Dealing with Migratory Trauma: Mental Health Stressors and Coping Mechanisms among Sub-Saharan Migrants in Rabat, Morocco

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Dealing with Migratory Trauma: Mental Health Stressors and Coping Mechanisms among Sub-Saharan Migrants in Rabat, Morocco.

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Independent Study Project

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Abstract

Interviews, surveys, and participant observation was used to study the mental health of Sub-Saharan migrants residing in Rabat, Morocco. These data collection methods were used to explore the various experiences migrants had pre-migration, during their migration journey, and post-migration. The migrants portrayed many negative, traumatic, and painful experiences. These experiences have caused a significant amount of pressure on the mental psyche of the migrants, manifesting itself in many physical and psychological problems. One common problem was a sense of disillusionment or lack of control over their bodies and situations. However, many of them do not seek the help of mental health professionals, not because they don’t want to, but because of a lack of access. Instead, they rely on well-practiced coping tools such as focusing on family bonds, turning to religion, and finding distraction thru the Internet and music, to gain agency in their lives. This research is important because it combines the research on traumas migrants face before, during, and after the migration with the tools migrants to cope. Furthermore, the study shines a light on the blatant lack of mental health resources for the Sub-Saharan migrant community in Rabat, Morocco, and why it’s important to increase investment in addressing this community’s needs.

Key Words: Migrants, Mental Health, Coping Strategies, Morocco
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**Introduction**

Maryam\(^1\) is a 35-year-old Congolese woman living in Morocco. She is here with her two young children. Maryam migrated to Morocco around five years ago when “troubles with her family” became too much. It was not an easy journey. Over her three-year migration, she faced theft, psychical and sexual violence, verbal abuse, war, hunger, sickness, and pregnancy difficulties. When she arrived in Morocco, these problems did not subside. She and her two small children had to deal with racism, finding a job, and a suitable place to stay\(^2\). Most of Maryam’s struggles are physical, but they have affected her mental well being. She rarely leaves the house, has “no real friends,” and struggles with sleeping. Through all that Maryam faced, she was still able to come to me and share her story in a calm collected manner. I felt awe at her demeanor and her ability to express herself, so I asked her; “How do you stay, so strong when you face so much hardship?” She replied, “I have to focus on my children. What would they do without me? I have to be strong and take care of them. They are my life.”

Maryam’s story, sadly, is not rare. Many migrants face terrible trauma before, during, and after, migration\(^3\). This trauma can manifest itself in many ways such as aggression, insomnia, suicidal thoughts, and depression. However, migrants often can find the means to cope with their troubles. For Maryam, she was able to focus on her children and put her energies into caring for them. For other migrants, the family unit can also be a crucial tool for dealing with problems, in addition to practicing a religion, smoking, or listening to music. Very few migrants ever seek out professional mental help. For many, it is something that is too costly or too far removed from their lived experiences.

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\(^1\) Pseudo name  
\(^2\) The Landlords told Maryem she needed a man with her to rent a room.  
\(^3\) Three phases of the migration process,
I began this Independent Study Project by asking the question: How do migratory traumas affect a migrant’s mental health and how do these migrants address these psychological wounds? Also, what types of resources are available to Sub-Saharan migrants? The purpose of this research is to first, explore the mental wellbeing of migrants in Rabat, Morocco to fill the gap in the literature on sub-Saharan Migrant mental health in Morocco. Secondly, I hope this research can be a resource for organizations that work with Sub-Saharan migrants. This data can help with aiding sub-Saharan migrants in the future and addressing their mental needs.

**Literature Review**

*Mental Health in Morocco*

In this section, I will contextualize how mental health is perceived in Morocco as well as what mental health resources are available in Morocco.

Many migrants travel to Morocco and end up residing here a long time. Many of them come with mental health issues that need to be dealt with. Currently, there are no academic studies that exist on the mental health of sub-Saharan migrants in Morocco or the resources they have available to them.

Before I try to analyze mental health of Sub-Saharan migrants, I need to understand how mental health is viewed in Morocco. One document that discusses how mental health is regarded in the Middle East, overall, is “Mental Health Services in the Arab World.” Morocco does not report how much of its health expenditure is on mental health, but this is not uncommon. Only three countries in the Arab world report their mental health spending, and they all say less than 3%. This number is important to me research because it shows me that Arab countries, in general, do not invest in mental health, so they probably view it as something unimportant or not pertinent to their cultures. In addition to not sufficiently funding mental health services, very few
studies have been done to analysis the prevalence of mental health issues in Arab countries. The lack of research on mental health in Morocco goes to show its lack of importance on a social level. Although, Morocco does have mental health policies/legislation and a national mental health program, on the ground it is much different than what is written in the laws. The current laws on mental health express a need to provide resources for individuals who suffer from mental health issues. However, as of 2007, there was only .4 psychiatrists for every 100,000 Moroccans and only .03 psychologists for the same amount of people. This lack of providers is insufficient to the needs of the population. (Okasha, Karam,)

Cultural attitudes about mental health, being linked to sorcery and the evil eye, affect how mental health is viewed. In this context, many families will seek out traditional healers to deal with mental health issues, thinking that their family member or friends are possessed or have sinned greatly (Okasha, Karam). From this information, I can conclude that mental health resources are grossly insufficient in Morocco and that migrants to this country are likely to have difficulty finding resources and dealing with their mental health issues in a safe and efficient way. This report is essential to my research question because it provides the framework for understanding how Morocco knows and treats mental health patients.

**Theoretical Framework**

*Migrants Stressors*

Migration is often a very traumatic cycle. Migrants are re-traumatized during every phase of the migration journey from pre- migration to resettlement. The literature on migrant mental health focuses on three stages of migration and how in each step new stressors occur in the migrant’s life.
The first step is pre-migration. Many migrants may leave their countries because war, domestic violence, economic insecurity, political threats, and the inability to meet basic needs (Perera, Khawaja, Hollifield). One study conducted among African refugees concluded that the three most common reason for refugees leaving their home countries was war, personal violence, and fear of intimidation (Perera). These initial experiences are traumatic enough, and for many can be the start of cracks in their mental façade. A research study was done on West Nile refugees who have faced years of war, violence, and mass atrocities because of the war and instability in South Sudan (Neuner). The study was done to see what the effects of these traumatic experiences would have on the number of PTSD (Post-Traumatic Stress Disorder) cases. It found a positive correlation between the numbers of high exposure to traumatic events and the signs of PTSD among the population. (Neuner) This research was limited though because it does not consider stressors in transit, and post-migration that could have exacerbated the PTSD.

Limited research has been done on stressor’s that occur during migration. This lack of the investigation is partly due to the difficulties in studying people in route. Many migrants take nontraditional routes which put their lives at risk. Also, many migrants choose to recreate their narratives of the experiences they faced during this period, so it may be difficult to determine what they experienced (Beneduce). Some research on refugees found that everyday stressors during transit are fear, lack of necessities, and trouble finding shelter (Perera).

One might assume that in post-migration migrants can be at ease and heal from the traumas they face before and during migration because they have reached a new, stable country. However, research has shown this time also has many stressors that can trigger mental problems in migrants. Adjustment, housing, and employment were the most common stressors at this
Many studies have been done pointing to the difficulties migrants’ face adjusting countries. One study, by Kennedy and McDonald, focused on unemployed migrants in Australia. The study found that unemployment is firmly linked with poor mental health among migrants.

The stressors from all three phases are enough to cause anyone to have mental health problems. Having lived through all three stages, it would be assumed that most migrants would have terrible mental health. However, this research is limited because it assumes that all migrants have very similar experiences and that if a migrant experienced one stressor a particular mental health problem would always arise. This does not take into account stressors occur at varying degrees and times throughout migration. Also, how someone reacts to a stressor is very individualistic and can depend on previous experiences.

Also, the literature that focuses on the stressors migrants endure often leaves out the high number of migrants who don’t show signs of any severe mental problems (Steel, Silove, Phan, & Bauman). The literature on coping mechanisms helps us better understand migrants who have experienced horrible traumas but are still able to function and live a seemingly normal lifestyle.

*Migrants and coping methods.*

Previous research has concluded that social networks and religion are two main coping mechanisms for migrants. For example, a study done by Halcon and colleagues found that between 50 and 75% of a sample Somalian and Ethiopian refugees used prayer to relieve their sadness. Religion is seen as a tool that helps migrants overcome a struggle. Also, it puts the problems they face in a place out of their control. Another study sampled 141 individuals from various countries of origin and ranging from 18 to 64. They each had experienced various forms of trauma from torture and imprisonment to war. The study “indicates strongly that a profound
and firm belief system, whether based on faith or politics, makes it possible for many traumatized persons to better tackle their traumas” (Brune).

Besides religion, other research has shown that social networks are also crucial to coping with traumatic experiences. Family, friends and active social networks are often used as a tool to protect the migrants from thoughts of past violent experiences and bring them something to look forward to or have hope in (Perera). One study by McMichael and Colleagues looked at Somali women in Australia. Their research suggests many of the women felt a sense of loneliness or sadness because they have lost many of their social connections from the homeland. In Australia, they vigorously try to recreate these ties through cultural festivals, cooking, and if possible, reaching out to people back home (McCann). These relationships bring happiness and nostalgia of the good old days into the lives of migrants who are often troubled by traumatic experiences. All these coping experiences can help ease the psychological difficulties a migrant might be facing. However, sometimes coping strategies are not enough and professional help is needed.

*Mental Health Professionals and Migrants.*

So, I have discussed literature that focuses on mental health stressors, as well as, literature that discusses coping methods. However, recently, new literature has been written on migrants and their interactions with mental health facilities. Roberto Beneduce, in his article “Undocumented bodies, burned identities: refugees, sans papiers, harraga — when things fall apart” comments on how psychiatry is being used not to help, but to critique the migrant. Migrants seeking refugee status, or asylum, have to go through rigorous psychological evaluations where their trauma is taken apart bit by bit, and their stories are scrutinized

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4 Italics place for emphasis
(Beneduce 2008). Then it is determined if their story is worthy of refugee or asylum status or not (Beneduce 2008). Many migrants don’t see mental health professionals as a valuable resource, but a burden that is put in place to critique their lived experiences.

Suspicion isn’t the only reason that migrant won’t seek out mental health professionals. In one study, in-depth interviews of sub-Saharan migrant youth and their parents found four barriers youth often face in accessing mental health resources. These four hurdles are the stigmatization of mental illness, the lack of mental health literacy among the parents and youth, an unawareness of available mental health resources, and financial barriers. (McCann)

I have discussed four types of literature. The research on: mental health in Morocco, migration stressors, coping strategies among migrants, and migrants experiences with the mental health system. These studies are limited because they don’t come together. For my Independent Study Project, I am bringing this research together and allowing them to complement and enhance one another. By examining stressors to migrant mental health together with various coping strategies, mental health professionals, NGO’s, and other organizations that work with sub-Saharan can develop new methods to address these problems.

Secondly, this research is limited because it studies only global south migrants who migrate to the global north. Many of the studies also involve migrants moving to their old colonizers. These studies talk about the migrant's trauma but rarely address the bias that might be in place when a global north(western) researcher’s critique the lives of migrants from the global south. The literature lacks a section where they address this gap between the global north and the global south. My research studies migrants who have migrated to just the global south and will provide a new perspective for future research of migrants who may not have migrated to Western Europe, Canada, America, or Australia.
Methodology

Assumptions

Before beginning my data collection, I assumed that I would find that migrants had limited access to mental health resources, so they turned to various coping strategies to deal with traumas they faced during any three of the migration phases.

Choosing to study both migrants and refugees

I chose to study both migrants and refugees together in my research. This was a very thought thru choice, and I understand that many researchers consider either migrants or refugees, not both. I made a choice to study both for two main reasons. Firstly, a refugee is a type of migrant. IOM defines a migrant as

“any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes of the movement are; or (4) what the length of the stay is” (IOM)

Furthermore, IOM defines a refugee as the 1951 Refugee Convention does. A refugee is “a person who is owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country” (IOM). I have considered that refugees have different experiences because of their status, and I do not want to belittle the differences between migrants or refugees, but I wanted to create a study that could be beneficial to all sub-Saharan migrants and not just a sub-group.
Secondly, as I began my research, I noticed that both traditional migrants and refugees faced many of the same stressors before, during, and post migration. As well as, both migrants and refugees reported coping with traumas in a similar way. Migrants and refugees also tended to live in the same communities and interact with each other on a daily basis seeing their countries of origin as grounds.

Procedures

My research included six, qualitative in-depth interviews. Two of the interviews were with psychologists who work full-time with the sub-Saharan community. I contacted them through Caritas and Foundation Orient-Occident.

My other four interviewees were with sub-Saharan migrants. One I met through the SIT program. It was easy to make this contact because a relationship was set in place and they trusted the program. Another migrant I met through Caritas. This individual is a community leader and was able to provide an inside perspective on mental health in the sub-Saharan community. The last two migrants I interviewed I met through a sub-Saharan friend in Morocco. They were able to help me make that initial connection and then I worked on developing a repertoire with them, so they would feel comfortable when we finally had an interview.

The interviews all lasted between 45 minutes and 1.2 hours. 2 interviews were conducted in English. The other four were in French and having no previous French instruction, I had a translator with me. Also, I got permission from interviewees, to record the interviews for ISP purposes. Only two interviews were not recorded.

I prepared a list of questions before each meeting. These questions were based on the interviewee’s area of expertise. For my two interviews with the psychologists, I asked questions
regarding mental health in Morocco (e.g. How is mental illness perceived in a typical Moroccan family?). In addition, I asked questions about the sub-Saharan community and mental health (what are common mental health problems among the sub-Saharan migrants?). For my interviews with migrants, I focused my questions on their migration (What was your journey like?), as well as how they address stressors in their lives. Furthermore, I asked all interviewees about looking to the future and what changes they would like to see in regards to sub-Saharan migrant mental health and the mental health resources available to them. I worked with a flexible, semi-structured interview guide. This allowed persons to change the course of the interview, and share thoughts not pertinent to the discussion. All interviews took place in an environment agreed upon between the participant and me to make sure the interviewee feel they could express themselves fully. After the interviews, I took notes and listened to the recordings searching for themes and key concepts.

In addition to interviews, I also distributed a survey consisting of qualitative and quantitative questions to sub-Saharan migrants. I wrote the questionnaire in English then had a Moroccan student translate it into French. I gave 12 copies of the survey to OPALS staff who distributed it to migrants who come in for services. I distributed 20 copies to English class students at Foundation Orient-Occident. I have to note that I had been assisting this English class for the past month and had developed an active repertoire with many of the students. I made sure to state that this was an optional survey and three students choose not to take the questionnaire. I also distributed 25 surveys to migrants I met in Rabat through informal connections and interviewees. Of the 57 surveys distributed, I received 30 back. With these surveys I analyzed the
qualitative and quantitative data making a chart⁵, and a summary of the main qualitative themes. The answers were in French, and I had them transcribed into English.

Lastly, I did some participant observation. I spent approximately 10 hours over the course of three days observing two migrants daily lives. They were the two migrants I had met through my Sub-Saharan friend, so I had also had a more formal interview with them. They allowed me to come with them to the souk, visit their place of work, meet their friends and share a meal. After, each session with them I took note about our conversations and how they interacted with the people around them.

With the data, I collected through the interviews, surveys, and observations. I was able to extract key themes and concepts that repeatedly came up, and I organize them for my results section.

Participants

All interviewees were over the age of 18. The two psychologists were both women who worked with sub-Saharan migrants in Morocco. I choose them because they are the only psychologists working exclusively with migrants and refugees. Of the four sub-Saharan I interviewed, two were male, and two were female. One male and one female came from Senegal; the other two participants came from the Democratic Republic of Congo (DRC).

For my survey, I had 30 participants. Their ages ranged from 18-15 years old. Eleven stated they were female; fifteen said they were male, and four omitted their gender. The participants come from the Democratic Republic of the Congo, Ivory Coast, Mali, Cameroon, Senegal, Republic of Guinea, and Guinea-Bissau.

⁵ See at end of research
Ethics

I understand that many of my participants were vulnerable for various reasons. Some faced mental troubles and other struggles; some interviewees were migrants or refugees. I got permission, verbal or written, from my interviewees to conduct the interviews. Also, I explicitly asked to begin recording before the interview began. I also informed the respondents that they could stop the interview at any time and skip any questions, without penalty (Some interviewees skipped some questions, but no one ended the interview early). For the surveys, I made sure to explain that it was optional, if I distributed it, and made sure that the instructions stated that the participant should “Feel free to skip any questions you feel uncomfortable answering. Also, feel free to explain or expand on any part of this survey” (survey).

I made sure that after the interviews, every participant had either my email, phone number or both in order to contact me if they wanted to talk or had any further questions about my research. The surveys had my email at the bottom if the participant wanted to ask me any questions or learn more about the survey. My contact information was also made available, so I could be reached if they wanted to strike any information they gave me.

I maintained confidentiality by giving all vulnerable interviews a pseudo name and extracting any personal information from my notes. All audio recordings were kept in a secure, password protected file. All hand written notes were promptly typed and saved on a password-protected computer. Once digitalize these records were destroyed. All surveys were anonymous, and after copying the information into the computer, the study was shredded.

Interviewees were given the option to choose our meeting place, and if it was in a coffee shop I covered the drinks. My interviewees who I also observed were allowed to choose when
and where I observed them. They were informed that they could tell me to leave at any time and I would, and I would only go with them to places they felt comfortable bringing me.

I was also very aware that interviewing sub-Saharan about their stories, especially painful experiences, can be very traumatic and may re-traumatize them. I made sure to remain sensitive and weigh the pros and cons when asking difficult questions that may cause the interviewee to become upset. I read “Holding Harm: Narrative Methods in Mental Health Research on Refugee Trauma,” and took note on how they addressed the issues of in-depth interviewees with vulnerable populations. This article discusses the ethics of interviewing vulnerable populations and made me think deeply about the ethics of my research helping me shape how I went about collecting data.

Ultimately, I believe my research outweighs any harm caused by the study. For example, this research can be used in helping create resources for sub-Saharan migrants in Morocco. Also, other researchers and professionals can use this research to learn about problems migrants’ experience.

Positionality

I made sure that participants from the beginning understood that I was a student studying mental health among sub-Saharan migrants. I think being straightforward and explaining who I was from the beginning helped interviewees understand my positionality.

The surveys I collected from Foundation Orient-Occident came from an English class I helped teach. I knew these participants and had developed educator-student relationships with them. I feel this relationship gave the participants the confidence to write a lot of different comments in the margins and question parts of the survey. I also believe this relationship gave
them the ability to refuse interviews because they knew I would not penalize them. I am concerned that the interviews may have been affected by their knowledge of me, but most of them answered were similar to interviews collected from other sites.

Being an African-American, women from America gave my some unique advantages and disadvantages. Firstly, being from America, many participants expressed that they knew this was serious research I was conducting. Many migrants struggle connecting with Moroccans because of cultural differences, trouble integrating into Moroccan society, and racism. They seemed excited that an American was interested in their problems and appeared to be more open to sharing with me. As a woman, it was easier for me to talk with the ladies about experiences, like sexual violence, they may have encountered in migration and Morocco. Also, men seemed to be just as trusting as women when I asked them questions.

Being an African–American gave me an interesting perspective in this research. Racism was a big theme that came up in my study. Although, I could not connect with many problems the migrants faced I understood, to some extent, the racism they have experienced and how traumatizing it can be. However, I have personally also seen it backfire. I was talking with some sub-Saharan men about problems they experience in Morocco. I noticed many Moroccans would walk by and stop. When they realized I was speaking English, they would give me a once over and keep walking. However, one individual came up to us, fists balled, and asked: “why are you talking with this Moroccan women?” The situation became tense. I quickly saw what was going on and clearly stated in English that I was a student and just asking questions. The man seemed a little confused than glaringly walked away. From this experience, I became hyper aware of how

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6 Italics placed for emphasis
7 I placed emphasis on you. Also this was said in Arabic and was retold to me in English after the incident.
fair skinned I am. I found that Moroccans figured I was Moroccan. Some Moroccans became aggravated even hostile because they thought I was a Moroccan hanging out with Sub-Saharan. This made me hyper-aware of the racism against Sub-Saharan and how individuals want separation between sub-Saharan and Moroccans (a for or racism), but it also made me more conscious of meeting or talking with sub-Saharan in very public places, and made me aware of how I acted and conducted myself.

Also, I come from a family that is very open about mental health and seeking out counseling or support groups if you are struggling with something. I was hoping that all the migrants would see mental health resources in the same light I did, and want to go and see a counselor to help them address their problems. However, some were skeptical and disinterested in mental health resources. I was disheartened by the way some participants saw mental health, but I understood that cultural differences made me have different views on mental health from many of the participants.

**Limitations**

Time was a significant constraint. I wish I were able to re-interview some of my participants, do more observations, and get a larger quantity of surveys. My participant population was very vulnerable, and I needed more time to build connections, in order for interviewees to open up and share more with me. Also, if I had more time, I would have tested my survey on a smaller patch before distributing it widely. Looking back there are some questions I would have added, and a few I would have deleted or reworded.

Language barriers were also a problem for me. I had to rely on a translator for four of my interviews. In addition, when I was observing participants, most of the time they spoke French or
their native language which I did not understand, so I had to rely on what I saw. I believe my methodology, with its limitations, was still successful in getting accurate and informative results on sub-Saharan migrants and mental health in Morocco.

**Results**

**Stressors**

All the migrant interviewees mentioned stressors they faced before and during, and after their journey to Morocco similar to findings in the current literature.

A trauma they suffered (i.e., family violence) was often the main reason, or a key factor, of why they left their home country. Like the literature states, many migrants mentioned leaving their country because of violence, insecurity, or fear. One interviewee, Maryam, from the Congo, discussed how she experienced domestic violence. “He beat me, and I was scared,” she said. “I decided to leave after he threatened my life.” She had documents forged and fled to Chad. There officials discovered that her papers were false and she became stuck in the country. Another male interviewee, Thomas\(^8\), from Senegal said “[He] had no money and no prospects… no future [in Senegal].” Michael\(^9\), a man from the Congo, said he “just had to leave.” and constantly hinted at something *dark*\(^10\) in the Congo. The psychologist from Foundation Orient-Occident (FOO) confirmed this common problem “many [migrants] flee their country because of persecution. This may be a war or violent situation.” After leaving their country, migrants face a new set of stressors over the course of their journey.

\(^8\) Pseudo name  
\(^9\) Pseudo name  
\(^10\) Italics placed for emphasis
In route, Maryam, who had been stopped in Chad, discussed how the war around her made it “unsafe to leave the house.” A year later she was finally able to obtain a guide to bring her through the desert into Morocco. During her time, in the Sahara, she was sexually assaulted and always hungry. Michael, who also migrated to Morocco through the Sahara, also witnessed many bad things. “I was in the desert for three months!” He exclaimed, “It was no good. People were very violent, and everyone was scared. What would happen to me? Would we die? We had nothing. We were not safe.” Jewel,11 a woman from Senegal, quietly explained how “[she] became pregnant while coming to Morocco. I did develop health problems from the baby. I was sick a lot, and I did not know the father.” Both psychologists from FOO and Caritas talked about the violence that many migrants experience during their journey. They discussed how widespread sexual abuse was among migrant women. In addition, non-traditional routes present challenging obstacles and dangerous situations that can physically and mentally harm a migrant.

Lastly, when migrants reach Morocco, the stress from the migration does not end. Thru my interviews, surveys, and participant observation, I was able to conclude that there are three main stressors that migrants experience in Morocco. They are unemployment, racism, and constant reminders of their past traumas and present disappointments.

Unemployment or financial trouble was brought up in all my interviews with sub-Saharan and was something that many survey participants noted. Maryam said “I sell my body; I can’t find any work in Morocco... Besides, if I got a job, they would not pay well.” Michael mentioned how mental problems stemmed from a lack of employment among migrants. “When migrants don’t have a job, they have nothing to do. They become lazy.... With no work they

11 Pseudo name
begin to think negative thoughts, they develop bad habits. Migrants need jobs for good mental health” (Michael). Jewel also talked about how she made very little money in her job. “I make no money doing my work. I have to work a lot, for nothing. I need more money.” When answering the survey question how do you cope with stress, anger, and loneliness, seven different individuals mentioned work as an important way to address these problems. When asked what stressors are common in Morocco, the psychologist from Caritas discussed how unemployment was very prevalent among sub-Saharan migrants. And how this contributed to bad mental well-being among many migrants.

Racism was a stressor that every interviewee mentioned, and I witnessed. When I asked Maryam what upset her most in Morocco, she said the constant racism. “They call me names and give me ugly looks in the streets and the shops. My children come home and cry because their classmates call them bad names. This makes me very mad… Moroccans don’t like dark skin. They have even thrown rocks at me!”

Both psychologists interviewed mentioned racism when asked: “What are some problems sub-Saharan’s face in Morocco?” Jewel, Michael, and Thomas all said they experienced “racism regularly.” I witnessed this first hand. When I was talking to sub-Saharan migrants in public spaces, Moroccans would stop and give us disapproving looks. One individual even came up and asked what they were doing with a Moroccan. The Moroccans did not want to see sub-Saharan interacting with Moroccans. This makes it difficult for sub-Saharan to integrate into the community and leads to feelings of loneliness.

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12 3 people said having a job or money is important when asked “how would you describe mental-health/mental-wellbeing”
Racism and unemployment often contribute to the last stressor I will talk. Many migrants say they regularly think about their problems, making them feel like they don’t have control of their lives. Jewel, in a tangent, said, “I always am thinking. I have many problems. Many things to think about. Morocco is not good for me. I can’t do anything here. I have no control.” This idea of not being able to do anything or having no power in their lives was also evident in both Thomas and Maryam’s interviews. They both mentioned wanting to go to Europe because of the lack of opportunity or control they felt. Michael also mentioned not feeling in control in Morocco. “I have no resident card,” he said, “so every time I see police, I become terrified. Will they see me? What will happen?” None of the interviewees can relax or be at ease because they don’t have limited current prospects, and they have a fear of what the future holds. When you lose the ability to have agency or control over your life it can break you as a person and make you question your very being.

The stressors experienced in all three phases of migration are similar to the results found in the previous literature on trauma in migration journeys. This is good because it shows that migrants moving to any part of the world can, and do experience, stressors that will negatively affect their mental well-being. Stressors can lead to mental health problems and illnesses that affect migrant’s daily lives.

Common Mental Health Problems

I asked both psychologists from FOO and Caritas “what were common mental health problems they saw among migrants?” Both mentioned PTSD, Anxiety, and Depression, as the most common mental illnesses they see. None of the migrants I interviewed said they had any mental illnesses. In my survey, only three individuals stated that they had a mental disease and four said they were unsure. Literature would suggest that maybe more of my participants suffer
mental illnesses, but because of stigmatization and a lack of knowledge on mental health, they don’t know (McCann).

In addition, the psychologists discussed how mental problems could also lead to “insomnia, aggression, self-loathing, suicidal thoughts, and waking nightmares.” Jewel said “[she] has trouble sleeping at night. Sometimes she only sleeps for a few hours.” Michael talked about how he sometimes will think about his life and begin to cry. Maryam, said that she has high blood pressure because struggles she had during migration and the stress she has in Morocco. She nonchalantly stated that “because I have high blood pressure, I often get angry and hit my children.” Participants who were also surveyed mentioned problems with their mental well-being. 24 out of 30 participants mentioned feeling stressed a few times a week or more. 20 Out of the 30 surveyed said they felt lonely a few times a week or more. One survey taker commented that they constantly feel sad in Morocco. Another mentioned that they were always feeling bad about themselves. Although the Sub-Saharan migrants revealed feeling negative emotions and had signs of mental illness bad mental well-being., I noticed that they still were high functioning. They went about their lives going to the work, shopping at the store, and raising their kids, even though they might encounter stressors and memory of stressors, on a regular basis. Sub-Saharan migrants in Morocco experienced many traumas. However, they are resilient, and they attempt to stay healthy mentally. This ability to deal with life and function in Morocco, even with difficult experiences, is because of the coping mechanisms these migrants have developed to address their mental problems.

*Coping strategies*
From my data collection, I noticed that there were five common coping strategies that many migrants used to deal with migratory stressors. They are religion, social networks, music, the internet, and drugs/alcohol.

Religion allows a migrant to see their problems as something that’s out of their control. When I questioned Michael about how he copes with racism, he said, “I am a Muslim. I pray regularly. I trust in Allah. He fixes my problems.” Jewel and Michael also mentioned their religion as something they turn to regularly when they have problems. The survey also showed this theme. When confronted with the question of “how do you cope with _____?” 10 participants answered with prayer, religion, Allah, or faith. During my time observing Thomas, he told me numerous times that he had to go and pray. Another time, when I was meeting some of Jewel’s friends at a shop, I noticed three out of five were holding prayer beads

Social networks also came up often. While I was interviewing Maryam, she frequently brought up her children’s as a means of coping, and more than that a reason for living. Jewel said “I miss my family so much. I have no one here.” Thomas and Michael similarly mentioned families or friends they had back home. However, Michael, Jewel, and Thomas also talked about how friends and the few family members they did have in Morocco were imperative to them. Jewel said that “when I miss home I go over to Fatima’s house and cook food from our childhoods.” In the surveys, 15 participants mentioned friends, family, social gatherings, or activity with other people as a coping tool. The psychologist from Carita’s discussed with me the importance of social networks for sub-Saharan migrants. They live in communities where their physical, emotional, and social needs can be met. In these communities, they develop repère.

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13 I have also seen numerous sub-Saharan who work outside the medina wall holding prayer beads in their hands or wrapped around their necks. 
14 Pseudo NAme
Repère is a French word that my translator was unable to find an equivalent for in English. They explained it as essentially it’s a way of life, symbolically and materially\textsuperscript{15}. The repère these communities develop is the culture or lifestyle they lost then they left their home country.

Something new and different from a lot of the literature I saw was the use of the internet and music as a coping tool among migrants.

The internet is the new age social networking coping technique. Migrants can use websites like Facebook and Skype to interact with family members back home or in different countries. While observing Thomas and Jewel, I saw them both use Facebook message throughout my time with them. When I asked Thomas what he was doing, he told me he was messaging his brother back home. He was trying to find a way for him to come to Morocco or Europe. The internet allows Sub-Saharanists to connect with family and friends strengthening social bonds that are, so important to humankind.

Also, the internet was used as a tool for participants to escape their problems. Maryam described how she goes on the web when she can’t sleep. She searches thru various websites and likes looking at pictures of nature. One participant surveyed wrote “I like to search the internet. I watch YouTube videos; I look at funny pictures”. The internet is a distraction for many people. While trying to finish my work, I sometimes see myself getting distracted by the funny meme, popular video, or great article. For me, and many students, the Internet can be a tool in procrastination and avoiding a deadline. For migrants, however, this can be a powerful distractor from traumatic life experiences.

\textsuperscript{15} Repère is defined in dictionary.reverso.net/french-english as a Landmark or point of reference.
In the surveys, music was repeated in 13 different studies as a coping tool. As Jean Paul Fredrich Richter once said, “music is the moonlight in the gloomy night of life.” The powerful effect music has on people is see throughout the world, especially in individuals who have faced some trauma (Carr). So, it could be expected that music was a very common coping method for migrants. However, I found it interesting that none of my sub-Saharan interviewees mentioned music as a coping method. Also, while I was doing my participant observation with Jewel and Thomas, I noticed neither one listening to music at any time. Maybe Thomas and Jewel thought it would be rude to play music while I was with them. And it’s possible that none of my interviewees mentioned music as a coping strategy because it is such an everyday activity. People from all walks of life listen to music whether they are coping with something or not.

Sadly, although many migrants had positive coping methods, drugs, cigarettes and alcohol were mentioned as a coping mechanism for many. Drugs and alcohol were referred to in 7 surveys as a coping mechanism. Michael changed the direction of our interview by saying how resources needed to go towards helping migrants stop drinking and smoking. “We [sub-Saharan migrant community] have a big drinking and drug problem. This needs to stop. We have to fix this. They drink, and it causes health problems… they can’t get a job or have a bad memory, and they smoke.” These coping strategies may cause the migrants to be numb and feel better for a short while, but drugs, alcohol, and cigarettes are never a long term solution. When I was observing Thomas, I had mentioned he often prayed as a coping strategy. His friend Hakim16 was chain smoking for the whole 2 ½ hours we chatted with him. Unlike Thomas, who talked about Allah dealing with his problems, Hakim was very bitter about his experience in Morocco and expressed resentment towards the Moroccan people, saying “they [Moroccan people] are no

16 Pseudo name
good. When Hakim was smoking he seemed to be calm and more content than when he was not. Although cigarettes are not healthy, this is an effective coping method for him and many other migrants.

Coping methods, negative or positive, are great ways for migrants to address stressors in their life and mental health problems that have manifested from these problems. However, sometimes coping methods are not enough. Mental health resources can be great tools for migrants dealing with many traumatic events.

Perceptions of Mental Health Resources in Morocco

Although mental health resources would be beneficial to the sub-Saharan community, perceptions of mental health resources and accessibility are a hurdle for migrants trying to get professional psychological help.

When I asked my sub-Saharan interviewees about having access to more mental health resources, they all thought it was a good idea. However, when I asked if they would use them, Jewel, and Maryam were hesitant. Jewel said “I don’t need to see a psychologist. Yes, I have stress. I have problems, but I am not crazy.” This idea that psychologists are only for people who have extreme trauma is very common among sub-Saharan migrants. Six survey participants stated that they would not utilize more mental health resources if they were available. One comment made next to the question of utilization said: “I don’t have a mental illness.” In addition when answering the questions “how would you describe mental health or mental well-being?” Many migrants gave vague answers about various things, while other left it blank or

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17 It is like a cycle. The Moroccan man (mentioned on [age 18]) turned the sub-Saharans into them (vs us) when he asked why I was with them. Here Hakim is saying they are all bad. Generalizing a whole group of people and continuing the tension between sub-Saharans and Moroccans.
wrote: “being in good mental health is important.” Furthermore, when I met jewel’s friends, I asked them what they thought about seeing a psychologist. They said it’s for people with “mental illness” or who are “crazy.” This stigmatization of seeking mental help as well as the lack of knowledge around mental health is preventing migrants from seeking counseling help. This supports the literature on sub-Saharan migrant’s access mental health resources (McCann) and should be addressed if these migrants are ever going to be able to utilize mental health resources.

Secondly, mental health resources is not always a number one priority for migrants. When I asked Maryam about if she wanted a counselor, she said “I have been. But all they did was listen to me talk. I need solutions. I need the psychologist to tell me how to fix my problems.” Thomas argued that more jobs are what the migrants needed right now [not more mental health professionals]. Michael off-handedly mentioned how he wanted to get his own apartment so that he could have some “peace.” Under the questions of “how do you cope with stress?” about one-sixth (1/6) of the participants made some comment about if they had something they would be able to cope. The somethings they mentioned included a family, a job, an education, and money. Both psychologists also mentioned how mental health resources would not be enough. These migrants also need help finding jobs, housing, child-care, Moroccan networks. These things aren’t mental health resources but could help increase sub-Saharan migrant mental well-being.

Even, if migrants understand the value of mental health resources, there is just not enough available in Morocco. The words insufficient, lacking, nonexistent came up repeatedly in

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18 All her friends spoke very little English, but when Jewel translated the question to French, they 2 quickly blurted out “crazy”, in English. It was interesting that of all the words they know crazy was one of them. I also heard them talk about a few people in their community who they have deemed “crazy”

19 Moroccan networks is like a social network of people they can engage with and who respect them as individuals. Like a social network.
my interviews. No interviewee thought that there was even a *reasonable* amount of mental health resources available to migrants. From my survey 20 out of 30 participants “wished there was more mental health resources?” Also, the same amount of participants would utilize mental health resources if they were made available. However, only two psychologists in the Rabat area specialize in counseling sub-Saharan migrants and refugees. I interviewed both of them. There are other counselors in the area, but they either work with a larger population or specialize in a smaller sub-set of migrants. This limited amount of psychologists means the wait time to meet with one averages about three to four months. As Maryam so eloquently expressed “If I have a problem, I need to address, it now. I cannot wait for 3 to 4 months. By then my issues has changed. That’s why I am talking with you [Dominique]. I can tell you my problems.” Jewel also expressed that talking with me was a positive experience that helped her process her experiences. Although mental health is stigmatized, and it does not provide any necessities for migrants, talking is still a powerful coping tool, and many migrants want to share their experiences and stories.

**Recommendations**

From analyzing my data, I have come up with some recommendations for organizations that are working on developing programs and resource for sub-Saharan migrants. First of all, recognize that many migrants experience multiple traumatic events over three phases of migration. They are not only traumatized before and during migrations but also after migration.

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20 FOO’s psychologist focuses on refugees and asylum seekers from any country. A large number which come from sub-Saharan countries. Carita’s psychologist work mainly with sub-Saharan migrant (some who may be refugees).

21 For example, there is a counselor at OPAL’s who focuses give counseling for individuals with AID’s.

22 Providing more mental health professionals would be the best way first and foremost, but understanding current mental health system I recommend some other creative ways.
This is important to remember because many people who work with sub-Saharan migrants in Morocco are Moroccan. As is part of being part of a state, many people, don’t want to recognize the problems especially in regards to migrants within their country. Many people see migrants and think about people who *had experienced* trauma in their countries of origin and possibly on the migration. However, very few people consider that these migrants are re-traumatized daily in their new country. One way this problem could be addressed in Morocco is by having workshops to educate staff members, who work in close collaboration with sub-Saharan migrants, on stressors migrants’ experience daily and how they can help address these issues.

You can also hold these workshops for Moroccan citizens. Have open classes on migration and sub-Saharan history/culture. Also, workshops explicitly on racism: types of racism, how it can affect people, addressing it, would be very useful. In addition to seminars, having small group discussion where a few Moroccans come and listen to a migrants story may be very beneficial to the migrants as well as inform the Moroccans about the struggles this community faces.

Coping strategies are vital for sub-Saharan migrant mental well-being. Teaching positive coping strategies to migrants and using their coping strategies in planning programs and activities would be beneficial. Below I will list recommendations using each of the five coping strategies.

Religion: Provide spaces for prayer. Invite religious scholars to speak about migration in the Koran. Have a community service where you ask sub-Saharan migrants and Moroccans to worship, pray, and hear a sermon together.

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24 Italicized for emphasis
Social networking: Hold regular events where sub-Saharan migrants can come together socialize, celebrate different festivals or holidays. Provide space where migrants can meet and create something from their home country (i.e. food, crafts, music). Networking does not just need to occur within the sub-Saharan community. Networking should also occur between the Moroccan community and the sub-Saharan community. Have cooking, hair, or craft expos and invite everyone to attend and participate.

Internet: If you have a communal space in your organization, maybe consider turning it into a computer lab. Provide computer literacy classes on how to use Skype Facebook and other social media websites. Use the internet to your advantage and advertise sub-Saharan programs and information online.

Music: Have music festivals with both Moroccan and Sub-Saharan performers. In waiting areas play positive, upbeat music. Incorporate classes on music (playing an instrument, writing music, music history) into your programs.

Alcohol, Drugs, and Cigarettes: This is a negative coping method. For these coping mechanisms, programs should be developed on quitting these habits and developing new, positive coping strategies. This can be similar to a 12 step program (example: Alcoholics Anonymous).

As mental health issues continue to be very prevalent in both the Moroccan and sub-Saharan migrant communities, programs that focus on mental health literacy and de-stigmatizing mental health problems would be valuable to the community. Lastly, I recommend creating support groups or group therapy. It’s hard for so few mental health professionals to reach so many, but in a group, migrants can share their stories and help each other cope.
These recommendations just scratch the surface, and I would ask that you look beyond the few small examples I gave. Look through other parts of my study and read papers in the bibliography. My paper, along with these other resources could be very helpful in developing programs for sub-Saharan migrants. Also, I would like to recognize my generalizations I have made by using the term sub-Saharan. I am aware that sub-Saharan are a diverse group of people who come from many different countries with a variety of languages, cultures, belief systems, and lifestyles. I would urge you to be cautious about having a “sub-Saharan Festival,” or “sub-Saharan musical performance” instead maybe have a cooking workshop, with this week’s focus on Senegalese red rice or a Nigerian New Year’s celebration. Everyone should be invited, but migrants and Moroccans will see similarities and difference between their cultures and it will be a way to appreciate them even more.

Conclusion

My results show that migrants face a lot of stressors before during and after migration. To deal with these traumas they develop coping strategies. However, their coping strategies are not full proof and often they still may experience prolonged periods of sadness, anger, stress, or loneliness. This affects their mental wellbeing, and sometimes these feelings turn into mental illness or physical problems like aggression and insomnia. When coping strategies sub-Saharan migrants have the option to turn to mental health professionals for help. However, while some choose not to because of the negative connotations of seeking mental help, other are unable to get help because of insufficient resources. Changes need to be made to give migrants more mental health resources. Current literature supports my findings, and by combining different frameworks of research, I was able to give some recommendations. I hope in the future that researchers, organizations, NGO’s and other professionals can use this research to help guide
their studies, procedures, and resource development. Additional research is needed on migrants from other regions and their mental well-being, migrants in psychiatric hospitals. In-depth analysis of coping strategies, and differences between first and second generation migrants mental health. A comparison study on the mental health of migrants from different sub-Saharan countries would also be very insightful.
Survey

Directions: This survey is for an academic paper that focuses on mental health among sub-Saharan migrants in Morocco. Feel free to skip any questions you feel uncomfortable answering. Also, feel free to explain or expand on any part of this survey.

Age_____ (if you are younger than 18 years old. Don’t complete) Gender______________

What is your country of origin? ___________________ How long have you lived in Morocco? ______

Circle one that most represents you

How often do you feel happy in Morocco?

[Every day] [A few times a week] [Once a week] [A few times a month] [Less than once a month]

How often do you feel sad in Morocco?

[Every day] [A few times a week] [Once a week] [A few times a month] [Less than once a month]

How often do you feel angry in Morocco?

[Every day] [A few times a week] [Once a week] [A few times a month] [Less than once a month]

How often do you feel lonely in Morocco?

[Every day] [A few times a week] [Once a week] [A few times a month] [Less than once a month]

How often do you feel stressed in Morocco?

[Every day] [A few times a week] [Once a week] [A few times a month] [Less than once a month]

How do you cope with feeling lonely?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How do you cope with feeling stressed?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
How do you cope with feeling angry?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
How would you describe mental health?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
How would you describe mental well-being?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Circle one
Do you believe mental health issues are prevalent in the sub-Saharan migrant community?
Yes  Maybe/Unsure  No

Do you believe you have a mental illness?
Yes  Maybe/Unsure  No

Do you know about mental health resources available in Morocco?
Yes  Maybe/Unsure  No

Do you or someone you know utilize mental health resources in Morocco?
Yes  Maybe/Unsure  No

Do you wish there was more mental health resources in the sub-Saharan migrant community?
Yes  Maybe/Unsure  No

Would you utilize mental health resources, if more were made available?
Yes  Maybe/Unsure  No

How would access to more mental health resources impact the sub-Saharan migrant community in Morocco?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Thank you for your time!

Please return when completed to ________________ or email to niqueisme@yahoo.com

If you have any questions about this survey please feel free to email me at niqueisme@yahoo.com.
Etude

INSTRUCTION: Ce sondage se concentre à l’étude de la santé mentale chez les populations subsahariennes migrantes au Maroc.

Ne répondez pas aux questions aux quelles vous ne voulez pas répondre. Aussi, n’hésitez pas à demander des explications sur n’importe quelle partie de cette enquête.

Age : _____ (Si vous êtes âgé de moins de 18 ans. Ne pas remplir) Sexe : ________ Quel est votre pays d’origine? ____________________ Depuis combien de temps vivez-vous au Maroc? ____________

Cochez la réponse qui vous représente le plus :

Combien de fois vous sentez-vous heureux au Maroc ?
[Chaque jour] [Quelques fois par semaine] [Une fois par semaine] [Quelques fois par mois] [Moins d’une fois par mois]

Combien de fois vous sentez-vous triste au Maroc?
[Chaque jour] [Quelques fois par semaine] [Une fois par semaine] [Quelques fois par mois] [Moins d’une fois par mois]

Combien de fois vous sentez-vous en colère au Maroc?
[Chaque jour] [Quelques fois par semaine] [Une fois par semaine] [Quelques fois par mois] [Moins d’une fois par mois]

Combien de fois vous sentez-vous seul au Maroc?
[Chaque jour] [Quelques fois par semaine] [Une fois par semaine] [Quelques fois par mois] [Moins d’une fois par mois]

Combien de fois vous sentez-vous stressé au Maroc?
[Chaque jour] [Quelques fois par semaine] [Une fois par semaine] [Quelques fois par mois] [Moins d’une fois par mois]

Comment pouvez-vous faire face à se sentir seul?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Comment gérez-vous votre stress ?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Comment gérez-vous votre colère?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Comment décririez-vous la santé mentale?
Comment décririez-vous le bien-être mental?

Encerclez la réponse correspondant à votre choix

Croyez-vous que les problèmes de santé mentale sont répandus dans la communauté des migrants subsahariens?
Oui peut être/ pas sur non

Croyez-vous avoir une maladie mentale?
Oui peut être/ pas sur non

Connaissiez-vous les ressources en santé mentale disponibles au Maroc?
Oui peut être/ pas sur non

Avez-vous ou quelqu’un que vous connaissez utiliser les ressources en santé mentale au Maroc?
Oui peut être/ pas sur non

Souhaitez-vous qu’il y ait plus de ressources en santé mentale dans la communauté des migrants en Afrique subsaharienne?
Oui peut être/ pas sur non

Utiliserez-vous les ressources en santé mentale, si vous en avez davantage?
Oui peut être/ pas sur non

Comment l’accès à plus de ressources en santé mentale aurait-il un impact sur la communauté migrante au Maroc?

Merci pour votre temps!

Veuillez retourner une fois rempli pour_________________ ou par e-mail à niqueisme@yahoo.com

Si vous avez des questions a propos de cette étude, n'hésitez pas à m'envoyer un courriel à niqueisme@yahoo.com
Survey Results

This survey was distributed at Opals and Foundation Orient Occident. Copies were also distributed to migrants working near the Rabat medina.

Number of Participants: 31 Participants. 30 identify as Sub-Saharan Migrants or Sub-Saharan refugees. 1 identifies as Yemen and because Middle East migrants are not a part of my research I have documented there results separately at the end of the Survey results section.

Age: 18-51 years old

Gender: 15 Males 11 females 4 omitted

Countries of Origin: Democratic Republic of the Congo, Ivory Coast, Mali, Cameroon, Senegal, Republic of Guinea, Guinea-Bissau. 4 individuals omitted their country of origin

Time Spent in Morocco: 3 months to 11 years

How often do you feel_________ in Morocco?

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month</th>
<th>Less than once a month</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>sad</td>
<td>8</td>
<td>12</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Angry</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Lonely</td>
<td>16</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Stressed</td>
<td>19</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

How do you feel about mental health issues?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe mental health issues are prevalent in the sub-Saharan migrant community?</td>
<td>20</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you believe you have a mental illness?</td>
<td>3</td>
<td>4</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Do you know about mental health resources available in Morocco?</td>
<td>9</td>
<td>7</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Do you or someone you</td>
<td>9</td>
<td>3</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Question</td>
<td>20</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Do you wish there was more mental health resources in the sub-Saharan migrant community?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you utilize mental health resources, if more were made available?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis

* No significant differences were seen in answers across different ages, genders, or countries of origin.

* The majority of migrants mentioned feeling lonely and stressed regularly.

* A significant number thought that mental health issues were common in their communities.

* 2/3’s of those survey wish there was more mental health resources, and would utilize these resources, if there were more.

Answers and common themes seen among written questions. It’s important to note answers.

**How do you cope with feeling ______?** *I group all the answers together because many people put the same answers for different feelings. These are the seven most common themes seen in the answers.*

Family, friends, relationships

Music

Internet

Prayer, religion, Faith

Alcohol, Wine, cigarettes

Work
Experiencing nature

The following questions were skipped the most. They also had the vaguest and most different answers. It was hard to find many themes. I believe this may be in part because of a lack of mental literacy among sub-Saharan migrants. However, I also believe the wording of the question was not as clear as would have liked it to be

How would you describe mental health?

Not being able to work is bad mental health

Having good social status

Something that affects every person

How would you describe mental well-being?

Liking your work or jobs

Being stressed

Feeling like a feather

Being in the right mind set

How would access to more mental health resources impact the sub-Saharan migrant community in Morocco?

It would be a positive thing.

We have many problems

It could help many people
1. **Brief description of the purpose of this study**

The purpose of this study is to examine causes of bad mental well-being and mental health problems among sub-Saharan migrants. In addition, the research aims to investigate how these migrants cope with mental health problems. Furthermore, my research sees why or why not sub-Saharan migrants seek mental health resources.

2. **Rights Notice**

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

   a. **Privacy** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

   b. **Anonymity** - all names in this study will be kept anonymous unless the participant chooses otherwise.

   c. **Confidentiality** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

_________________________________________  __________________________
Participant’s name printed                     Participant’s signature and date

_________________________________________
Interviewer’s name printed                    Interviewer’s signature and date
Bibliography


https://doi.org/10.1186/1471-244X-4-34


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