association of Experts in the Fields of Migration and Development
APIMA	Action for the Protection and Integration of Migrants in Africa
CIM	Centre for International Migration and Development
CMD	Common Mental Disorders
DFID	Department for International Development
DSM-IV-TR	Diagnostic and statistical manual disorders 5 th edition
GSS	Ghana Statistical Service
IOM	International Organisation for Migration
JICA	Japan International Cooperation Agency
M.I.N.I	Mini International Neuropsychiatric Interview
MICIC	Migrants in Countries in Crisis
MoRR	Ministry of Refugees and Repatriation
MSM	Minority Stress Model
NADMO	National Disaster Management Organization
NGO	Non -Governmental Organisation
PTSD	Post Traumatic Stress Disorder
UNDP	United Nations Development Programme

CHAPTER ONE

INTRODUCTION

Background to the Study

The movement of people internally and across borders, which are part of human life, has developmental effects on both the origin and host countries. As socio-political and economic conditions at place of origin worsen, many people migrate to seek better conditions in other countries (Atsenuwa & Adepoju, 2010). In some European countries such as Germany and Italy, unemployment and lack of resources have influenced people's decision to migrate (Boswell, 2005). In Africa, however, poverty, drought and war are some of the root causes of mass migration within the continent (De Haas, 2008).

International migration comes with remittances that help improve the welfare of families, communities and countries of origin (Azam & Gubert, 2006). The World Bank estimates that, officially recorded annual remittance flows to low- and middle-income countries reached \$529 billion in 2018, showing an increase of 9.6 per cent over the previous record high of \$483 billion in 2017. (World Bank, 2019)

Also, evidence from Africa and Latin America suggests that remittances help reduce poverty (Anyanwu & Erhijakpor, 2010). The benefits of migration have led to the increasing movement of both documented and undocumented migrants to some developed countries (Adepoju, 2006b). The United Nations (2009) reported that about 210 million of the world's population, representing three percent, lives outside their countries of origin or birth (Anarfi & Kwakye, 2009). Additionally, De Haas (2008) noted that on a

frequent basis, millions of sub-Saharan Africans are waiting in North Africa to cross to Europe.

According to Koser (2005), Ghana is one of the countries in Africa where its citizens migrate internationally. The primary destinations overseas where these international migrants migrated to were the UK, US, Germany, Italy and The Netherlands.

As at 2005, Ghanaian migrants living in Europe, Canada and the USA were 460,000 with over 1.5 million people living outside Ghana. Twum-Baah (2005). From the early 1990s, Libya became the preferred destination for migration of most sub-Saharan countries including Ghana.

Return migration has been factored into the Ghanaian development discourse and planning especially since the 1990s. As a country, Ghana has initiated programmes to encourage the return of both Ghanaians abroad and 'friends of Ghana' for development purposes. These include the Emancipation Day celebrations in the 1990s (aimed at helping African Americans and people of African descent to return to Africa and Ghana), the Homecoming Summit in 2001 (to harness skills and resources of Ghanaians in the diaspora to help with national development), the establishment of the Non-resident Ghanaian Secretariat in 2004, the Joseph Project in 2006 (aimed at encouraging the transfer of financial and human resources to promote socio-economic development through return and reintegration), the Investment Summit in 2007, and the drafting of a Diaspora Engagement Policy among others. Return and reintegration programmes in Ghana have also been driven by Western governments (UK, Netherlands, Germany), international as well as intergovernmental organisations such as the Department for International

Development (DFID), the Centre for International Migration and Development (CIM), International Organisation for Migration (IOM), and United Nations Development Programme (UNDP). The predominant focus has, however, been on return and reintegration of migrants from Global North (Kandilige & Adiku, 2017).

Mental health problems are major public health issues in both developed and developing countries (Victor, Lau & Ruud, 2018). Mental health alongside physical and social health is necessary for growing and developing people in a successful way (Epp, 1986). The Mental health status is an appropriate measure of a society's health and plays a crucial role in the dynamism and efficiency of society (Sadeghian & Heidarian Pour, 2009). It has been established that people suffer from mental health conditions at various stages in their life, however migrants, especially return migrants are at a higher risk of developing mental health issues. (Naieni, Faghihi, Barati, Salehiniya & Khani, 2018). The association of migration with mental health problems has long been documented (Jurado e'tal 2017). Among the explanations for the increased prevalence of mental disorders among migrants, as compared to non-migrants is that, migration constitutes a stressful life experience in which grief combines with difficulties in the adaptation to a new culture and, in many cases, the risk of discrimination and violence (Bhugra 2004).

On the other hand, the effects of return migration, and particularly deportation on health has been much less studied (Munoz e'tal 2015). Follow-up studies of non-voluntary return migrants show that the returnees face difficulties in reintegrating into their communities of origin (Schuster &

Majidi, 2013). Deportation can mean separation from friends and family, loss of employment, and other losses. Deportees can experience feelings of failure, shame and catastrophe, and people at their communities of origin might perceive them as “spoiled” or “corrupted” during their periods abroad (Schuster & Majidi, 2013). Given the above, deportation would be an extremely stressful experience, with foreseeable consequences on mental health. Research conducted among Latin American migrants deported from the US reported an increase in drug use, as a result of forced displacement and lack of social networks (Bojorquez e’tal 2015) and fear of deportation has been shown to be associated with depressive symptoms. (Letiecq, 2013)

According to IOM, 2018, out of 10, 171 deportees who returned from Libya to Ghana in 2017, 51% hailed from Nkoranza south, Techiman, Dormaa and Brekum municipalities of then Brong Ahafo region. Looking at the proximity of Techiman and Nkoranza South municipalities as against Dormaa and Brekum municipalities, the Techiman and Nkoranza south was the focus of the study.

Problem Statement

Mental health problems are major public health issues in both developed and developing countries (Victor, Lau & Ruud, 2018). Mental health together with physical and social health is necessary for growing and developing people in a successful way (Epp, 1986). The Mental health status is an appropriate measure of society’s health and plays a crucial role in the dynamism and efficiency of society (Sadeghian & Heidarian Pour, 2009). It has been established that people suffer from mental health conditions at various stages in their life, however migrants are at a higher risk of developing

mental health issues and more especially return migrants (Naieni, Faghihi, Barati, Salehiniya & Khani, 2018).

The mental health challenges that confront returning migrants are an indication of their accumulated problems related to the migration process, including the return phase (Davies, Borland, Blake & West, 2011, p.1). According to IOM (2018), about 10,171 migrants have returned to Ghana from Libya with support from the European Union, African Union, and the Libyan Government. These people may go through some mental health challenges. Mental disorders caused by stress and extended separation from family are some of the major problems facing migrants (Finch, Kolody & Vega, 2000; Mohammadian, Dadfar, Bolhari, Karimi & Keisami, 2005). There are several studies on migrant's mental health conditions and most of such studies focused on the prevalence rate of mental health conditions and risk factors related to them (e.g Bogic, Njoku & Priebe, 2015; Crepet et al., 2017; Fazel, Wheeler, & Danesh, 2005; Steel et al., 2009). Post-Traumatic Stress Disorder (PTSD) and depression are the most represented and studied disorders (Crepet, Rita, Reid, Van den Boogaard, Deiana, Quaranta, & Di Carlo, 2017). The prevalence rates can vary from 0–99% (Fazel, Wheeler & Danesh, 2005) and 3–86% for PTSD (Lindert Braehler, Wittig, Mielck & Priebe, 2011). There are also other mental health disorders such as unexplained somatic disorders, anxiety, psychosis, alcohol and substance addiction among return migrants (Crepet et al., 2017; World Health Organisation, 2015). In Ghana, there have been several studies on return migrants (e.g Baffo 2015; Manuh, 2003 Yendaw; Tanle & Kumi-Kyereme, 2013), nonetheless, none of such studies looked at the mental health of

deportees. This study, therefore, seeks to contribute empirical evidence to fill this knowledge gap by assessing mental health and experiences of deportees from Libya resident in the Techiman and Nkoranza South Municipalities.

Objectives of the Study

The study sought to assess the mental health and experiences of deportees from Libya resident in the Techiman and Nkoranza South Municipalities.

The specific objectives were to:

1. Examine the prevalence of mental health disorders among deportees in the study area
2. Appraise the challenges faced by deportees
3. Assess the social support services available to deportees
4. Assess the coping strategies adopted by deportees

Research Questions

1. What is the prevalence of mental health disorders among deportees in the study area?
2. What are the challenges faced by deportees?
3. What are the social support services available to deportees in the study area?
4. What are the coping strategies adopted by deportees?

Significance of the Study

The study provides useful information that would add to the available research in this area. Also, the findings of the study would serve as an advocacy tool for social workers, and other organizations in the field of deportation and migration. In addition, the study could aid social workers,

National Disaster Management Organization (NADMO) officials and other stakeholders to be well informed about the challenges deportees face both at the host country and the country of origin, which has the potential of causing mental health problem. This would help design appropriate intervention programs including counseling that would support deportees to successfully reintegrate into their communities and prevent mental health problems.

Furthermore, the findings of the study could be used by immigration officials to develop strategies to regulate and facilitate the movement of Ghanaian nationals to and from abroad. The study would also give an insight to policy makers in formulating policies related to migration and deportation. This would help reduce the challenges deportees face in the process of deportation and reintegration into their communities of origin in Ghana. The study would also help the Mental Health Authority to liaise with other stakeholders such as the Ghana Immigration Service to improve the mental health of deportees.

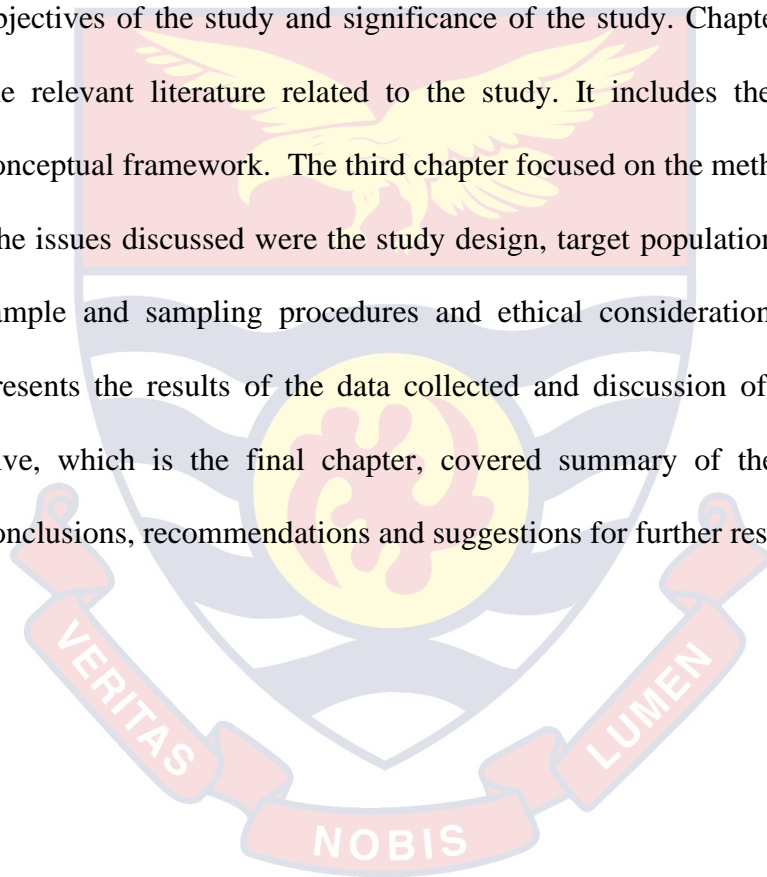
Limitations of the Study

Firstly, since the interviews involved recall of previous events there is the possibility of recall bias. Secondly, the relatively small sample size and the limited scope of the study to only two municipalities might not allow generalization of the study findings. The limited sample size was due to the fact that some of the deportees had travelled again and as a result I could not reach them. In addition, the study was a cross-sectional study and therefore cannot claim any causality. Furthermore, suicidal ideation was measured with only a single item. The validated instruments used were only to assess the respondent's mental health state, however, these were not validated medically.

Despite these shortfalls the study employed both quantitative and qualitative approach to study the phenomenon and was able to gain deeper understanding of the issues assessed.

Organisation of the Study

The study is organised into five chapters. Chapter One deals with the background to the study, statement of the problem, purpose of the study, objectives of the study and significance of the study. Chapter Two discusses the relevant literature related to the study. It includes theoretical and the conceptual framework. The third chapter focused on the methods of the study. The issues discussed were the study design, target population, source of data, sample and sampling procedures and ethical considerations. Chapter Four presents the results of the data collected and discussion of results. Chapter Five, which is the final chapter, covered summary of the main findings, conclusions, recommendations and suggestions for further research.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter discusses the relevant literature associated with mental health of deportees. It covers the concept of migration and return migration, the history of migration to Libya as well as mental health and return migration. This chapter also discusses the challenges faced by deportees on return to country of origin, the social support services available to deportees and the coping strategies adopted by deportees during their reintegration.

Migration and Return Migration

Migration may be defined as a temporary or permanent change in the usual place of residence to another geographical region within a specific period of time (Anarfi & Kwakye, 2009, Weeks, 1999). Migration has time and space dimensions that are often used to classify migrants. For instance, in terms of time, migration can be classified as seasonal or permanent, and spatially, it could be designated as internal or international while internal migration is further classified into four components namely, rural-urban, rural-rural, urban-rural and urban-urban (Weeks, 1999). International return migration refers to the act of a person returning to his or her country of citizenship after having been an international migrant in another country and who is intending to stay in his/her own country for at least one year (IOM, 2004).

In 1985, Ravenstein published the laws of migration and asserted that the main cause of migration is economic (Arango, 2000). A study by

Mafudkidze (2006) examined migration and migration patterns in Africa and reported that early migration discussions were deeply rooted in the neo-classical tradition. The neo-classical tradition is a model of migration decision-making where an individual makes a rational choice to increase his/her welfare by moving to another place, normally where the individual expects to earn income (Mafudkidze, 2006). In addition, Arango (2000) argued that, the major economic factor in the neo-classical explanation that leads to migration has already been explained several decades ago. For instance, bad or oppression laws, heavy taxation, unattractive climate and even forced movement (slave trade), have all explained factors that contribute to migration (Arango, 2000). Nevertheless, none of these factors can compare in volume with that which arises from the neo-classical explanation which explains migration as the desire inherent in most people to “better” themselves in material terms (Ravenstein as cited in, Arango, 2000, p. 284).

Various theories have examined the reasons why people migrate from one place to the other (Jennissen, 2007). One of such theories is the dual labour market theory which emphasizes the pull and push factors of migration. The theory further elucidates that international migration is caused mainly by pull factors in developed or host countries. Atsenuwa and Adepoju (2010), in their study on the rights of African migrants and deportees noted that the limited capacity for a country’s labour market to absorb productive job seekers influences people’s decisions to migrate to other countries. In developing countries, poverty and the absence of sustainable livelihood opportunities, poor governance and political instability as well as abuse of human rights have fueled the rate of emigration (Atsenuwa & Adepoju, 2010).

A study which examined the impact of international migration in Latin America and the Caribbean found that migrants looking at opportunities available use migration as a domestic survival strategy to meet the needs of their families and communities (D'emilo, Cordero & Bainvel, 2007). They argued further that the increased demand for skilled labour coupled with higher wages in destination countries could serve as factors that influence people's decision to migrate. In many African countries, people migrate in search of better livelihood opportunities and well-paid jobs in other parts of the world (Akokpari 2006; Anarfi & Kwankye, 2003). According to Bob-Milliar (2012), in desperation for better conditions in other countries, migrants risk their lives to get to their destinations with or without proper documents. Bob-Milliar (2012) asserted that, migrants could even contact connection men and procure false travel documents to enable them pass border controls to satisfy their needs and demands.

Mensah (2012) in her study on involuntary return migration for development in Ghana argued that, it is important to consider migrants not as a homogeneous entity, but as different social groups, which could either be regular or irregular. She describes regular migrants as people who enter a country legally with the proper documentation. Such migrants may have travelled as a result of having a relative abroad, being recruited to an organization or to further their education (Mensah, 2012). According to De Haas (2008), regular migrants can assist other migrants to enter a country illegally but later obtain proper documents to become regular. In practice, regular migrants tend to be more recognized and protected than irregular migrants because of their status (De Haas, 2008).

Irregular migrants generally do not comply with immigration laws such as rules of entry and stay (Mensah, 2012). In a study on irregular migration from West Africa to the Maghreb and the European Union, De Haas (2008) defines irregular migration as “international movement or residency in conflict with immigration laws” (p. 13). Many irregular migrants enter destination countries legally, but subsequently overstay their visas, or engage in prohibited work through which their status becomes irregular (De Haas, 2008). In another study on labour market discrimination against migrant workers in Italy, it was found that, regular migrants could over-stay their permit and become irregular migrants (Allasino, Reyneri, Venturini & Zincone, 2004).

In the 1970s, the theories on return migration viewed the returnee as a migrant who returned home because of a failed migration experience that did not accomplish the desired outcome (Cassarino, 2004). For instance, the neo-classical migration model viewed the return decisions of migrants as the outcome of a failed migration experience, which did not yield the expected benefits. In other words, in a neo-classical stance, return migration exclusively involves labour migrants who miscalculated the costs of migration due to imperfect information before departure and who did not reap the benefits of higher earnings.

Return occurred as a consequence of their failed experiences abroad or because their human capital was not rewarded as expected. According to Cassarino (2004), by the year 1990s, the focus of a returnee being an unsuccessful migrant shifted. Return migration was understood as a successful experience abroad where the migrant accomplished the goals of higher

income, acquisition of higher education, skills, foreign work experience, as well as the accumulation of social capital in the form of networks, values and attitudes. From the perspective of the new economics model, international migration and return are viewed as a calculated strategy that aims to mitigate credit market imperfections at origin in which migration serves to accumulate sufficient savings to provide the capital or at least the collateral required to obtain a credit for investment at home, in particular business activities. Once migrants have achieved their target level of savings, they return to their home countries (Stark, 1991; Mesnard, 2004).

History of Migration to Libya

Libyan oil exploration and production, together with its mines and farms served as pull factors for most immigrants mostly from the country's immediate southern neighbors (Mali, Chad and Niger) prior to the 1990s (Spiga, 2005). Post-1990s saw increased participation in immigration by other sub-Saharan African countries such as Ghana (de Haas, 2007). Libya was not a preferred destination for many Ghanaian emigrants until mid-1980. (Akyeampong, 2000, Bob Milliar, 2012). Ghanaians moving to Libya and other parts of the continent was however, necessitated by the expulsion of Ghanaians from Nigeria in 1983 and 1985. (Akyeampong, 2000). According to Bob Milliar (2012), these movements were also boosted by a bilateral agreement entered into between the Libyan and Ghanaian governments to send Ghanaian teachers to teach English in Libya. In all, 200 teachers were sent in two different batches between 1983 and 1984 but the agreement was abrogated in 1986 due to varied but unofficial reasons (Bob-Milliar, 2012).

However, both skilled and unskilled Ghanaian migrants continued to migrate on their own to Libya to seek other opportunities (Bob-Milliar, 2012). Even though at the initial stages the Libyan authorities offered employment to only highly skilled Ghanaian immigrants, the awareness of the availability of livelihood opportunities for other low skilled migrants further increased the number of Ghanaians entering Libya through formal and informal routes such as the Sahara Desert (Anarfi & Kwankye, 2003; Akokpari, 2000). This practice continued but Libya later transformed from a destination country into a transit country to Europe for some Ghanaian migrants (Brede Loup, 2012; De Haas, 2008; Lucht, 2012). Also, in response to United Nations sanctions against Libya between 1992 and 2000, Libya attracted sub-Saharan African nationals by removing the impediments such as residence permits or visas for non-citizens entering Libya (De Haas, 2006).

These were replaced with a Medical Certificate as the only requirement. Although the government of Libya relaxed its stringent immigration laws, irregular migration into the country was on the increase. As a result, the Libyan authorities intensified the implementation of immigration control policies by clamping down on irregular migration (De Haas, 2006). Thus, prior to the 2011 Libyan political crisis, the Libyan authorities were already dealing with irregular immigrants through forced repatriations. Between the period 2000 and 2012 for instance, 12,201 Ghanaians were deported to Ghana from Libya (NADMO, 2012 Cited in Bob-Milliar, 2012). The 2011 political agitation and the subsequent unrest, therefore, coincided with these immigration practices.

Life of Ghanaian Migrants in Libya

Ghanaian migrants in Libya mostly occupy very low socio-economic positions relative to the native population partly due to their irregular migration statuses and differences in cultural and linguistic characteristics (Naik & Laczko, 2012). According to IOM Info Sheet Ghana, 2013b, a study by Migrants in Countries in Crisis (MICIC) titled Voices of Ghanaian migrant workers: return and reintegration conducted among return migrants from Libya in Ghana revealed a high percentage of the returnees interviewed held low-skilled jobs in Libya such as labouring, farming and construction. The study further revealed cases of racism, discrimination, name-calling, robberies and casual attacks by Libyan youths against migrants. Arbitrary arrests and detentions, lack of access to rental accommodation, inability to access the formal banking system and lack of protection by Libyan security services were also challenges the respondents faced while in Libya. The study emphasized that; the 2011 crisis in Libya exacerbated these precarious living conditions such as profound loss of property, suffering from both physical and mental harm and even loss of lives of Ghanaian migrants in Libya, which also affected the family left behind due to lack of remittances.

Deportation

The issue of regular and irregular migration has created a friction between host countries and sending countries globally (De Haas, 2008). Some countries however, have increased the use of deportation by arguing that is a management control tool in the battle against undocumented migration (Collyer, 2012). Deportation involves the transfer of individuals from a state where they do not enjoy the benefits of citizenship to the state where they do,

and the process is considered violent, involving the use of threat or force (Collyer, 2012). Although deportation may be traced back to as long as countries have existed, the beginning of the 21st century has seen a sharp rise in deportation (Collyer, 2012). The recent growth of deportation in Europe for instance, has prompted a number of academic and policy focused investigations into detention and deportation (Collyer, 2012).

The deportation of immigrants constitutes another form of involuntary return and can take place at any time upon arrival in host countries (Peutz, 2006). According to Kleist and Bob-Milliar (2013), in their writings on life after deportation and migration crises, there are several mass deportations taking place from countries in the global South where migrants are dumped and have left for their home countries without any support. Evidence suggests that more than tens of thousands of people are deported each year from the United Kingdom (Anderson, Gibney & Paoletti, 2011). In a study on deportation and detention in South Africa, it was found that, one thousand people are deported every day from the United States and hundreds of thousands each year from South Africa (Sutton & Vigneswaran, 2011).

The use of deportation as a management tool has been normalized in many migration destinations and transit countries such as Europe and the United States (Kleist & Bob-Milliar, 2013). Despite the challenges associated with deportation, little attention has been paid to the processes involved in deportation (Kleist & Bob-Milliar, 2013). Van Houte (2008) conducted a study to determine the embeddedness of forced-return migrants. They found that in response to the rise in deportation, some governments and non-governmental organizations have argued that deportation should take place in

a context of dignity, safety and prospects for the future of the migrants being deported.

The reasons why people migrate and the reasons for their return home may affect their reintegration. Van Houte and De Koning (2008) in their study on returnees in six countries with 178 returnees as participants found that in some Western countries (Britain, Germany, and United States), migrants who applied for asylum or stayed illegally in the host countries were people mostly deported. The study which employed both quantitative and qualitative research methods revealed further that these migrants returned involuntarily, rather than a personal desire to return and that, they did not possess a permanent permission to stay in their host countries (Van Houte & De Koning, 2008).

Similarly, Schuster and Majidi (2013) examined the post deportation experiences of deportees in Afghanistan and asserted that deportation has been used by host countries as a means to remove migrants with no rights to be in a given country. The study employed a mixed methods research design and found that in order to avoid illegal entry by some migrants, deportation was used as a deterrent to others intending to break immigration laws in many host countries. Other Western countries have developed effective deportation policies and programs to check the inflow of immigrants in their countries (Schuster & Majidi, 2013). In the European Union for instance, deportation has been an integral part of their immigration policy, which aims at dealing with unauthorized or illegal migrants. In addition, Kleist and Bob Milliar (2013) contended that, the European Union's 2008 return directive policy included in its framework, the deportation of asylum seekers and rejected

migrants who enter or stay in European countries illegally. In a study on deportation of illegal immigrants under the Obama administration in the United States, Slevin (2010) found that, immigrants were deported for different reasons. According to the study, deportees are diverse and they include people apprehended while crossing borders. Other deportees consist of people apprehended during workplace raid and migrants persecuted for other criminal charges such as drug offenses (Slevin, 2010). Kleist and Bob-Milliar (2013) asserted that beyond the factors that lead to deportation, certain unbearable conditions in Africa could lead to the forceful removal of migrants without prior preparation. These conditions may include political and violent conflicts or natural disasters, which create challenges in the management of immigrants. Additionally, improper protection of migrants in host countries could lead to the deportation of people (Kleist & Bob-Milliar, 2013).

Challenges Faced by Deportees in Home Countries

Return migration can either be beneficial or worthless depending on the circumstances of return (Manuh, 2003). The return of migrants, whether voluntary or involuntary has different implications for returnees and the communities to which they return. Migrants who return based on favorable conditions are likely to have planned their return and may find it easier to reintegrate into their communities. According to Cassarino (2008), return migrants preparedness depends on two fundamental elements: (a) free will and (b) readiness to return. Free will is the subjective power to choose to return at a certain time because it seems to be a timely and logical phase in the migratory process (Cassarino, 2008). The freedom to choose to return may be beneficial because the migrant as a person will weigh the costs and benefits of

the decision to return (Cassarino, 2008). Also, readiness to return reflects the extent to which migrants have been in a position to mobilize tangible (financial capital) and intangible (skills and social networks) resources needed to secure their return, whether temporary or permanent (Cassarino, 2008).

Return is beneficial for migrants who plan their return because they find it easy to reintegrate into their communities. They are able to create businesses and contribute expertise for the development of their communities (Black, King & Tiemoko, 2003). In a study that employed snowball technique to recruit thirty-seven male and female deportees in Jamaica, Golash-Boza (2013) found that, unlike voluntary returnees, the high and increasing rate of deportation has consequences for the involuntary returnee. From the study, deportees in Jamaica were among the working poor, unemployed and living in precarious situations with no assistance. The deportation of migrants creates a sense of alienation, shame and isolation and is attributed to the Jamaican culture that places many expectations on migrants who return from their host countries (Golash-Boza, 2013). The study further indicated that deportees who were dependent on other people for their needs were regarded as shameful to their families and communities.

Brotherton and Barrios (2009) conducted a study on displacement and stigma in Dominican Republic recruiting 80 deportees with 20 key informants. The study found that stigma and discrimination associated with deportation make reintegration difficult for deportees. The experience of stigma is probably the most difficult social and psychological issue confronting deportees, regardless of where they reintegrate in Dominican societies (Brotherton & Barrios, 2009). The authors highlighted that stigmatization and

discrimination experiences of deportees may be influenced by the culture of the receiving communities. Kleist and Bob-Milliar (2013) indicated that the stigma might be unbearable by rumors about the reasons for their return, including suspicion of criminal or immoral behavior leading to social isolation and stigmatization.

Kleist and Bob-Milliar (2013) have argued that there are often high expectations by communities in Ghana for migrants returning from abroad regardless of the mode of return. Deportees however, sometimes return with little or no resources having lost their belongings abroad or had no opportunity to save resources (Kleist & Bob-Milliar, 2013). In communities with high expectations regarding the economic outcomes of migration, the shame of returning empty-handed can be unbearable (Kleist & Bob-Milliar, 2013).

In an ethnographic study on deportation stigma and re-migration recruiting 100 deportees in Afghanistan, Schuster and Majidi (2015) found that deportation at least creates additional reasons for re-migration by deportees. This is because deportation challenges established norms in receiving communities and therefore deportees experience stigma, discrimination and shame due to discrepancies between what is socially expected of them and what is the actual reality.

The experience of stigmatization and discrimination by deportees is likely to make adjustment and integration difficult if not impossible in the receiving communities or destinations and this can lead to re-migration. Moreover, deportees have greater spatial mobility (Anarfi & Jagare, 2008), as they are more likely to be physically, emotionally and financially unprepared unlike voluntary returnees.

Bob-Milliar (2012) examined the political economy of state responses to migration crises among Ghanaian deportees and found that the majority of deportees came from communities with little economic opportunities. The mass deportation may have wider implications for the local community in terms of creating increased competition for employment (Kleist & Bob-Milliar, 2013). As a result, many deportees have remained jobless and others are planning to return to their host countries (Naik & Laczko, 2012). Thus, the deportation of irregular migrants to unfavorable conditions in their countries of origin may be a potential source of mass unemployment which could adversely lead to conflicts and other social vices in their receiving communities (Bob-Milliar, 2012). According to Schuster and Majidi (2013), important aspects of successful reintegration of deportees include a safe reception, employable skills and resources that could help facilitate their integration.

However, spending many years before being returned involuntarily, many deportees come back with no improvement in their education, skills, or knowledge (Schuster & Majidi, 2013). This is because while some deportees might have acquired skills in host countries, others suffer skills degradation in host countries and may lack contact with the labour market in their home countries (Kleist & Bob-Milliar, 2013). The feeling of having lost opportunities, skills and time that could have been used is a reality that makes some deportees experience difficulties adapting to their new environment in their countries of origin (Schuster & Majidi, 2013).

When migrants are deported to their home countries, they may not be enthused to take up particular job opportunities due to varied reasons (Bob-

Milliar, 2012). For example, deportees having become used to different life styles in host countries, find the salaries and wages paid in home countries to be meager and insufficient and this could render many deportees unemployed (Bob-Milliar, 2012). This notwithstanding, some deportees may be willing to stay in order to start some income generating activities should they receive financial and logistical support (Bob-Milliar, 2012).

The absence of support systems and job opportunities makes reintegration difficult for deportees in their receiving communities. In the case of Afghanistan, many deportees noted that, rampant corruption in their country, within the government and the labour market, made it difficult for deportees to access job opportunities (Schuster & Majidi, 2013). Also, some deportees refused to work either because the remittances and support they received could not sustain them or because of their perception of nepotism and corruption in the country and these factors made the search for work very difficult (Schuster & Majidi, 2013).

In an investigation on the challenges faced by deportees, Bob-Milliar (2012) found that the majority of deportees expressed concern about how deportation comes like a shock and poses emotional and psychological effects on their health. In Ghana, deportees sometimes arrived in Accra looking traumatized with signs of physical torture on their bodies (Bob-Milliar, 2012). The lack of access to psychosocial counseling and health care may create further challenges for deportees' integration into their home countries (Kleist & Bob-Milliar, 2013). According to Kleist and Bob-Milliar (2013), deportees who may return with little or no resources may have difficulties accessing

health care. Moreover, deportees may suffer health issues, which may deteriorate further in circumstances of lack of treatment and health insurance.

Mental Health of Return Migrants

Several studies have been conducted on the mental health state of return migrants. For example, Bojorquez, et al (2015) assessed the common mental disorders (CMD) at the time of deportation among Mexican deportees from US. The results of the study showed that, the prevalence of CMD was 16.0 %. The study also revealed that, time returned to Mexico, having a spouse in the US, number of persons in household, less social support, anxiety as a personality trait, and avoidant coping style were directly associated with mental health status.

In addition, Garcini et al. (2017) also did a study titled “mental disorders among undocumented Mexican immigrants in high-risk neighborhoods”. The aim of the study was to provide population-based estimates for the prevalence of mental disorders. The Mini International Neuropsychiatric Interview (M.I.N.I.) was used to collect the data. The results showed that generally, 23% of participants had a mental disorder. Specifically, the most prevalent disorders were major depressive disorder (14%), panic Disorder (8%), and generalized anxiety disorder (7%) and substance use disorder.

Similarly, Peña, et al (2017) also did a study on the traumatic events and symptoms among Mexican deportees in a border community. Using clinical interviews, the study assessed the frequency of traumatic events and symptoms of post-traumatic stress disorder among Mexican deportees in a U.S.-Mexico border community. The result showed that, 98% of the deportees

reported having experienced one or more traumatic events and nearly half met the DSM-IV-TR (Diagnostic and statistical manual disorders 5th edition) criteria for PTSD. The results further suggest that prevention, intervention, and policy efforts were necessary to improve the well-being of these understudied immigrant subgroups.

Robjant, Hassan and Katona (2009) on their part, carried out an assessment of the mental health implications of detaining asylum seekers. The study sought to investigate mental health outcomes among adult, child and adolescent immigration detainees. A systematic review was conducted on studies investigating the impact of immigration detention on the mental health of children, adolescents and adults identified by a systematic search of databases and a supplementary manual search of references. In all, ten studies were identified for the review. All ten studies reported high levels of mental health problems in detainees. Anxiety, depression and posttraumatic stress disorder were commonly reported, as were self-harm and suicidal ideation. Time in detention was positively associated with severity of distress.

Brotherton and Barrios (2009) carried out a study on the social-psychological crisis of the deportees in Dominican Republic. The result from the study showed a high incident of stigmatization and displacement among the deportees.

Again, Zewdu and Suleyiman (2018) sought to assess depression and coping mechanism among migrant returnees from Middle East Countries in Amhara Region, Ethiopia. The study employed a mixed method explanatory research design and used 376 respondents in towns noted for irregular migration. The results from the study revealed that, sex, employment status

and legal status of migrants had statistically significant effect on depression among the return migrants.

Robjant, Robbins, and Senior (2009) studied the psychological distress amongst immigration detainees. The study sought to compare levels of depression, anxiety, and post-traumatic stress disorder amongst immigration detainees with a comparison group of asylum seekers living within the community. Results from the study revealed high levels of anxiety, depression, and PTSD by the groups.

Habtamu, Minaye and Zeleke (2017) also conducted a study on the prevalence and associated factors of common mental disorders among Ethiopian migrant returnees from the Middle East and South Africa. The study sought to determine the prevalence of common mental disorders and socio-demographic and other migration related factors among Ethiopian migrant returnees from the Middle East and South Africa. The results showed that, the prevalence of common mental disorders among migrant returnees was 27.6%.

In a recent study by Olajubu and Afolabi (2019) on the mediating role of hopelessness and resilience of the relationship between perceived social support and depression among Nigerian Libya returnees, the results showed that, perceived social support led to an increase in resilience but reduces hopelessness and depression. In addition, the study found that, hopelessness and resilience mediate the relationship between social support and depression.

Graf et al. (2013) sought to determine the prevalence of mental disorders among detained asylum seekers in deportation arrest in Switzerland. The results showed 76% of the prisoners suffered from at least one mental disorder. The study found a specific increased reporting of phobia (14%) and

post-traumatic stress disorders (23%). The result of the study also showed a prevalence of 81.0% and 74.6% of schizophrenia and affective disorders respectively.

Support Services Available to Deportees

In some instances, there are supportive services available to return migrants and deportees in various ways from the national level to the level of locality of origin. The most common reaction by deportees to deal with post deportation life is to migrate again (Schuster & Majidi, 2015). From the study by Schuster and Majidi (2013) titled what happens post- deportation among deported Afghanistans, the result showed that, deportees who return to meet little or no structural improvement to security and the economy re-migrate to other countries. The study further highlighted that the absence of better conditions at home compels them to leave their host countries especially if they were deported before they were ready to return. Moreover, Laczko (2005) studies on migration and development revealed that, reintegration support systems are absent in many parts of the world where they are needed the most. As a result, many developing countries rarely have reintegration policies or programs for return migrants in their counties of origin.

However, Chu, Stec, Dunnwald and Loran (2008) asserted that the main aspect of support for deportees has been initial reception assistance, transport upon arrival, temporary accommodation, access to health care, employment and education. Similarly, in some developing countries, support for deportees covers a broad range of forms extended by a variety of institutions including host and home governments, NGOs and other institutions or organizations involved in return migration (Van Houte & De

Konning, 2008). These forms of assistance can be provided before, during or after return and can include financial assistance in the form of grants, income generating assistance, travel expenses, as well as material assistance such as accommodation, medication and work materials (Van Houte & De Koning, 2008).

Deportees in their home countries may rely on assistance from government and humanitarian organizations for their survival. The work by Ochi (2005) on return migration of Filipino overseas workers reported that reintegration could successfully be fostered through effective collaboration between government, non-governmental organizations, and social groups. For instance, cited in the study is the collaboration between the Philippine Department of Labour and Employment, and Welfare Administration that provide assistance to deportees.

Bree (2008)'s study titled "Return migration to Afghanistan: Monitoring the embeddedness of returnees" found that, the Association of Experts in the Fields of Migration and Development (AGEF) provides assistance for deportees from the UK and Germany. From the study both deportees and voluntary returnees receive information from AGEF about their activities for returnees. This assistance included a business start-up program, during which deportees receive two weeks training and an amount of money to cover the initial start-up, which they receive in Afghanistan (Bree, 2008). In an attempt to facilitate integration and create opportunities for those deported, some non-governmental organizations and deporting governments have set up programs to create livelihood and encourage sustainable return (Majidi, 2009).

Majidi (2009), in an evaluation of the United Kingdom return and reintegration program revealed that, IOM have been contracted to offer payments and courses to improve skills in the hope that deportees may set up businesses. Schuster and Majidi (2013) expound that these attempts by INGOs and foreign governments to create structures that will encourage deportees to return and remain have been effective in the reintegration of deportees in Afghanistan. For instance, deportees from host countries that have programme with IOM and who qualify for their assistance, receive a substantial amount of money for their reintegration (Van Houte & De Koning, 2008). However, to Van Houte and De Koning (2008), the work of the organization is restricted to implementing host government policies, which mainly consist of giving financial assistance, where there is not much room for assessing individual needs before receiving support from these organizations.

Besides the IOM assistance, a representative of the Ministry of Refugees and Repatriation (MoRR) awaits returnees at the airport to monitor them and provide them with information in Afghanistan (Bree, 2008). In Afghanistan, MoRR has a guesthouse available for a maximum of two weeks for deportees who have nobody to return to in Kabul before they later return to their families in the rural areas. Also, as part of the reintegration programmes and assistance in Ghana, a resettlement scheme for deportees in Northern region was established by Japan International Cooperation Agency (JICA) to assist deportees (IOM-Ghana, 2012).

As part of the support services, the government of Ghana has linked up with international organizations to assist with the resettlement of returnees. A pilot project was started by UNDP and IOM and deportees were given

agricultural inputs such as weedicides, fertilizers, improved tomato and cabbage seeds (IOM-Ghana, 2012). In addition, a study by Mensah (2012) on the reintegration process for Ghanaian migrants found that involuntary return migrants were not certain about their long stay in Ghana. However, the findings expressed that those on the reintegration program felt more positive about their chances of making a meaningful life in Ghana than those who were without the support.

The IOM's reintegration programme in Brong Ahafo region was mainly to provide business skills, training, funding to start their businesses and provision of tools as well as financial assistance (Mensah, 2012). According to Mensah (2012), all those who were recruited and were part of the reintegration programme said they had received skills training on how to start, maintain and run their own businesses. According to an IOM official, programmes such as these require financial backing since IOM and NADMO cannot afford to cater for all 18,111 deportees nationwide (Mensah, 2012). In a more recent study by Mensah (2016), it was found that those without support services have the desire to re-migrate since support from relatives and friends are mostly not sustainable.

Coping Strategies Adopted by Deportees

In the absence of support services, it has been observed that deportees develop coping strategies to deal with the adverse effect of deportation. A study by Tiilikainen and Koehn (2011), which recruited participants from Somalia, found that involuntary returnees find relief and opportunities by keeping regular contacts with friends and relatives across borders. Analysis from Jamaican deportees shed light on how forced return migrants use money

they remitted while in the host country to deal with the shameful, emotionally and physically stressful experiences of deportation (Golash-Boza, 2013). Moreover, the study revealed that, deportees use remittances to deal with financial hardship in their home or countries of origin. Van Houte and De Konning (2008) asserted that, deportees relied on money they remitted for their day-to-day survival in the various communities they find themselves in.

According to Golash-Boza (2013), most deportees dreamt of being able to fend for themselves and hope to receive money from abroad that will enable them to set up their own businesses. In instances where migrants kept little or no ties with family, deportees depended on loans (Van Houte & De Konning, 2008). These loans and allowances help deportees to deal with situations in their receiving communities. To Schuster and Majidi (2013), the taking of loans by deportees to establish their own businesses is a common coping mechanism adopted by deportees in Afghanistan. However, Mensah (2016), studying involuntary return migration and reintegration in Ghana found that deportees depend on the savings and investments that they had made while away from Ghana. From the study, some migrants who were deported were confident that they could stay and work in Ghana if they were provided with the needed support for their reintegration. These groups, which were in the minority, were primarily those who were under the IOM reintegration program established in Ghana.

According to Van Houte and De Konning (2008), the extent to which a deportee may benefit from social capital depends on the type of social networks he or she has. Social contacts become valuable when there is some sort of closeness, the feeling that one can really rely on the other. As part of

the coping strategies, access to social networks (family and friends) in receiving communities by deportees help in their reintegration (Cassarino, 2004). Also, other deportees depended on relatives to whom they sent monies when they were away. These relatives include siblings, friends and parents, and deportees depend on these relatives for their survival even whilst without jobs (Mensah, 2016).

Similarly, Bree (2008) in an investigation on return migration to Afghanistan: Monitoring the embeddedness of returnees using both qualitative and quantitative research design found that social networks play an important role in accessing employment. Bree (2008) highlighted that two out of the three stably employed deportees obtained their jobs through information from family members and others through their friends and cousins. Also, as indicated further by the study, most of the deportees expressed concern that social networks made them feel at home. Deportees related this to the social networks that existed between them and their families and friends, which facilitated their ability to seek for information and jobs (Bree, 2008). Alpes (2012) describes a number of strategies to deal with stigmatization, including hiding of identities from the public in order to avoid shame. Similarly, in other cases, the individual may return home but change the truth behind the deportation and claim instead to be visiting, while intending to leave again after mobilizing some resources. If the persons deported have the resources they can create another life in the community or country of origin and leave behind their deportation experience (Shuster & Majidi, 2015).

Theoretical Review

This section reviews the theory that has been used to explain mental health and experiences of deportees. It also includes the conceptual framework that has been adapted from the theoretical reviews (see Figure 1). This study employed the minority stress model (MSM). This theory was used to explore the challenges, social support services and coping strategies among deportees in the Nkoranza South and Techiman municipalities. This theory was considered for the study because deportees are also classified as minority group due to the unique challenges they face after deportation unlike non-deportees. The theory enabled the researcher to have a broader understanding of the phenomenon.

Minority Stress Model

Meyer's (2003) Minority Stress Model (MSM) provides a strong starting point because it addresses both risk and protective factors both in general and unique to the experiences of persons. Moreover, the MSM has displayed empirical support in explaining many positive (e.g., social connectedness) and negative (e.g., suicide) health-related outcomes (e.g., Kamen, Burns, & Beach, 2011; Kertzner, Meyer, Frost, & Stirratt, 2009; Ploderl et al., 2014). The present study builds on this body of work by applying the MSM concepts to underpin the mental health state of deportees in the Techiman and Nkoranza South municipalities.

Meyer (2003) defined the concept of minority stress, emphasizing that it is uniquely experienced and rooted in negative interpersonal experiences. Coping strategies are highly dependent on how one experiences stress (e.g., social withdrawal in the face of social rejection). Meyer (2003) put forth the

MSM, inclusive of direct/causal and contingent pathways, in which minority stress can impact health outcomes. Among the set of factors he outlined, there are several background characteristics operating through intermediary stress processes: environmental circumstances, minority status (e.g., race, ethnicity, gender), and sexual minority identity (i.e., lesbian, gay, bisexual). Meyer (2003, 2013) further provided subtypes of stressors: general stress (i.e., those experienced across sexual orientation status), distal minority stress processes (i.e., prejudice, discrimination, and violence), and proximal minority stress processes (i.e., expectations of rejection, concealment, and internalized homophobia).

These subtypes of stress go beyond other lesbians, gays and bisexual (LGB) stress models in the literature narrowly defining stress such as hate crime victimization (e.g., Herek, Gillis, & Cogan, 1999). Proximal stressors are theorized to have the strongest direct effect on health-related outcomes because they may function through internalization processes, thereby yielding negative self-concept and other psychological dysfunction (Meyer, 2003, 2013). Finally, the MSM posits the contingent influence of two domains: coping (i.e., coping skills and social support) and minority identity characteristics (i.e., prominence, valence, and integration). For instance, coping and social support are primarily linked to health-related outcomes in this model as moderating factors of other direct pathways.

The Minority Stress Model (MSM)

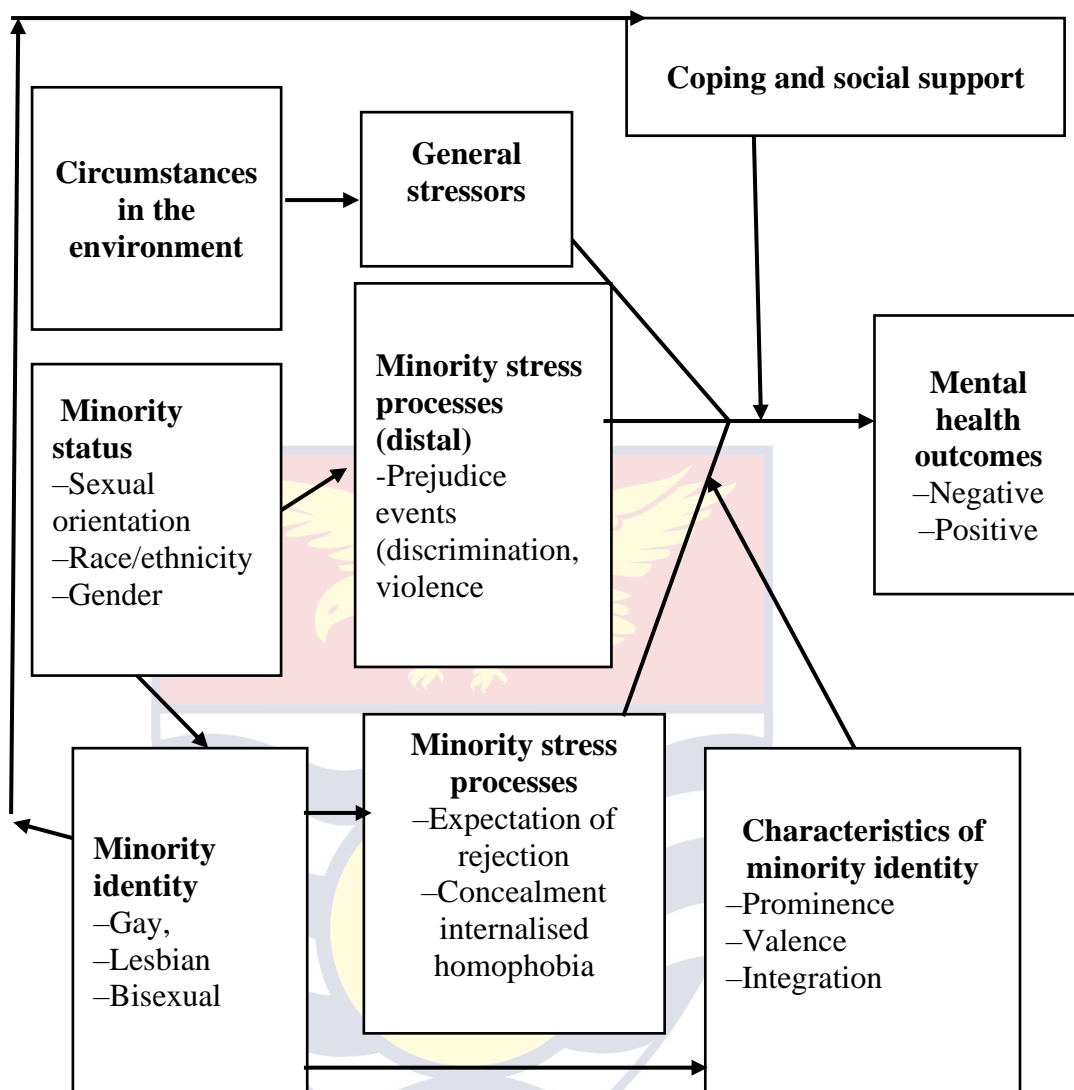


Figure 1: Minority Stress Model

Source: Meyer (2003)

Conceptual Framework

The minority stress model (Meyer, 2003) has been adapted as a conceptual framework to assess the mental health and experiences of deportees in the Techiman and Nkoraza South Municipalities. This model was chosen because it has been applied in various fields such as public health, psychology, and migration. The minority stress model suggests that, individuals from stigmatized groups face chronic stressors that are imposed by

social and cultural structures. In this sense, there are various stressors faced by deportees due to accumulated frustrations. Thus, these individuals exert a greater effort to be able to cope with daily stressors and prevent mental health distress (Meyer, 2003). Ghanaian deportees are a stigmatized population that face multiple and complex stressors prior to and during their stay in Libya and after deportation. They are therefore at an increased risk of facing mental health issue.



Minority Stress Model

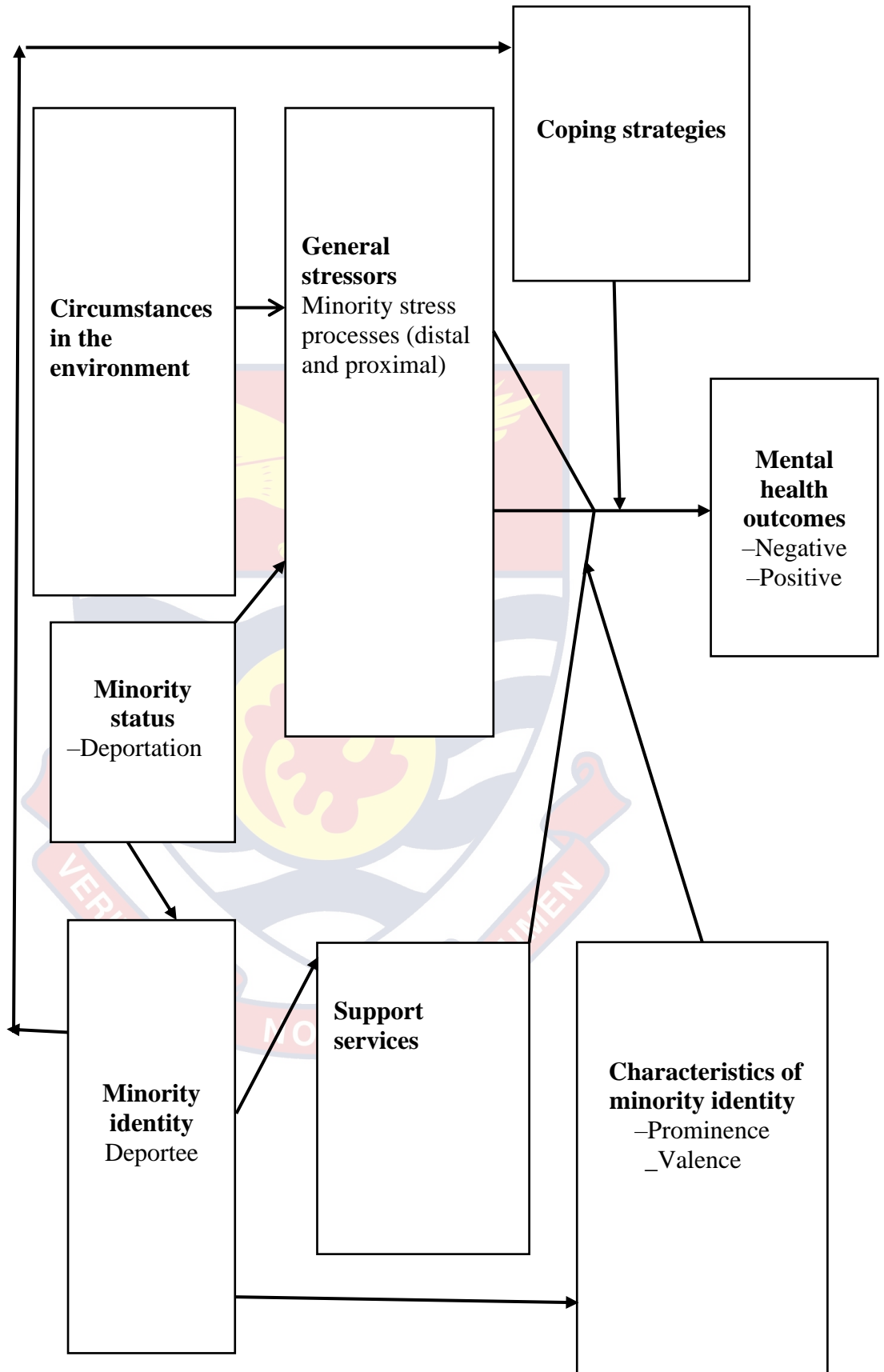


Figure 2: Adapted from Mayer 2003

Using the distal–proximal distinction, the minority stress model is proposed and it incorporates the elements discussed above. In developing the model, Dohrenwend’s (1998b, 2000) stress model was emulated to highlight minority stress processes. Dohrenwend (1998b, 2000) described the stress process within the context of strengths and vulnerabilities in the larger environment and within the individual. For the purpose of precision, only those elements of the stress process unique to or necessary for the description of minority stress were included in the discussion. It is important to note, however, that these omitted elements including advantages and disadvantages in the wider environment, personal predispositions, biological background, ongoing situations, and appraisal and coping are integral parts of the stress model and are essential for a comprehensive understanding of the stress process (Dohrenwend, 1998b, 2000).

The model (Figure 2), depicts general stressors, social support services, coping strategies and their impact on mental health outcomes of deportees from Libya resident in the Techiman and Nkoranza South municipalities. Minority stress is situated within the general environmental circumstances, which may include advantages and disadvantages related to factors such as socio-economic status (i.e having a job or lack of job, Stable income or no income, formal education or lack of formal education, having skilled training or no skilled training and shelter or no-shelter). An important aspect of these circumstances in the environment is the person’s minority status, for example being a deportee. These are depicted as overlapping boxes in the figure to indicate close relationship to other circumstances in the person’s environment. For example, minority stressors for a deportee who has

no means of livelihood or place of shelter would undoubtedly be related to his status as a failed migrant; together, these characteristics would determine his exposure to stress and coping resources (Diaz et al., 2001). Circumstances in the environment lead to exposure to stressors, including general stressors, which are both distal and proximal.

The distal stressors include circumstances at the host country (Libya) and the challenges the migrant went through before deportation. Proximal stressors are those in his immediate environment contributing to his stress. Proximal and distal stressors include accumulated frustration such as discrimination, traumatic experiences, violence, stigma, job loss, loss of investment, break up of marriage, loss of a dear one, rejection by folks, and many more. Similar to their source circumstances, the stressors are depicted as overlapping as well, representing their interdependency (Pearlin, 1999b). For example, an experience of stigma and violence is likely to increase vigilance and expectations of rejection often; minority status leads to personal identification with one's minority status. In turn, such minority identity leads to additional stressors related to the individual's perception of the self as a stigmatized and devalued minority (Miller & Major, 2000).

An example is being called a deportee or failed migrant. Of course, minority identity is not only a source of stress, but also an important effect modifier in the stress process. First, characteristics of minority identity can augment or weaken the impact of stress. For example, minority stressors may have a greater impact on health outcomes when the deportee's identity is more prominent than when it is secondary to the person's self-definition (Thoits, 1999). Secondly, deportee identity or status may also be a source of strength

when it is associated with opportunities for affiliation, social support from family, friends, community, churches, social welfare IOM, NGOs and others, and coping strategies such as learning a trade, joining associations, setting up business and gaining a job can ameliorate the impact of stress (Branscombe, Schmitt, & Harvey, 1999; Crocker & Major, 1989; Miller & Major, 2000). All these coping strategies and support service can positively or negatively have impact on mental health.



CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter presents the methods employed in carrying out this research. Issues covered include the research design, description of the study area, target population, sample size, sampling procedure, instruments and data collection. Pre-testing of the research instruments, data management, data analysis and ethical considerations are also discussed.

Study Area

The region is one of the 16 administrative regions of Ghana with its capital being Techiman. The Bono East region lies in the forest belt of Ghana and is bordered on the north by the Savanna region, on the west by Bono region, on the south by Ashanti region and on the east by the Volta Lake. The Bono East Region is part of the vegetative belt of Ghana and enjoys a climate that is not harsh. The vegetation consists predominantly of forest and fertile soils. Between December and April is the dry season while the wet season is between July and November with an average annual rainfall of 750mm to 1050mm.

The region has been described as Ghana's breadbasket because it is one of the nation's major cocoa and timber producing areas as well as a major grain, food and cash crop area (Ghana Statistical Service [GSS], 2014). Notable foodstuffs produced from the region and supplied to major parts of the country and export includes, yam, plantain, cassava, watermelon, tomatoes, cashew nut, cocoa and many more. Notable towns within the region

include Techiman, Nkoranza, Atebubu and Kintampo. The Techiman and Nkoranza South Municipalities were selected for the study. This was because the municipalities are noted to have high concentration of deportees from Libya according to IOM. The Techiman Municipality is situated in the south western part of the Bono- East Region and lies between longitudes 10 49` east and 20 30` west and latitude 80 00` north and 70 35` south. It shares common boundaries with four districts namely, Techiman North, Wenchi, Nkoranza Municipality and Offinso-North District. The Techiman Municipality has a land surface area of 649.0714 sq. km. The Municipality has a population of 147,788 inhabitants with about 52.1% of the inhabitants being migrants from other parts of the country (GSS, 2014). The Municipal capital, Techiman, is a nodal town where roads from the five northern regions (Upper West, Upper East, Savannah, North west and Northern Regions) converge. In addition, trunk roads from Sunyani, Kumasi, Wa and Tamale all meet at Techiman thus making it a bustling 24 hours commercial centre.

The Municipality has the largest foodstuff market in Ghana and serves as an important trading hub for yam, cassava, tomatoes, onions and other staples. Agriculture and agricultural related trading are the commonest profession (GSS, 2014). According to the GSS district analytical report 2014, the employment sector of this area is predominately private and informal. The Agricultural -based commerce in the Municipality has made it a home to many traders from all over West Africa.

The dominant commercial activities are transportation, catering services, wholesale and retail trade, and mobile phone services. About 65.0%

per cent of the population in the Municipality reside in Techiman, which is also one of the major towns resided by deportees from Libya.

The poverty rate of the municipality is estimated to be 59.7% (Bannor 2018). The Nkoranza South Municipality is one of the 11 administrative districts of the Bono East Region of Ghana. The Nkoranza South Municipality lies within longitudes 1°10'W and 1°55'W and latitudes 7°20'N and 7°55'N. It covers a total land area of 923 square kilometers. It shares boundaries with the Nkoranza North District to the North, the Techiman Municipality to the West, the Ejura-Sekyedumase and the Offinso North Districts, both in the Ashanti Region to the South–East and to the South respectively. The population of the Nkoranza South Municipality was estimated in 2010 at 100,929 (GSS, 2014). Out of this population, 49.6 per cent are males and 50.4 per cent are females (GSS, 2014).

The dominant economic activity in the Nkoranza South Municipality is agriculture, which employs about 75% of the population. Aside agricultural activities, the people are also engaged in occupations such as trading, small and large-scale businesses and service-related occupations (teaching, banking, health and security sector). The Nkoranza South Municipality served as a departure point for migrants travelling to some North African countries and other parts of the world. Also, majority of the migrants in the Municipality are noted for travelling with false documents to other countries including Libya (Awumbila, 2011).

The Bono East region is the “Libya capital of Ghana (Mensah, 2012). The youth in this area travel through Bawku to Burkina Faso, through Agadez in Niger and subsequently to Libya. (Awumbila, 2011). So popular is the trip to Libya that drinking spots have names such as “Tripoli Inn” (Awumbila,

2011, p4). The Municipality recorded the highest concentration of deportees in Ghana in 2011 (Awumbila, 2011). The Municipality was a beneficiary of the International Organization for Migration (IOM) reintegration program in 2011. With a poverty rate of 59.7% and 62% in Techiman and Nkoranza South Municipalities respectively, an average 60% of the inhabitants are engaged in agriculture in both municipalities, which is not attractive to the youth in particular. With a strong belief that migrating to a different location makes one successful, it is not surprising that most of the youth in these Municipalities sees migration to Libya as one of the main livelihood options.

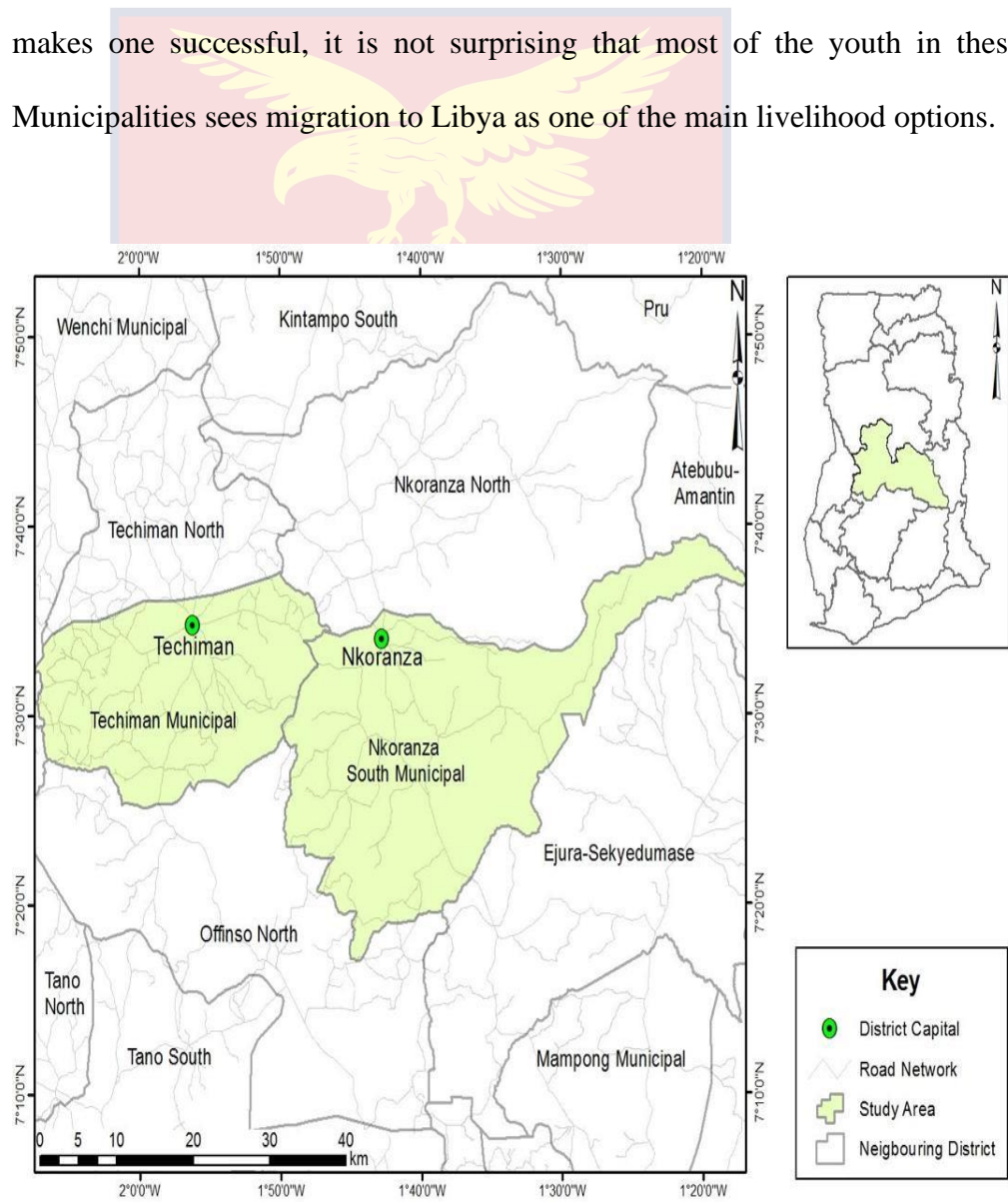


Figure 3: Map of the Study Area

Research Paradigm

There are two main perspectives to research in social sciences, namely positivist and interpretive perspectives. Positivism is based on realization through experience, which aims at explaining social life (Sarantakos, 2005). Proponents of this perspective have preference for quantitative data and often use surveys, experiments and statistics to inquire about statistical measurements to test hypotheses. On the other hand, the interpretive perspective of research deals with the interpretation and the understanding of social life through direct detailed observation (Sarantakos, 2005). Advocates of this perspective prefer qualitative data and frequently use in-depth interviews, focus group discussions among others as a method of data collection. As a result, this study-adopted concurrent mixed methods approach by combining the questionnaire and in-depth interview to collect data at the same time.

This provides more perspectives on the phenomenon being studied as it made it possible for the combination of diverse forms of data (Esterby-Smith, Thorpe, & Lowe, 2002). The complementary importance of the mixed method approach is buttressed by Creswell, Plano-Clark & Petska (2005) and Bergman (2008). They are of the view that when mixed methods are applied in studies, researchers possibly enrich their findings more than in the case of data obtained from one source. They also observed that a combination of research methods allows researchers to concurrently generalize their findings and also expand their understanding of the phenomenon under study.

Research Design

The non-experimental study design was adopted. This mixed method study was descriptive cross-sectional. A descriptive cross-sectional design describes and interprets what exists (Punch, 2003; Payne & Payne, 2004).

Target Population

The target population for the study was Ghanaian deportees from Libya resident in the Techiman and Nkoranza South Municipalities. They were those deported from Libya who returned between 2011 and 2019. The researcher did not have enough information on the total number of deportees in the two Municipalities.

According to Arowolo (2000), the longer the period since return, the less likely the information supplied will be accurate and reliable. Also, the minimum period of stay in the host country is very crucial in conducting a study on deportees. For the purpose of this study, a minimum of one-year stay in the host country before being deported was considered. Furthermore, Oberai (1948) suggested that three months might be used as the minimum period for return from host countries (Oberai as cited in, Arowolo, 2000, p. 63). The study included key informants from Ghana Immigration Service (GIS), Department of Social Welfare, Municipal Mental Health Directorate, officials from the Municipal Assembly, National Disaster Management Organisation (NADMO), clergy and CARITAS; a Catholic NGO in the area. The GIS and NADMO were included in the study because they are State service providers who work in the area of deportation as part of their mandate. The Department of Social Welfare monitors the effectiveness of the support services for the reintegration of deportees. Also, an official from CARITAS

Ghana was included in the study because it is a Non-Governmental Organization that provides support services for return migrants in the Techiman and Nkoranza South Municipalities. The clergy was also included because they are considered opinion leaders and also interacts with members both at church and in the community.

Sampling and Sample Size

A non-probability sampling technique such as the snowball sampling technique was employed to select the respondents for the study. This method was employed because the researcher did not have enough information on the number of deportees in the two Municipalities. As such, the first deportee was identified through a key informant. When the first person was identified he assisted the researcher to get the other respondents in both Municipalities. Since the total number of the targeted population was not known, this technique was used to identify and select respondents. The techniques helped to select respondents who were most qualified for the study. In all 169 deportees were selected to participate in the quantitative study and 30 for the qualitative study which included key informants.

Study Instrument

The research instrument used for this study was an in-depth interview (IDI) guide for the qualitative data and questionnaires for the quantitative data. The quantitative data was collected using a standardized rating scale for anxiety, depression and suicide ideation. The Beck's depression scale II was used to measure depression among the deportees. This instrument was adopted because it has been widely used by researchers in the field of mental health to

measure depression. This instrument is simple to use and self-explanatory with no medical jargons. The scale had a section for socio-demographic characteristics, 20 questions relating to depression symptoms with the highest score of each question being four and lowest score being zero. The scale also had an interpretation guide of which it enabled the researcher to rate a deportee, who had 0-10 as being normal, 11-16 as being mildly mood disturbance, 17-20 as borderline clinical depression, 21-30 as moderate depression, 31-40 as severe depression and above 40 being extreme depression.

Hamilton's anxiety scale was also adapted to measure anxiety. This scale has also been widely used with simple questions, which are easily understandable. The scale had a section for socio-demographic characteristics, 14 questions on anxiety and an interpretation scale. Each of the 14 questions response was rated from zero to four with four being the highest and zero being the lowest. Zero was rated as no anxiety, one as mild anxiety, 2 as moderate anxiety, three as severe anxiety and lastly, four as very severe anxiety.

As part of the quantitative data, Colombian suicide severity rating scale designed by researchers from the University of Columbia and University of New York to evaluate suicide risk was used to collect data on suicidal thoughts or ideation during the pretesting. This instrument was noted to have some gaps so was not used in the main study. A single question from the depression scale was used to evaluate suicide ideation. Being a screening instrument, the use of these scales was not intended for the diagnosis of psychiatric disorders but to identify the presence of symptoms of mental and

emotional distress among the deportees that may require attention. These instruments were administered only to the deportees.

Different IDI guides were developed to collect data from the deportees and key informants. The guide for the deportees consisted of four sections. The first section focused on the socio-demographic background of the respondents (age, occupation, ethnicity, educational background, religion, place of residence, and marital status). The second section focused on the challenges faced by deportees upon arrival in the country of origin. The third section focused on the social support services available to deportees either from family, friends, government and other institutions. The last section addressed the coping strategies adopted by deportees.

The IDI guide for the key informants was developed based on the services provided by the various key informants.

Pre-Test

The in-depth interview guide, the Beck's depression scale II, Hamilton's anxiety scale and the Columbian suicide severity rating scale were pre-tested at Dormaa, a town located in the Bono region of Ghana. This town was selected for the pretesting of the instrument because it is one of the towns in Ghana noted for irregular migration just like Techiman and Nkoranza. In all, 30 deportees participated in the pretesting of instrument. The Columbia suicide severity rating scale was noted to have some errors including medical jargons. The results of the pretesting showed an anxiety rate of 20% and depression rate of 38% among the respondents. A single item was used from the depression scale to evaluate suicide ideation since the suicide scale had errors.

Source of Data

Data for the study were collected from both primary and secondary sources. Primary data were collected through in-depth interviews and questionnaire from deportees and key informants from GIS, NADMO, Department of Social Welfare, Municipal Health Directorates, Municipal Assembly, religious organizations and CARITAS Ghana. Secondary information were employed to complement the primary data and it included the instruments used for the quantitative data collection and over a hundred available published works such as books, journal, articles, research reports, dissertations and internet sources that are relevant to the study.

Ethical Issues

The topic for this study was first approved by the department of Population and Health of the University of Cape Coast. The following ethical guidelines were followed as consistent with all ethical standards required to conduct a research. Firstly, copies of the research proposal were submitted to the Institutional Review Board (UCC-IRB) of the University of Cape Coast for assessment and clearance. The UCC-IRB gave approval for the study on 19th April 2019 with ethical clearance identification number (UCCIRB/CHLS/2019/10). Due to the sensitivity of the research topic and the probability of a respondent breaking down emotionally, the services of psychiatry nurse and a counselor from the Catholic Church was employed to assist in the event of any emotional breakdown. Respondent were also assured of their confidentiality and anonymity. To ensure free informed consent and participation in the recruitment processes, the respondents were briefed about the purpose of the study. Also, before any interview started, respondents who

could read and write in English were given a written consent form to read and freely decide to participate in the study by signing. Nonetheless, for those who could not read the informed consent form, the researcher read it and interpreted it to them in 'Twi' before participation.

Those who could not write and agreed to take part in the study were asked to thumbprint on the consent form. Furthermore, consent was sought from respondents before every interview was tape-recorded. The Techiman Municipal Health Directorate as gave approval for interviews to be conducted after a request for information form was filled. The approval letter from the health directorate was presented to the mental health directorate before the interview. A copy of the ethical clearance approval letter and an introductory letter from the Department of Population and Health, UCC were presented at the offices of the key informants for their information and permission to conduct the interviews. After every interview, the recorded voice and the field notes were stored safely to conform to the ethics of confidentiality. Also, no information that has the tendency to reveal or identify the respondent was included in the study report so as to ensure anonymity.

Data Collection

The data for the study was collected between 24th of April and 8th May 2019. The offices of the key informants were visited in both Municipalities where appointments were made for interviews to be conducted at an agreed date and time. The first respondent was identified with the help of a key informant. A researcher-administered questionnaire was done using the two instruments to collect the quantitative data. The researcher read and explained the questions on the instrument to the respondents in the Twi language.

In-depth interviews were conducted with participants using an interview guide designed by the researcher. The interview guide allowed participants to provide information that was important whilst the interviewer probed their responses. The interview schedule was constructed in English but interviews with deportees were conducted in Twi. Approximately, each interview lasted for 30mins. At the end of the data collection, 169 responded to the questionnaire. Out of the 169, 22 of them were interviewed for the qualitative data. 8 key informants were also interviewed. Both quantitative and qualitative data was collected concurrently. The 8 key informants were later interviewed.

Data Management /Quality Assurance

After each day's interviews, the recorded interviews as well as the field notes and questionnaires were kept confidential. The recorded interviews and the soft-copy version of the transcription were stored safely to prevent a third party from having access to them. This was done using 'my lock box' app on my personal computer while the field notebooks and the questionnaires were also kept in a locker.

How Trustworthiness of the Qualitative Data was Maintained

The trustworthiness of the findings was ensured through credibility, transferability, confirmability, and dependability (Connelly,2016; James, Wardle, Steel, & Adams, 2020). We ensured credibility by using a purposive sample of deportees from Libya residents in the Techiman and Nkoranza Municipalities. In addition, we used verbatim quotes from the deportees from Libya to represent our themes. Furthermore, researcher continued engagement

with the membership of the return migrants association before and during the data collection process. Several introduction meetings were held with executives of the association and with study participants. In those meetings, the study protocol and interview guide were discussed. This process allowed the researcher and the research assistants to become familiar with the study settings, identified researcher's perspectives and predispositions as well allowed study participants to be acquainted with the research team and study protocol. Apart from that a pretesting was done with the return migrants from Libya in the Dormaa Municipality to refine our interview guide, time-management and the overall running of the interviews.

The interview guide included several prompts, which allowed the researcher to probe for clarity during the interview sessions. I also discussed preliminary methods and general findings of the study with my supervisor. We conducted researcher triangulation through the involvement of multiple analysts during data analysis and interpretation. The researcher is also a healthcare provider who has vast knowledge and experience on mental health issues. He has also been trained in various dimensions due to his engagement in various research projects that employed mixed methods approach. The transferability of the study findings was ensured through detailed description of the study background, method, and findings as well as with the use of purposive sampling method to select the participants.

Purposeful sampling allows for the selection of information-rich cases, which creates an opportunity for new perspectives to be included that are relevant to the topic of enquiry (Benoot, Hannes, & Bilsen, 2016). Our study population consisted of participants, who were relevant to the topic of enquiry,

thus deportees from Libya. The dependability of the analysis was strengthened through ensuring rich data grounded our analysis. Audit trails of the data collection and analysis process such as audio files, transcripts and field notes were maintained and regularly consulted during data analysis and interpretation. The confirmability of the data was addressed by allowing each of the research assistants to bringing his or her perspective to the data analysis and interpretation process. Debriefing meetings were conducted at the end of each day's data collection session, and the input and the perspectives of research assistants and details of field notes produced were utilised as a form of source triangulation to confirm the correctness of our data collection and analysis.

Data Analysis

The qualitative data was analyzed manually. Four research assistants who are experienced in transcription and qualitative data analysis helped to transcribe the interviews. The assistants systematically read the transcripts independently. After this was done, they generated themes and sub-themes. It was guided by an inductive content analysis approach.

This approach, involving thorough reading of data before analysing helped to identify the major themes as well as sub-themes that emerged from the data. First of all, the recorded interviews were transcribed. The transcripts were studied and subsequently, organized into four main sections similar to the sections in the instrument. Finally, quotations from the respondents were used to support the views raised by the respondents (Attride-Stirling, 2001; Baffo, 2015). The quantitative data was entered and analyzed with SPSS version 23.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results and discussion of the study on the mental health and experiences of deportees from Libya resident in the Techiman and Nkoranza South Municipalities of Ghana. It provides an overview of the socio-demographic characteristics of the respondents comprising age, level of education, religious affiliation, marital status, ethnicity, place of residence and year of deportation from Libya. This chapter also presents information on the prevalence of common mental health disorders among the respondents, challenges faced by respondents, the social support services available to the respondents and the coping strategies respondents adopt.

Socio-Demographic Characteristics

Table 1 presents the results on the socio-demographic characteristics of the respondents. Approximately 61% of the respondents were aged 30-39 years with about 75.8% of the respondents being Junior High School and above graduates. In terms of marital status, a total of 75.7% of the respondents were married. A greater percentage (90.5%) professed the Christian faith with almost 90% of the respondents being Akans. In relation to place of residence, 65% of the respondents were from Nkoranza. About 84% of the respondents were deported between the year 2016 and 2018.

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Frequency	Percentage
Age	33	19.53
20-29	103	60.95
30-39	33	19.53
40-49		
Educational level		
Below JHS	41	24.26
JHS-SHS	128	75.74
Marital status		
Married	128	75.74
Never married	22	13.02
Separated	19	11.24
Religion		
Christian	153	90.53
Islam	16	9.47
Ethnicity		
Akan	151	89.88
Mole dagbani	12	10.12
Place of residence		
Techiman	59	34.91
Nkoranza	110	65.09
Year of deportation		
2012-2015	27	15.92
2016-2018	142	84.08

Source: Field work, (2019)

Prevalence of Suicide Ideation Among Deportees by Background

Characteristics

As shown in Table 2, the prevalence of suicide ideation was 20.1%. In relation to the socio-demographic characteristics, 22.3% of those aged 30-39 years had suicidal ideation. Respondents whose educational level was below JHS had a suicidal ideation of 21.95%, with 19.53% ideation for those with JHS and above. On marital status, 23.4% of the respondents who were married had suicide ideation while 20.1% of the respondents with suicide ideation were Christians. On ethnicity, 22.2% of the respondents who were Mole Dagbani had suicide ideation. Thirty-two percent of the respondents from Techiman had suicide ideation. About 32.0% of the respondents who were deported in the year 2016 to 2018 had suicidal ideation compared with 18.52% who were deported within the period of 2012 and 2015. There was no statistically significant difference in terms of the socio-demographic characteristics and anxiety among the deportees. Apart from place of residence ($X^2=8.02$, $p<0.01$), there was no statistically significant differences in terms of the socio-demographic characteristics and suicidal ideation among the deportees.

Table 2: Prevalence of Suicidal Ideation Among Deportees

Variables	No ideation 135(79.9%)		Ideation 34(20.1%)		X² (P-value)
Age	F	%	f	%	1.621(0.438)
20-29	26	78.79	7	21.21	
30-39	80	77.67	23	22.33	
40-49	29	87.88	4	12.12	
Educational level					0.113(0.737)
Below JHS	32	78.05	9	21.95	
JHS-SHS	103	80.47	25	19.53	
Marital status					4.06(0.131)
Married	98	76.56	30	23.44	
Never married	19	86.36	3	13.64	
Separated	18	94.74	1	5.26	
Religion					0.638(0.424)
Christian	121	79.08	32	20.92	
Islam	14	87.50	2	12.50	
Ethnicity					0.055(0.814)
Akan	121	80.13	30	19.87	
Mole dagbani	14	77.78	4	22.22	
Place of residence					8.02(0.004)
Techiman	40	67.80	19	32.20	
Nkoranza	95	86.36	15	13.64	
Year of deportation					6.06(0.301)
2012-2015	22	81.48	5	18.52	
2016-2018	98	68.06	46	31.94	

Source: Field work, (2019)

Prevalence of Depression

Table 3 presents the prevalence of depression among deportees by background characteristics. A total of 55% of the respondents had various degrees of depression. Sixty per cent of the respondents aged 20-29 years were depressed. About 58.54% whose educational level was below JHS were depressed. Sixty-four per cent of the respondents who never married had depression with 56.2% of the respondents who were of the Islam faith being depressed. A total of 56.2% of the respondents who were of Mole Dabgani

ethnic group were depressed with about 57.0% of the respondents being from Nkoranza also depressed. Out of the 142 respondents who were deported in the year 2016 to 2018, 79 of them representing 55.635% all had mild to severe depression. The chi-square analysis revealed that there was a significant difference in the year of deportation and depression ($X^2 = 11.02$ $p < 0.05$).

Table 3: Prevalence of Depression Among Deportees by Background

Characteristics					
Variables	Normal 76(45.0%)		Depressed 93(55.0%)		X ² (P-value)
	f	%	f	%	
Age					0.529(0.768)
20-29	13	39.4	20	60.0	
30-39	48	46.6	55	53.4	
40-49	15	45.5	18	54.6	
Educational level					1.811(0.613)
Below JHS	17	41.46	24	58.54	
JHS-SHS	59	46.09	69	53.91	
Marital status					0.768(0.681)
Married	59	46.1	69	53.9	
Never married	8	36.4	14	63.6	
Separated	9	53.3	10	52.6	
Religion					0.011(0.918)
Christian	69	45.1	84	54.9	
Islam	7	43.8	9	56.2	
Ethnicity					0.853(0.653)
Akan	69	45.7	82	54.3	
Mole dagbani	7	43.8	9	56.2	
Place of residence					0.227(0.634)
Techiman	28	47.5	31	52.5	
Nkoranza	48	43.6	62	56.4	
Year of deportation					11.025(0.041)
2012-2015	13	48.15	14	51.85	
2016-2018	63	44.37	79	55.63	

Source: Field work, (2019)

Prevalence of Anxiety Among Deportees by Background Characteristics

As shown in Table 4, the prevalence of anxiety among the deportees was 31.9%. About 56% of the deportees aged 30-39 had anxiety with an anxiety rate of 36.7% among deportees who were Junior High School

graduates and above. A total of 35.9% of the respondents who were married had various stages of anxiety. Thirty-two per cent of the respondents who were Christians had anxiety. There were 31.8 % of the respondents who were Akans being anxious. Respondents who were from Techiman had 35.6% anxiety rate. In the case of year of deportation, 29.6% of the respondents who were deported in the year 2012 to 2015 had anxiety with 32.4% of those deported in 2016 to 2018 having anxiety as well. There was no statistically significant difference in terms of the socio-demographic characteristics and anxiety among the deportees.

Table 4: Prevalence of Anxiety Among Deportees by Background

Characteristics					
Variables	No anxiety 115(68.1%)		Anxiety 54(31.9%)		X² (P-value)
Age	F	%	f	%	0.969(0.616)
20-29	21	18.26	12	22.22	
30-39	73	63.48	30	55.56	
40-49	21	18.26	12	22.22	
Educational level					6.438(0.092)
Below JHS	34	82.9	7	17.1	
JHS-SHS	81	63.3	47	36.7	
Marital status					4.607(0.100)
Married	82	64.1	46	35.9	
Never married	19	86.4	3	13.6	
Separated	14	73.7	5	26.3	
Religion					0.004(0.949)
Christian	104	68.0	49	32.0	
Islam	11	68.8	5	31.2	
Ethnicity					2.126(0.345)
Akan	104	68.2	48	31.8	
Mole dagbani	12	68.8	5	31.2	
Place of residence					0.553(0.457)
Techiman	38	64.4	21	35.6	
Nkoranza	77	70.0	33	30.0	
Year of deportation					4.882(0.430)
2012-2015	19	70.4	8	29.6	
2016-2018	96	67.6	46	32.4	

Source: Field work (2019)

Qualitative Data Analysis

This section of the thesis analyse the qualitative data that was collected using the three objectives to supplement the quantitative data. In all, 22 out of the 169 respondents were interviewed. 55.5% of the respondents were between at ages of 30 and 39. 18 out of the 22 respondents (81.8%) were below JHS. 54.5% were married with all 22 (100%) respondents being Christian. 8 (36.4%) out of the 22 respondents were from the Techiman municipality while the 14(63.6%) were from Nkoranza municipality. Thirteen (13) out of the 22 respondents were deported between the year 2016 and 2018.

Table 5: Socio-Demographic Characteristics of Respondents

Variables	Frequency	Percentage
Age		
20-29	3	13.6
30-39	12	54.5
40-49	7	31.8
Educational level		
Below JHS	18	81.8
JHS-SHS	4	18.2
Marital status		
Married	12	54.5
Never married	8	36.4
Separated	2	9.1
Religion		
Christian	22	100.0
Islam	0	0.0
Ethnicity		
Akan	16	72.7
Mole dagbani	6	27.3
Place of residence		
Techiman	8	36.4
Nkoranza	14	63.6
Year of deportation		
2015-2015	9	40.9
2016-2018	13	59.1

Source: Field work (2019)

Thematic Framework

The researcher went through the transcripts thoroughly to identify the basic themes that emerged from the transcripts. Issues were summarised, explained and organised to demonstrate the paramount issues that were identified from the data. Based on the analysis, the themes that emerged are presented under a thematic framework (See Table 5).

Table 6: Thematic Framework

Themes	Sub Themes
Challenges	Stigma Unemployment Loss of investments Accommodation Traumatic experiences
Social Support Services Received	Counseling Medical care Financial support Accommodation Feeding
Coping Strategies Adopted	Find new jobs Back to old jobs Substance abuse Building social network

Source: Field Work (2019)

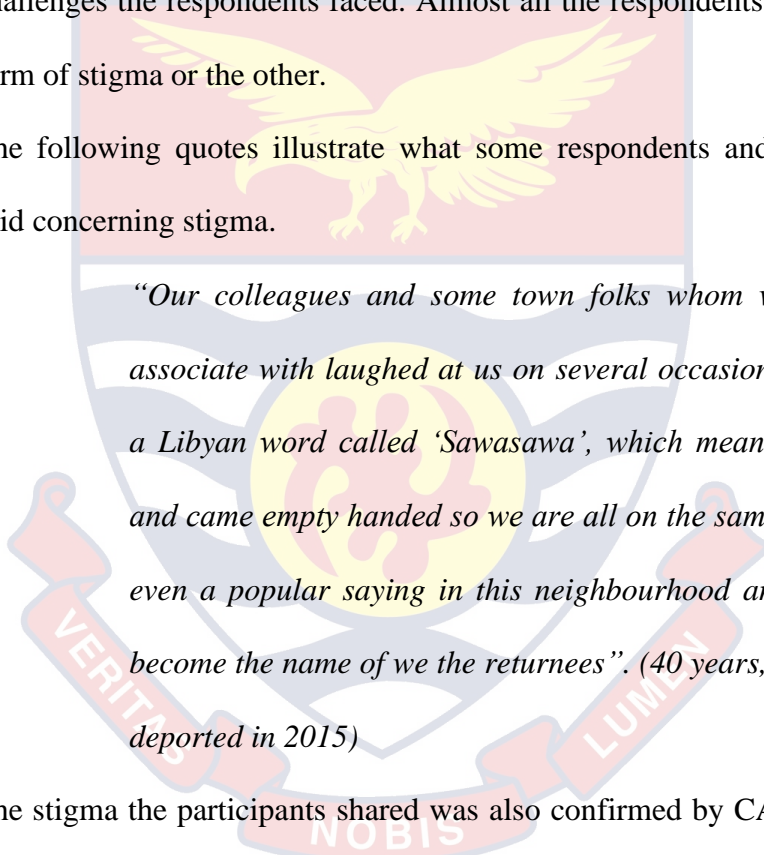
Challenges Deportees Face Upon Return

It was found from the study that, the deportees faced numerous challenges upon arrival. Some of these challenges included, stigma, unemployment and loss of investment as well as accommodation challenges.

Stigma

Stigma was one of the major sub-themes that emerged from the challenges the respondents faced. Almost all the respondents experienced one form of stigma or the other.

The following quotes illustrate what some respondents and key informants said concerning stigma.



“Our colleagues and some town folks whom we used to associate with laughed at us on several occasions. There is a Libyan word called ‘Sawasawa’, which means you went and came empty handed so we are all on the same level. It’s even a popular saying in this neighbourhood and that has become the name of we the returnees”. (40 years, Techiman, deported in 2015)

The stigma the participants shared was also confirmed by CARITAS Ghana–Catholic NGO official whose main focus is on the welfare of the return migrants.

“These returnees face a lot of discrimination, especially if you didn't remit and also came empty handed. The few days upon arrival, they will accept you into the family. With the passage of time, you become a burden. People had sponsored you to Libya and you came empty handed plus an ill health so

sometimes, it is very difficult for them to be re-integrated back to the community. Some of them go and come with nothing. Sometimes when they come, they have some psychological issues". (CARITAS official, 28 years).

However, an assemblyman in one of the electoral areas in Nkoranza was of a different view. He indicated that the stigma was an internalised one by the return migrants. They isolated themselves from the community due to their inability to accomplish their expectations with which they travelled.

"Most of these returnees isolate themselves because they think they have failed especially when they see how successful their colleagues who stayed in Ghana have become. Some hide in their rooms and hardly come out for people to see them. They are just not able to mingle with the rest of the community except among themselves".

Unemployment

Another major challenge, which the deportees faced, was their inability to secure a job upon return. The major causes of the unemployment were partly from the deportees themselves because most were unwilling to take up menial jobs because it didn't pay much, and the lack of social support systems for them. Almost all the participants in the study shared these sentiments.

For example, a 39- year-old participant who was deported in 2012 had this to share:

"I had challenges such as unemployment and lack of sleeping place but I was happy because it's better than Kwaku Atta's country (Libya). We use to call Gaddafi, their president at the

time Kwaku Atta because as a foreigner, when you are heard mentioning his name in a language the security agencies does not understand, its assumed you are plotting evil against Gaddafi, which can lead to your arrest, detention and onward deportation”.

Another participant shared how difficult things were for him, when he came back to Nkoranza.

“Things were really difficult when I came. Because I didn't want people to know I was part of the deportees, I went to stay with my sister in Kumasi for a month before coming to Nkoranza. I needed money and job but because of my status as someone who had just returned from abroad, I couldn't go round searching for job”. (37 years, deported in 2017).

Loss of Investment

It was also noted from the IDIs that, loss of investment was a major challenge by almost all the participants. Some of them lost their investment through friends, family members or Ponzi schemes such as Diamond Microfinance limited (DKM) and God is love, which were common in the then Brong Ahafo Region. For example, the Bank of Ghana in 2015 issued a 90-day moratorium on DKM Diamond Microfinance restraining them from operating as a financial institution. Later, it was revealed through the investigations by the Bank of Ghana that, there was massive internal fraud perpetrated by the directors and employees of the company (Agbigbi, 2016).

Consequently, some of the customers lost their entire investments from these microfinance institutions.

For instance, a 34-year-old deportee from Nkoranza who is a customer narrated his plight as follows:

“Oh my brother, when I came, I nearly killed my wife and myself because she used all the money I sent for the 6 years I was in Libya to do investment at DKM and God is Love. I had nothing left. I sent home almost Ghc.40, 000 and it has been very difficult for me. I would have been better off if not for these investment companies”.

To confirm this assertion, a 35-year-old participant from Nkoranza who lost his investment through a ponzi scheme added:

“When I arrived, this investment thing was booming in B/A so I put the money I had made in Libya into DKM and God is love. A total of 30,000 cedis were invested and the money got locked up. It made things appear as if I had worked in vain. I regretted not going back as my friends did. This made me feel sad and always drinking alcohol and smoking”.

Accommodation

Another major challenge the participants faced upon their return was lack of decent places to sleep. It was gathered that, before they migrated to Libya, many of the respondents gave out their rooms for rent for about four years with some even renting out their properties as well. Because some came unexpectedly and the rent not expired yet, these

participants had to put up with friends and family members till they were able to rent a new place for themselves.

A 30-year-old from Nkoranza who went through such situation shared his ordeal saying:

“When we came earlier, where I would sleep was difficult, I had to share my brother’s apartment with him for some time until I got money to rent a room. I rented out my apartment before I left four years ago”.

Confirmation of the challenges with accommodation which majority of the deportees faced upon return, the project coordinator of a catholic NGO called CARITAS Ghana, which has a model for return migrants in the area was asked if in their interaction with the returnees through the Action for the Protection and Integration of Migrants in Africa (APIMA), they have received complaints about accommodation challenges, had this to say:

“Some rented out their rooms with their belongings for about four to five years and took the rent advance to Libya. Those that had to come before the expiry of the rent usually sleep with family and friends until they are able to rent a new place of abode. Sometimes when you visit some of these people and you talk to them, they will ask you in a local dialect, Oh ne kurakura ne s3n?” (So what is the bottom line?).

Traumatic Experiences

A couple of respondents who went through traumatic experiences such as detention, physical abuse and others shared their experiences of which they still have flashbacks.

A 36year old recounted a sad story of how he lost two of his friends from Nkoranza who were also on their way to Libya:

“On our way to Libya two years ago, before we got to Agadez, two of the people I was going with got sick and one died. The other one was also so weak we had to leave him on the desert. When you are sick and cannot make the journey, the drivers just pull you out of the car and move on. You have to be fit physically if you want to go to Libya by road. I have been feeling guilty since and it's a major challenge especially when we came and the wife of the one we left on the desert asked if I knew his where about. I can't keep lying to her. Imagine knowing very well he is dead but giving false hope”.

Relatedly, a 32-year-old participant who was deported in 2017 recounted how a contractor physically abused him after he complained of being not paid after working for two months. He said:

“I was hit with a stick in Libya after a contractor refused to pay us. The same person reported us to the police, which led to our deportation. The contractors know we have no proper documents to live and work in Libya so being not paid after contract execution is common in Libya. It's been a year since I came but I still have

headaches as a result of the stick I was hit with. I have also developed epistaxis (bleeding nose), which I didn't have before”.

Social Support Services Available to Deportees

Social support service is an important aspect of life in every society. Each and every one will one way or the other at a point in time need the support of family, friends and other institutions such as the church, government agencies and NGOs in times of need or crisis. The study found out from the participants the support services they received upon arrival in Accra through to their final destination or hometowns. The questions covered services such as counseling, medical care, financial support, provision of food and accommodation upon arrival in Accra. Other questions focused on support from family, friends, church, NGOs, and government agencies. Participants had different kinds of support service from officials in Accra depending on the year of return.

Counseling

Counseling is the provision of professional assistance and guidance in resolving personal psychological problems. Looking at the circumstances surrounding the deportation of these participants, the study sought to find out if they received any counseling upon arrival in Accra from officials.

A 42-year-old participant who was deported in 2017 said:

“Oh no, you just take your money and go join the metro mass to Circle then you find any available car to your hometown. No counseling was given to any of us. We came in batches and on

different days so the others may have received counseling but certainly not our batch”.

Another participant aged 32 years who received daily counseling from his church said as follows.

“The pastor and leaders of my church were very supportive. The first month of my arrival from Libya, I had counseling session with my pastor and other church leaders. It really helped and gave me the hope I could do anything to be successful here in Ghana if only am focused and determined”.

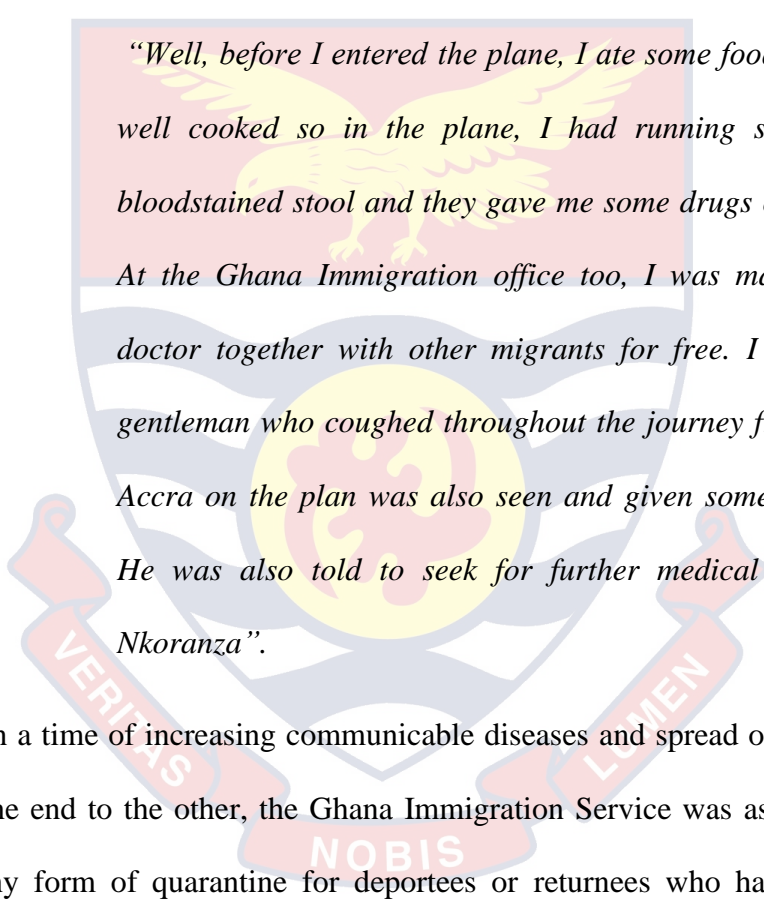
The Ghana Immigration Service (GIS) plays a major role in migration. In finding out from officials if upon return of the deportees at the airport, the GIS together with other agencies provided any form of counseling to the deportees upon arrival, this is what an official had to say:

“For we Immigration Service, we have the Migration Information Centre (MIC) at the national level and all regional offices that provide counseling. Mostly when they arrive, we go to the radio station with other groups to educate them on the right ways of obtaining documents before travelling. Our office in Accra also helps with the counseling but that is not our duty. We only make sure the migrants return safely and reunite with their families. All other things are the responsibility of the social welfare and ministry of health to counsel and reintegrate the person”.

Medical Support

Provision of adequate and quality Medical care is very essential in every society. The study participants were asked if they received any form of medical screening or attention at the airport. The following were the experiences they shared.

A 31year old man from Techiman deported in 2017 recounted his ordeal as follows:



“Well, before I entered the plane, I ate some food that wasn’t well cooked so in the plane, I had running stomach with bloodstained stool and they gave me some drugs on the plane. At the Ghana Immigration office too, I was made to see a doctor together with other migrants for free. I remember a gentleman who coughed throughout the journey from Libya to Accra on the plan was also seen and given some medication. He was also told to seek for further medical attention at Nkoranza”.

In a time of increasing communicable diseases and spread of infections from one end to the other, the Ghana Immigration Service was asked if there was any form of quarantine for deportees or returnees who have symptoms of possible infectious diseases, this is what the official had to say:

“Upon arrival, we work with IOM, NADMO and other agencies like Ghana Health Service to sort out the returnees by grouping them according to their needs. Those with health problems were given to the Ghana Health Service to manage

them. For example, those with mental health issues were sent to the Accra Mental Hospital”.

From the department of mental health at the Health Directorate in the study area, this is what one of the officials narrated:

“There is no special package for deportees but sometimes we do get cases where the clients say they have returned from Libya.

The main trend of these cases were substance abuse so we focus more on the substance abuse rather than the migration having an effect on their mental health. We have had an instance where people return home and had symptoms of psychosis of which their relatives brought them for management. For some of them, their families and friends misused the remitted money with some investing in DKM. This caused a lot of anxiety, depression and substance abuse among the returnees of which most came here for management. We only got to know they were returnees when they told us their stories”.

Financial Support

In finding out from participants if they received any form of financial assistance before departure to their home communities, depending on the year and time of arrival in Ghana, the participants had these to share:

A 36-year-old man from Techiman who was deported in 2018 said:

“Here in Ghana, we were asked about where we come from and a transport fare was given to us to go back to our home communities. I remember I was given GHC 50 after writing my

name and where I come from. Officials from the foreign affairs ministry who also met us at the airport told us we should go to our various Municipal and District Assembly for assistance but we were all disappointed when we visited the Assembly. Initially the response was good. We were promised some seed capital and contract for building school block but not a single one has been given to us. They even said we needed to register a company first before we could get a contract. They are politicians so we are not surprised. My brother! I am sure you know them”.

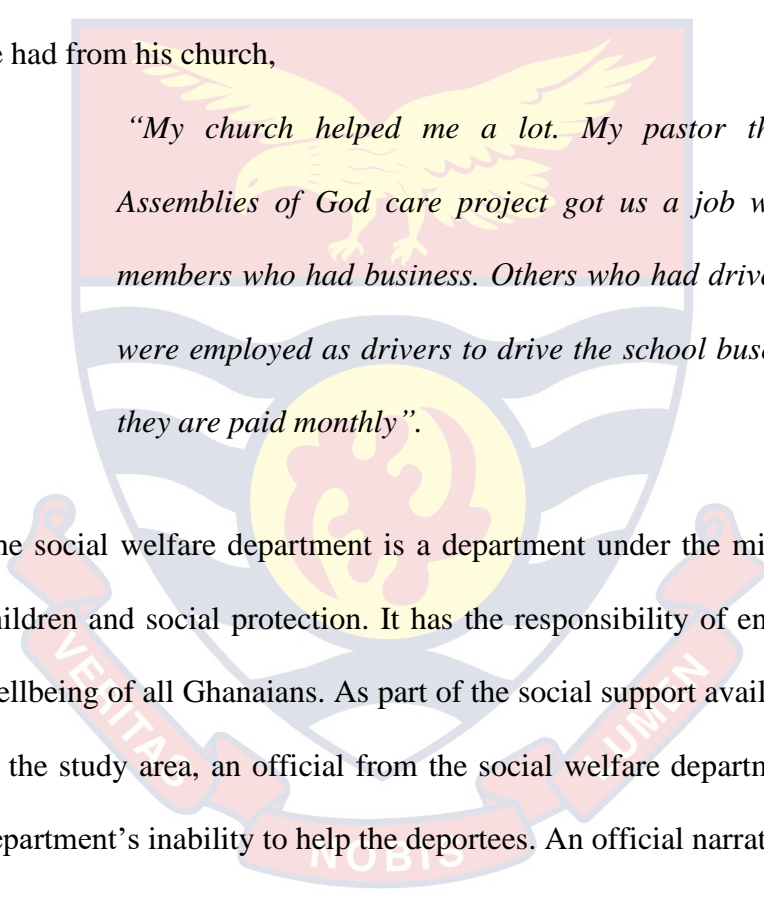
A 35-year-old man from Techiman deported in 2017 when asked if he had received any support from any organisation other than government, responded as follows:

“We have not received any support from anybody. Me in particular, I have not received any benefit from anybody or group. The only source of income is the loan that some group in this community gave us but that is for everybody. So, I haven’t received any support from any group or person. An NGO (APIMA) we met just two weeks ago took our contacts and said they would get back to us. We are still waiting to see what assistance they could give us”.

The church as a human institution has the responsibility of supporting its members and any other Christian socially and spiritually. In an article titled the church and social responsibility by J. Richard (1955), the writer

emphasizes how Christian churches are responsible for the social conditions of its members and must provide redemptive measures for the society from the protestant theological conviction. As part of the study, church leaders were asked the kind of support they rendered to returnees. Deportees who participated in the study also recounted the support they had from their churches to help in their reintegration.

A participant aged 34 years and a Christian from Techiman shared the support he had from his church,



“My church helped me a lot. My pastor through the Assemblies of God care project got us a job with church members who had business. Others who had driver’s license were employed as drivers to drive the school buses of which they are paid monthly”.

The social welfare department is a department under the ministry of gender, children and social protection. It has the responsibility of ensuring the social wellbeing of all Ghanaians. As part of the social support available to deportees in the study area, an official from the social welfare department revealed the department’s inability to help the deportees. An official narrated:

“Let me state that, for social welfare as a department and particularly in Techiman, we haven’t had any case of deportees coming to have any kind of interaction with us. So there hasn’t been any intervention so far as deportee migrants are concerned. It is now that this organization called CARITAS has initiated something to help these deportees and we were invited and had a consultative meeting. We as a department have not

had any direct contact with deportees. For me personally, the very first time I saw some of these deportees was during my national service. I happened to do my service at the Kotoka International Airport so when they arrive we see them and the frustration on their faces. I haven't had any encounter with them yet. Social welfare job is like being a lawyer; you don't go looking for cases. Let the case come to you. We the department have limited resources and our major concern is the aged and disabled persons that we need to help. If the deportee falls within these two, we can help but we have no special package for them. I don't even want them to come but if they do, we will try and help them. We know this area is the headquarters of illegal migration so they are here but haven't approached us officially”.

Accommodation

Officials of the Immigration Service were asked if the deportees upon arrival in Accra from the host countries were accommodated for documentation and screening before allowed going to their various home communities. An official of GIS explained their inability to accommodate the deportees in Accra for a day or two even though that should have been the ideal practice. He narrated:

“We the Ghana Immigration Service don't have any place to keep them upon arrival. We only take information from them and arrange for their exit from the airport. We term those that have parents or family coming to receive them as “free to go”.

Getting a place for them to sleep for about a day or two will be better. Some arrive at night and we still have to work on them before departure”.

A 30-year-old participant from Nkoranza who was deported in 2016 confirmed the statement from the Immigration official by saying:

“Oh when we came, we didn’t sleep there. For me, I didn’t spend even a day. After alighting from a plane, we formed a queue and were interviewed before we were given from transport fares to go to our hometowns. I got to Techiman around 2am, slept at the station and took a taxi to Nkoranza the next morning around 5 am”.

Feeding

Participants were asked if they were given water and food during the waiting time at the airport before they were finally asked to go and also how they were able to feed themselves in their communities. Most attested to the fact that, officials of IOM and NADMO arranged for food for them while waiting even though the food was not enough. Some also shared their experience on how they had to struggle to get food when they arrived in their home communities.

A 35-year-old participant deported in 2017 had this to say:

“When we got to the sports stadium, a group came with NADMO to give us food and water after writing our names and taking our phone numbers”.

Support from family and friends are a very important aspect of every society. These groups of people are always with us in our homes and community. How they relate and support each other helps in reintegration. Participants were asked about any food support they received from family and friends when they arrived initially. A 32-year-old narrated as follows;

“Things were really difficult when we came. I had to depend on family and friends before I could get breakfast n dinner”.

Coping Strategies

Coping strategies are specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce or minimize stressful events. Looking at the circumstances leading to the return of the participants from Libya and the challenges they went through upon arrival, participants were asked about how they were able to cope in their respective communities. From the IDIs, it was found that, some participants returned to old jobs, others found new jobs, joined associations, re-migrated, joined churches and with some abusing drugs and alcohol.

Find New Jobs

Participants after returning to Ghana with little or no capital to start business, searched for new jobs.

A 36-year-old participant from Techiman, deported in 2012 narrated as follows:

“I went to an illegal mining site to mine for gold at Bekwai. I did that for some time until I had money to buy mattress and had capital to come and start farming”.

Another participant who also started a new job in Techiman added:

“I opened a shop and started selling building material with the money I sent to my mother while away even though she used some for DKM”.

A 36-year-old participant from Nkoranza deported in 2015 recounted how he went to Accra and Kumasi to search for job to be able to take care of his family.

“What helped me throughout the difficulties was that, I had purposed that no matter what happens there was no way I was going through the desert again. I did some masonry work while in Libya and had perfected so I decided to do some plastering work here. I went to Kumasi and Accra to do plastering there until I had enough money. I came back here later to establish a workshop where I manufacture blocks for building”.

A 32-year-old man deported in 2017, when asked how he was able to cope after returning with no money and job, had this to say:

“I was very lucky because 2 months after I arrived, I got a job with Brong Ahafo Catholic Corporate Society for Development bank (BACCSOD) as a night security man with the Techiman branch. That has kept me going. I really appreciate this offer. Even though I was not a security man back in Libya, I slept on the streets most times so is nothing new”.

Back to Former Job

It was noted from the IDIs that, participants who were busy with one thing or the other such as a job helped them to take their mind off their numerous challenges.

Some participants who had no other option but to return to their old jobs also shared their experience.

A 32-year-old man from Nkoranza, deported in 2018 who went back to his old work on his return from Libya shared his experience and his plans to re-migrate:

“I had to go back to farming but nobody even buys the watermelon because of poor road network to my farm. I even want to sell this very motorbike and go back to Libya. Am expecting money from the buyer this evening, will go by Friday if I get the money’.

Similarly, 39 years old from Nkoranza, deported in 2018 who returned to his old job had this to say:

“I was a fridge repairer before I went to Libya so when I came back and had nothing doing, I had to start repairing to take care of my family. The money is small but it’s better than having no job”.

Substance Abuse

From the study, as a way of coping, it was found that some deportees abused drugs and alcohol, which according to them helped them forget their sorrows.

A participant, 40year old, from Nkoranza, deported in 2015 narrated:

“When I came and realised I had nothing, before I could eat, I had to take in alcohol. Even now, anytime I recall what I went through which made me alcoholic, I begin to cry. It’s been difficult for me”.

Another participant, 30year old man deported in 2017 who resorted to the use of alcohol also shared his story by saying:

“I was thinking a lot and always disturbed. I started drinking alcohol. I later became more engaged in prayers in my church. When the pastor saw me and heard my story, they helped me through counseling and prayer”.

Substance abuse was one of the main coping strategies adopted by deportees in the study area. Key informants from the mental health directorate and NGOs lamented how the deportees resorted to the abuse of drugs such as tramadol and weed

A participant shared his experience about how he started abusing drugs. He said:

“I used to be in a church before travelling, but when I came back and realised I had no money, I stopped the church and resorted to drinking alcohol and smoking wee. It helps reduce my stresses”. (34year old, Nkoranza, deported in 2015)

A key informant from CARITAS Ghana was asked if through the APIMA project, they have come to know some coping strategies the deportees adopt in the area after return. The official answered by saying:

“Their families and friends misused the money some returnees remitted without doing anything good for them. Some even used the remitted money for DKM. Such returnees tends to abuse drugs, alcohol and tramadol in order to help them do away with their pain. We have interacted with some of such people and we even gave them to our priest for counseling”.

Building Social Network

People who have similar or same ambitions usually join associations to achieve their aim. The association could be political, religious or social.

Both internal and international migrants join associations to mainly seek for the welfare of its members. From the study, some migrants joined associations as a way of coping. Participants who joined associations shared their experiences.

A participant who was deported 2 years ago and joined return migrant’s association in the study area narrated as follows:

“We the Libyan returnees (burgers) in this area have formed an association with camel as our symbol. We meet to discuss our challenges and also search for work together. Just last week, two of our members have re-migrated to Libya. When things get better, they will notify us so we join them. We met a group from APIMA few weeks ago. We are looking forward to better opportunities with them as well”. (35yrs, Nkoranza, deported in 2017)

Another participant who joined a church also narrated:

“I joined a new church in this area because I heard they were giving opportunities to we the Libya returnees. I have been with them for the past two years. Through the church, I met a member who employed me to work at his shop”. (36years, deported in 2016)

Discussion

Prevalence of Mental Health Disorders Among Deportees in the Study Area

The first objective of the study was to examine the prevalence of mental health disorders among deportees. Specifically, the mental health issues considered were suicidal ideation, depression and anxiety. It was found that the prevalence of suicidal ideation was 20.1%, anxiety was 31.9% while depression was 55% among the deportees. From the study, a chi square test revealed there was no significant relationship between the background characteristics and anxiety and depression. There was however, a significant relationship between suicide ideation and year of deportation. A similar study conducted by Bojorquez, et al (2015) to assess the common mental disorders (CMD) at the time of deportation at the Mexico- USA border had a prevalence rate of 16.0%. The common mental disorders included anxiety and depression. Another study by Garcini et al. (2017) on the prevalence of mental disorders among undocumented Mexican immigrants in high-risk neighbourhoods revealed a prevalence rate of mental disorders of 23% using 248 respondents. The most prevalent disorders in the study were depression, panic attack, anxiety and substance abuse. The difference in the prevalence rate from the

study in Mexico and this current study could be due to the difference in instrument used to collect data. The study in Mexico used the mini international neuropsychiatry interview while this current study used the beck's depression scale.

Similarly, Peña, et al (2017) also did a study on the Traumatic events and symptoms among Mexican deportees in a border community. Using clinical interviews, the study assessed the frequency of traumatic events and symptoms of post-traumatic stress disorder among 47 Mexican deportees in a U.S.-Mexico border community. The majority of participants (98%) reported having experienced one or more traumatic events. The minority stress model, which was used for this current study indicates how events that happened in the host (distal stressors) country can negatively or positively affect mental health. A participant who experienced a traumatic event while en route to Libya because his friend died and was thrown out of the car still has flashbacks even though the incident happened more than three years before.

Robjant, Hassan and Katona (2009) carried out a study on assessment of mental health implications of detaining asylum seekers. Their study sought to investigate mental health outcomes among adult, child and adolescent immigration detainees. A systematic review was also conducted on studies investigating the impact of immigration detention on the mental health of children, adolescents and adults, identified by a systematic search of databases and a supplementary manual search of references. All studies reported high levels of mental health problems in detainees. Anxiety, depression, posttraumatic stress disorder and suicide ideation or self-harm were the mental health conditions looked at. These same conditions are what were considered

in this current study except posttraumatic stress disorders (PTSD) and the findings are consistent.

A study by Zewdu and Suleyiman (2018) sought to assess the Depression and Coping Mechanism among Migrant Returnees from Middle East countries in Amhara Region, Ethiopia. The study used a mixed method and beck's depression scale to assess depression and came up with a high prevalence of depression. The results of the study in Ethiopia are very consistent with this current study because the same instrument was used and it is a mix method as well with a high prevalence of depression among the deportees. A similar study by Robjant, Robbins, and Senior (2009) on the psychological distress amongst immigration detainees revealed a high level of anxiety and depression among respondents. The similarities in the study by Zewdu & Suleyiman 2018 and this current study could be due to the fact that the deportees, being a minority group, usually have the same problems but in different forms depending on the setting.

Challenges Deportees Face in Their Home Communities

The second objective of the study was to appraise the challenges deportees face upon arrival. The return of migrants, whether voluntary or involuntary (deportation), has different implications for returnees and the communities to which they return. It was revealed from the study that, stigma, loss of investment, lack of accommodation and unemployment were the major challenges faced by deportees upon return to the country. These outcomes from the interviews were largely due to the fact that, the deportees were not ready to return to the country and thus, no adequate measures had been put in place back home. Their status as deportees also made the stigma worse. A

study by Golash-Boza (2013) found that unlike voluntary returnees, deportees in Jamaica were among the working poor, unemployed and living in precarious situations with no assistance. The findings of this current study and that of the study in Jamaica are very consistent because, issues of unemployment, lack of decent accommodation and poverty were very key. In the same study by Golash-Boza, it was revealed that the deportation of migrants creates a sense of alienation, shame and isolation and is attributed to the Jamaican culture, which places high expectations on migrants who return from their host countries. This is not so different from the Ghanaian culture where much is expected from a returnee. From the study, some deportees who returned to Ghana out of shame and frustration, decided to move to nearby towns to start a new life.

In a related study by Brotherton and Barrios (2009) conducted among deportees in Dominican Republic on displacement and stigma, the study found that stigma and discrimination associated with deportation make reintegration difficult for deportees and this study's findings was no different.

The experience of stigma is probably the most difficult social and psychological issue confronting deportees, regardless of where they re-integrate. A study conducted by Bob-Milliar (2013) in Ghana on "the State's response to deportation crisis" indicated that, the stigma faced by deportees might be unbearable due to rumours about the reasons for their deportation. These include suspicion of criminal or immoral behavior in the host country. Such rumours could lead to social isolation and stigmatization. Similar findings were identified in the current study. Deportees in the study area, according to a key informant isolated themselves from the rest of the society.

The experience of stigmatization and discrimination by deportees is likely to make adjustment and integration difficult if not impossible in the receiving communities or destinations and this can lead to re-migration as the participants in this study confided in the researcher their readiness to re-migrate to join their colleagues who have since re-migrated to Libya after their deportation.

Similarly, a study by Naik & Laczko (2012) revealed that many deportees have remained jobless while others plan to return to their host countries. Bob-Milliar's study revealed similar findings and is consistent with this current study. Bob-Milliar also indicated that, deportees having become used to different life styles in host countries, find the salaries and wages paid in home countries to be meagre and insufficient which could render many deportees unemployed. From the conceptual framework used for the study, deportees being a minority group, go through a stress process, which can be both proximal and distal. This includes events during the migrating process; events at the host country leading to deportation and events back home. Examples are, discrimination, stigma, loss of job, loss of a love one, loss of investments and many more. All these accumulated frustrations compound the challenges leading to difficulties in reintegration. These challenges eventually lead to a negative mental health outcome.

Support Services Available to Deportees

In this current study it was found that the social support services available to deportees were mainly from family, friends, churches and Non-Governmental Organisations (NGOs). These findings confirmed a study by Laczko (2005) on migration and development. It revealed that, reintegration

support systems are absent in many parts of the world where they are needed the most. As a result, many developing countries rarely had reintegration policies or programmes for return migrants in their countries of origin. From interactions with the participants, apart from the assistance received at the airport, there were no other supports from government. Some key informants in government also had no knowledge of the existence of any deportation and reintegration policy.

However, Chu, Stec, Dunnwald and Loran (2008) in their study asserted that the main aspect of support for deportees has been initial reception assistance, transport upon arrival, temporary accommodation, access to health care, employment and education. Deportees, who returned to Ghana according to the findings of this current study, received an initial support such as reception, medical care and transport to their home communities. In contrast to the study by Chu et al (2008) in Taiwan on the provision of temporal accommodation, employment and education, the participants indicated how they were not provided any form of accommodation upon arrival in Accra.

In a related study, Bree (2008) for instance found that the Association of Experts in the Fields of Migration and Development (AGEF) provides assistance for deportees from the UK and Germany. From their study both deportees and voluntary returnees receive information from AGEF about their activities for returnees. This assistance includes a business start-up programme and financial support. This finding is very consistent with this current study as an NGO in the study area championing a project dubbed, Action for the Protection and integration of migrants in Africa located in the study area is empowering the returnees and potential migrants by giving them employable

short-term skills training to reduce the incident of unemployment among deportees.

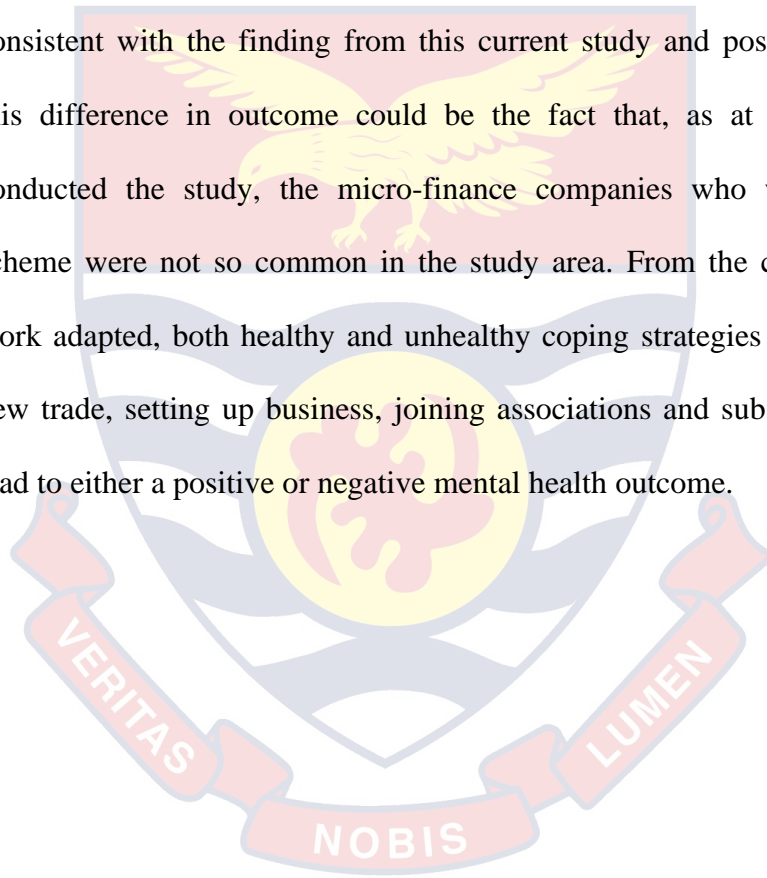
A recent study by Olajubu and Afolabi (2019) titled “the mediating role of hopelessness and resilience on the relationship between perceived social support and depression among Nigerian returnees from Libya”, showed perceived social support led to an increase in resilience but reduces hopelessness and depression. In addition, it was found that hopelessness and resilience mediate the relationship between social support and depression. Social support is a very essential component of the minority stress model and emphasizes how support from family, friends, community, church, government and NGOs can improve on the mental health of deportees.

Coping Strategies Adopted by Deportees

The findings from the study revealed that, in the absence of support services, deportees developed coping strategies to deal with the adverse effects of deportation. This included healthy and unhealthy coping strategies. The healthy coping strategies from the study included deportees’ finding/ setting up new jobs, returning to old jobs, joining associations and engaging in church activities. The unhealthy coping strategies included the abuse of alcohol and drugs such as marijuana and tramadol, popularly called tramol, which is an opioid analgesic. A related study by Schuster (2013), revealed the taking of loans by deportees to establish their own businesses as a common coping mechanism adopted by deportees in Afghanistan. This study confirms that finding as some participants took loans to set up new businesses in the Techiman Municipality. A study by Cassarino 2004, indicated that, as part of the coping strategies, access to social networks (family and friends) in home

communities by deportees help in their reintegration (Cassarino, 2004). This finding was consistent with the finding of the current study where the deportees confirmed that, the presence of their families, friends and the support they get from them motivate them.

However, Mensah (2016), studying involuntary return migration and reintegration in Ghana found that deportees depended on the savings and investments they made whilst away from Ghana. This finding was not consistent with the finding from this current study and possible reasons for this difference in outcome could be the fact that, as at the time Mensa conducted the study, the micro-finance companies who were into Ponzi scheme were not so common in the study area. From the conceptual frame work adapted, both healthy and unhealthy coping strategies such as learning new trade, setting up business, joining associations and substance abuse can lead to either a positive or negative mental health outcome.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This is the last chapter of this thesis and it outlines the major findings of the study. Conclusions were then drawn based on the major findings made. Recommendations for policy, practice and suggestions for further research were also made.

Summary of Main Findings

The study revealed a high prevalence of depression in the deportees followed by anxiety and suicide ideation. The study also found that, deportees faced numerous challenges such as unemployment, stigma, loss of investment and lack of accommodation. Again, it was found that, social support services for deportees were mostly from family, friends, church and NGOs. The support received by deportees from government as revealed by the study, was the initial reception upon arrival and the travel arrangements made for the respondents until they arrived at their home communities. Furthermore, it was observed that deportees adopted various coping strategies including finding new jobs, going back to former jobs, re-migration, joining associations, involvement in religious activities and substance abuse.

Conclusions

Based on the results, it can be concluded that, deportees from Libya in Techiman and Nkoranza South Municipalities suffer various degrees of mental health disorders (depression, anxiety, suicide ideation). These mental health disorders are made worse by increasing general stress both proximal and distal such as stigma, unemployment, loss of investments and lack of

decent accommodation. Lack of proper social support from relevant agencies to improve the well being of the deportees in the study area is a major issue which could precipitate mental health. Healthy coping strategies adopted by deportees will go a long way to improve the mental health of deportees in the Techiman and Nkoranza South Municipalities.

Recommendations

Following the key findings and conclusions of the study, the following recommendations are made:

1. The relevant institutions must engage the services of professional counselors to counsel the deportees upon arrival to help reduce stress and the possibility of developing mental health disorders.
2. Government must strengthen social support services championed by the social welfare and other relevant institutions in areas noted to have a high number of deportees.
3. The Ghana Immigration Service, NCCE, Social Welfare, the District Assembly, NADMO and other agencies should strengthen education in the Bono East region on the right way of obtaining legal documents before travelling.
4. The Ghana Immigration Service and the NCCE should discourage people from using unapproved and dangerous routes to Libya and other places by making them know the dangers involved.

Suggestion for Further Studies

5. Further studies should be conducted to assess substance abuse among deportees from Libya in the Techiman and Nkoranza South Municipalities to know the extent of substance use and interventions that can be put in place to help improve mental health.



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APPENDIX A

**UNIVERSITY OF CAPE COAST
COLLEGE OF HUMANITIES AND LEGAL STUDIES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH**

RESEARCH TOPIC: ASSESSING MENTAL HEALTH AND EXPERIENCES OF DEPORTEES FROM LIBYA RESIDENT IN THE TECHIMAN AND NKORANZA MUNICIPALITIES

INTERVIEW GUIDE FOR DEPORTEES

Introduction

This study seeks to assess mental health of deportees from Libya resident in the Techiman and Nkoranza Municipalities. The information is required for academic purposes. Information provided will be accorded the maximum confidentiality it deserves. You are also free to discontinue your participation at any stage of the study.

Locality name..... Household No.
Time of interview [Begins]..... [Ended].....
Date..... Number of visit.....

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF DEPORTEES

1. Please could you kindly tell me a little about yourself?
(Probe: age, education, marital status, religion, ethnicity, number of children still alive, etc)

SECTION B: JOURNEY TO LIBYA AND BACK TO GHANA

2. Describe the preparation and journey to Libya(probe: source of funding, migration network, through an agency, through which means of transportation, any transit)
- 2a. Which year did you depart from Ghana to Libya?
3. What job did you do in Libya and for how long before the deportation?
(Probe: salary and conditions of work as compared to Ghana – accommodation, any terms and conditions with work?)
 - 3a. Which year were you deported from Libya
What accounted for your deportation? How did you feel initially when you were deported and how do you feel now? [probe for why the differences in feelings]
(Probe: physically, psychosocially and mentally)
5. What services did you receive in the custody of the Ghana Immigration Service till you finally got back to Techiman/Nkoranza? [Probe for: Counselling, skills, training, medical screening, accommodation etc]

SECTION C: CHALLENGES ENCOUNTERED AT HOME

6. What challenges did you initially face and also currently in your family (probe: stigma)

7. What difficulties did you face initially in the community and also currently? (probe: stigma)

SECTION D: COPING STRATEGIES ADOPTED

8. How did you cope with the challenges/ difficulties faced in the family and community(probe)
9. What suggestions do you have for deportees in Ghana?
10. What advice do you have for potential migrants?

SECTION E: SUPPORT FOR DEPORTEES

11. Since you arrived in this community, what kind of support have you received from your family, community, church, associations, the Municipal Assembly and NGO's to enable you reorganise your life?



APPENDIX B

UNIVERSITY OF CAPE COAST
COLLEGE OF HUMANITIES AND LEGAL STUDIES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH

RESEARCH TOPIC: ASSESSING MENTAL HEALTH AND EXPERIENCES OF DEPORTEES FROM LIBYA RESIDENT IN THE TECHIMAN AND NKORANZA MUNICIPALITIES

INTERVIEW GUIDE FOR IMMIGRATION OFFICIAL

Introduction

This study seeks to assess mental health of deportees from Libya resident in the Techiman and Nkoranza Municipalities. The information is required for academic purposes. Information provided will be accorded the maximum confidentiality it deserves. You are also free to discontinue your participation at any stage of the study.

Locality name..... Household No.
Time of interview [Begins]..... [Ended].....
Date..... Number of visit.....

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF DEPORTEES

What are the general socio-demographic characteristics of deportees you have interacted with over the years? (probe: age, sex, educational background, religion, region, locality, ethnicity, etc)

SECTION B: BACKGROUND INFORMATION

1. How would you describe the communication between your office and the national immigration office
2. Please could you share some of your experiences in dealing with deportees? (Probe: their general health status, conformity to instructions given)
3. Have some of them ever behave abnormally after re-integration? (Probe: aggressiveness, depression, etc)
4. What specific service do you render to deportees? (Probe: food, accommodation, healthcare, counselling, integration into the community of origin)
5. Is there any national policy on deportees? If yes, what does it cover and how effective is it? Does it cover deportees with mental health problems?

Thank you for you time.

APPENDIX C

UNIVERSITY OF CAPE COAST
COLLEGE OF HUMANITIES AND LEGAL STUDIES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH

RESEARCH TOPIC: ASSESSING MENTAL HEALTH AND EXPERIENCES OF DEPORTEES FROM LIBYA RESIDENT IN THE TECHIMAN AND NKORANZA MUNICIPALITIES
INTERVIEW GUIDE FOR STAKEHOLDERS

Introduction:

This study seeks to assess mental health of deportees from Libya resident in the Techiman and Nkoranza Municipalities. The information is required for academic purposes. Information provided will be accorded the maximum confidentiality it deserves. You are also free to discontinue your participation at any stage of the study.

Locality name.....

SECTION A: BACKGROUND CHARACTERISTICS

1. Tell me about your background characteristics (age, educational level, occupation, number of years in the community, etc)

SECTION B: CHALLENGES/ DIFFICULTIES FACE BY DEPORTEES

2. What are some of the challenges deportees face in this community when they return?(probe: stigma, re-integration, feeding, accommodation, job, etc)

SECTION C: STRATEGIES DEPORTEES ADOPT

3. What coping strategies do deportees in this community adopt? (probe: join associations, make new friends, start new business, etc)

SECTION D: COMMUNITY SUPPORT SERVICES /TO DEPORTEES

Are there any support services for deportees in this community?
(probe: from family, community, church, organisations and groups, etc)

Thank you for your time.

APPENDIX D

UNIVERSITY OF CAPE COAST
 COLLEGE OF HUMANITIES AND LEGAL STUDIES
 FACULTY OF SOCIAL SCIENCES
 DEPARTMENT OF POPULATION AND HEALTH
 BECKS' DEPRESSION SCALE

Background information

Age

Sex

Marital status

Educational background

Religion

Hometown

Year of deportation

Depression scale responses	Scores
1. Sadness:	
0 I do not feel sad	0
1 I feel sad	1
2 I am sad all the time	2
3 I am so sad or unhappy that I can't stand it	3
2. Pessimism:	
0 I am not discouraged about the future	0
1 I feel more discouraged about my future than I used to be	1
2 I do not expect things to work out for me	2
3 I feel my future is hopeless and will only get worse	3
3. Past Failure:	
0 I do not feel like a failure	0
1 I have failed more than I should have	1
2 As I look back, I see a lot of failures	2
3 I feel I am total failure as a person	3
4. Loss of Pleasure:	
0 I get as much pleasure as I ever did from the things I enjoy	0
1 I don't enjoy things as much as I used to	1
2 I get very little pleasure from the things I used to enjoy	2
3 I can't get any pleasure from the things I used to enjoy	3
5. Guilty Feeling:	
0 I don't feel particularly guilty	0
1 I feel guilty over many things I have done or should have done	1
2 I feel quite guilty most of the time	2
3 I feel guilty all the time	3
6. Punishment Feeling:	
0 I don't feel I am being punished	0
1 I feel I may be punished	1
2 I expect to be punished	2
3 I feel I am being punished	3
7. Self-Dislike:	
0 I feel the same about myself as ever	0
1 I have lost confidence in myself	1
2 I am disappointed in myself	2
3 I dislike myself	3
8. Self-Criticalness:	
0 I don't criticize or blame myself more than usual	0
1 I am more critical of myself than I used to be	1
2 I criticize myself for all of my faults	2
3 I blame myself for everything bad that happens	3
9. Suicidal Thoughts or Wishes:	
0 I don't have any thoughts of killing myself	0
1 I have thoughts of killing myself, but I would not carry them out	1
	2

2	I would like to kill myself	3
3	I would kill myself if I had the chance	
10. Crying		
0	I don't cry any more than I used to	0
1	I cry more than I used to	1
2	I cry over every little thing	2
3	I feel like crying, but I can't	3
11. Agitation:		
0	I am no more restless or wound up than usual	0
1	I feel more restless or wound up than usual	1
2	I am so restless or agitated that it's hard to stay still	2
3	I am so restless or agitated that I have to keep moving or doing something	3
12. Loss of Interest:		
0	I have not lost interest in other people or activities	0
1	I am less interested in other people or things than before	1
2	I have lost most of my interest in other people or things	2
3	It's hard to get interested in anything	3
13. Indecisiveness		
0	I make decisions about as well as ever	0
1	I find it more difficult to make decision than usual	1
2	I have much greater difficulty in making decisions than I used to be	2
3	I have trouble making any decisions	3
14. Worthlessness:		
0	I do not feel I am worthless	0
1	I don't consider myself as worthwhile and useful as I used to	1
2	I feel more worthless as compared to other people	2
3	I feel utterly worthless	3
15. Loss of Energy:		
0	I have as much energy as ever	0
1	I have less energy than I used to have	1
2	I don't have enough energy to do very much	2
3	I don't have enough energy to do anything	3
16. Change in Sleep Pattern		
0	I have not experienced any change in my sleeping pattern	0
1	I sleep somewhat more/less than usual	1
2	I sleep a lot more/less than usual	2
3	I sleep most of the day/ I wake up 1-2 hours early and can't get back to sleep	3
17. Irritability:		
0	I am no more irritable than usual	0
1	I am more irritable than usual	1
2	I am much more irritable than usual	2
3	I am irritable all the time	3
18. Change in Appetite:		
0	I have not experienced any change in my appetite	0
1	My appetite is somewhat less/greater than usual	1
2	My appetite is much less/greater than usual	2
3	I have no appetite at all/ I crave food all the time	3
19. Concentration Difficulty:		
0	I can concentrate as well as ever	0
1	I can't concentrate as well as usual	1
2	It's hard to keep my mind on anything for very long	2
3	I find I can't concentrate on anything	3
20. Tiredness or Fatigue:		
0	I am no more tired or fatigued than usual	0
1	I get more tired or fatigued more easily than usual	1
2	I am too tired or fatigued to do a lot of things I used to do	2
3	I am too tired or fatigued to do most of the things I used to do	3
Overall score		

Interpretation of Scale

0	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
Over 40	Extreme depression



APPENDIX E

HAMILTON ANXIETY RATING SCALE (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the participants by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions. 0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

Background information

Age

Sex

Marital status

Educational background

Religion

Hometown

Year of deportation

<p>1. Anxious mood Worries, anticipation of the worst, fearful anticipation, irritability</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>2. Tension Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>3. Fears Of dark, of strangers, of being left alone, of animals, of traffic, of Crowds</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>4. Insomnia Difficulty in falling asleep, broken sleep, unsatisfactory</p>	

0	0
1	1
2	2
3	3
4	4
<p>5. Intellectual Difficulty in concentration, poor memory.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>6. Depressed mood Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>7. Somatic (muscular) Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>8. Somatic (sensory) Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>9. Cardiovascular symptoms Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>10. Respiratory symptoms</p>	

<p>Pressure or constriction in chest, choking feelings, sighing, dyspnea</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>11. Gastrointestinal symptoms Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>12. Genitourinary symptoms Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>13. Autonomic symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>
<p>14. Behaviour at interview Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc</p> <p>0 1 2 3 4</p>	<p>0 1 2 3 4</p>

APPENDIX F
INFORMED CONSENT FORM

Title: Assessing Mental Health and Experiences of Deportees from Libya

Resident in the Techiman and Nkoranza Municipalities

Principal Investigator: Prince Wilson Ofori

Address: Department of Population and Health, University of Cape Coast, Cape Coast, Ghana.

General Information about Research

The purpose of this study is to **assess mental health and experiences of deportees from Libya residents in the Techiman and Nkoranza Municipalities** of the Brong-Ahafo Region of Ghana. The study provides useful information that would add to the available research in this area. Also, the findings of the study would serve as an advocacy tool for social workers, and other organizations in the field of deportation and migration. In addition, the study would aid social workers; National Disaster Management Organization (NADMO) officials and other stakeholders to be well informed about the challenges faced by return migrants especially deportees in their reintegration.

Procedures

For this purpose, I invite you to be one among other deportees from Libya in either Techiman or Nkoranza. I am trying to learn more about the mental health of deportees from Libya. Some of the questions that will be asked may concern you and your household, the community support services available to deportees, the mental health services available to deportees, the prevalence of mental health disorders among deportees and the coping strategies adopted. The interviews will take place in your various houses and research assistants will assist me during the

survey. The information recorded is considered confidential, and no one else except the research team will have access to the information documented during your interview. We will store your data to use for future research studies. All digital audiotapes will be transcribed within a 6-month period and then destroyed. We will keep all information on a computer that is password protected until all publications resulting from the data are a minimum of five years old. Your name and any other identifying information will be secured and stored separately from your research data. We will keep all information on a computer that is password protected. No one will be able to see it except the research team. You will not be named in any reports. Our records may be reviewed to make sure we are doing the research correctly. The interview will last for about 30-45 minutes.

Possible Risks and Discomforts

There is no health risk to you for your participation in this interview. Nonetheless there is the possibility that you might recollect the bad experiences you went through in the process of deportation. In case you remember a bad experience and breaks down in tears a professional counsellor will be on standby to handle issues that are beyond the control of the researcher.

Possible Benefits

This information you provide us today will be useful for understanding the mental health state of deportees in Techiman and Nkoranza Municipalities to develop appropriate interventions for **such deportees such as counselling.**

Alternatives to Participation

You do not have to participate in the study if you don't want to.

Confidentiality

The information that you share with me will be kept confidential; it will be used strictly for research only. The report will use the collective responses and will not reveal names or any identifiers that may be linked back to the person who gave the information. Nor will anyone who is not directly involved in this research be allowed to access the information that we obtain from you. Your response recorded on the questionnaire that does not have your name or any information that could be used to trace your identity. This consent form will be kept separate from the questionnaire and will be destroyed in one year.

The questionnaire will be kept under lock and key and will not be accessed except by myself. I will have the key to the locked cabinet. The completed questionnaires and the audio recordings will be destroyed 5 years after the study is completed. These will be destroyed using the paper shredder and the audios will be deleted permanently from the computer. Both the questionnaires and soft copy will have no personal identification information. We would like to reassure you that the information you provide would not be provided to anyone with the exception of the researcher (Prince Wilson Ofori).

Compensation

There is no monetary compensation to you for agreeing to partake in this research. Your participation in this study will however be much appreciated.

Additional Cost

It will not cost you anything to be in the study, except for your time.

Voluntary Participation and Right to Leave the Research

You can choose to be in the study or not, it is up to you. If you choose not to be in the study, there will be no problem for you now or in the future. You can leave

the study at any time without any problem to you now or in the future. You can skip any question at any time.

Termination of Participation by the Researcher

We will not ask you to leave the study unless you are too upset to continue.

Contacts for Additional Information

In case you have further questions regarding this study, please contact:

Prince Wilson Ofori (Mr.): +233 (0)2442653429.

Professor Augustine Tanle: +233 (0)243604141

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phones lines 0558093143/0508878309/0244207814 or email address: irb@ucc.edu.gh.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title:

Assessing Mental Health of Deportees From Libya Resident in the Techiman and Nkoranza Municipalities has been read and explained to

me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as volunteer.

Date

Name and signature or mark of volunteer

APPENDIX G
ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309/ 0244207814

C/O Directorate of Research, Innovation and Consultancy

E-MAIL: irb@ucc.edu.gh

OUR REF: UCC/IRB/A/2016/352

YOUR REF:

OMB NO: 0990-0279

IORG #: IORG0009096



17TH APRIL, 2019

Mr. Prince Wilson Ofori
Department of Population and Health
University of Cape Coast

Dear Mr. Ofori,

ETHICAL CLEARANCE – ID: (UCCIRB/CHLS/2019/10)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled **Assessing Mental Health of Deportees from Lybia Resident in the Techiman and Nkoranza Municipalities**. This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S. Owusu'.

Samuel Asiedu Owusu, PhD

UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST

Date: 17/04/19