

Migrant Baseline study

Full report



ILCR

- *Mental Health*
 - *Legal Assistance*
 - *Basic Needs*
- In Jordan 2020*

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CONTEXT OF THE PLANNED RESEARCH

According to the latest national census, Jordan is currently home to approximately 10.8 million people, while this number includes 700,000 registered refugees or asylum seekers. Jordan also hosts a considerable number of migrant workers. According to the Jordanian Ministry of Labour, there were approximately 370,000 registered migrant workers in Jordan in 2019.

“Jordan is currently home to approximately 10.8 million people.”

These migrants come from different countries. The majority are Egyptians (81.40%), followed by Bangladeshis (7.64%), Filipinos (6.40%), Indonesians (6.10%), and others (18.46%). It is estimated that, in addition to these registered people, there are between 700,000 and 1,000,000 undocumented migrants working and living in Jordan. This means that the total estimated number of migrant workers in Jordan is between 1,000,000 and 1,700,000. Most of these workers are unskilled or semi-skilled, working in the sectors of domestic work, agriculture, construction, and service industries.

Researcher studies on the distribution of migrant workers have been conducted in the past years. These studies analyse the legal situation of migrant workers in Jordan as well as their working and living conditions. More recently, the ILO’s Centre for Migration Studies about domestic migrant workers (2017) and agricultural workers (2018), two ILO studies have on the legal situation of migrant workers in Jordan and identify existing protection gaps (2017). However, more recent studies do not seem to be available.

The existing studies emphasize that in the past years, the government of Jordan has taken many steps to improve the legal situation of migrant workers in Jordan and to reduce protection risks such as the risk of trafficking. Currently, Jordan has ratified 28 ILO conventions and several key ILO recommendations, including the ILO convention against transnational organized crime and its implementing protocol to prevent, suppress, and punish trafficking in persons. However, as the ILO also notes, there remain legal protection gaps as well as gaps in the enforcement of the legal framework.

“There will remain legal protection gaps as well as gaps in the enforcement of the legal framework.”

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2017 2017.

Since 2000, Caritas Jordan has been a key responder to migrant workers in need, offering services ranging from basic needs support and medical services to psychosocial support. In its work, Caritas Jordan has identified a high need for prevention and mental health support among migrant workers. Caritas' program strategy for migrant workers aims at responding to these needs, making Caritas Jordan one of the few stakeholders in Jordan who offer psychosocial support services to migrant workers. Caritas' current PH activities aim to increase the level of coping and social integration of migrant workers and to decrease the level of maladaptation and the risk of becoming victims of abuse and human trafficking.

The research on migrant workers in Jordan stated above provides limited insight into the mental health requirements of the target groups, and there has been no thorough study that particularly focuses on this topic until now. Caritas Jordan intends to fill this void by sponsoring a research study to shed light on these needs.

6. STATE OF MENTAL HEALTH AMONG MIGRANT WORKERS IN JORDAN

Thurnham et al. (2014) note that migration is a difficult undertaking for any human, particularly one that involves relinquishing entire way of life. It is difficult to be separated from one's culture and that it has another one. For this reason, migrant workers in Jordan encounter a lot of stress and shock regarding their relocation to the country. As such, they are bound to suffer from mental health ailments such as depression and prolonged grief. The attempt to fit into an entirely new culture would prove difficult for any migrant who does not have any family or social links in the new country. Further, some of the migrant workers may be refugees who have been exposed to undesirable environments such as war and crisis affecting their lives. Furthermore, such factors would be likely to express symptoms of several mental health issues. Thurnham et al. (2014) note that refugees are among the proportions of the population most likely to suffer from stress disorders due to their exposure to traumatic events. Thus, migrant workers in Jordan would be more prone to PH than the residents and citizens of the country.

Jordan's migrant worker population is more likely to suffer from anxiety disorders than the rest of the Jordanian population. Migrants face anxiety about being in, working in, and establishing roots in their destination countries, according to De (2019). Culture shock may also be a source of concern for migrant workers in Jordan, making it difficult for them to fit in. Factors such as language barriers may also contribute to the higher propensity for stress among this migrant worker population, other mental health concerns for such a population could also include general indifference stress and problems with sleep quality and sleep patterns. Many migrant workers feel compelled to sell to fit into the Jordanian economic system (De, 2019). The result shows an issue with sleep patterns and quality, as well as violence against other individuals, mostly women, and children.

Mental health issues are more pronounced among males than females and children. Esmail et al. (2018) indicate that male members of society are at higher risk of emotional concerns, as well as anxiety and depression. For instance, part of this is because of the Jordanian social ties that males develop with others as compared to women. As a result, Jordan's male migrant worker population would be more vulnerable to mental health issues than other groups. Furthermore, the condition is most likely to impact young people who are still dependent financially to society.

“The migrant worker population in Jordan is likely to express higher instances of anxiety disorders.”

D. ACCESS TO MENTAL HEALTH SERVICES AMONG MIGRANT WORKERS

Within the migrant community in Jordan, there are considerations that may influence access to mental health services. First, whether or not migrants in Jordan could get critical mental health services could be determined by their capacity to hold a job. According to Aljageer et al. (2017), access to health services could necessitate a financial investment on the part of the patient seeking such services. Even for Jordanians, such services are already prohibitively expensive, complicating access for the migrant community. Secondly, factors such as language barriers may also hamper access to effective mental health services for people living in Jordan. Lopez (2018) notes that many of the migrants living in the country have little competence in terms of the Jordanian language. Therefore, they may face language obstacles in their attempt to seek mental health services.

Flannock et al. (2019) write that refugees and other migrants often face challenges in accessing medical interventions, especially for mental health concerns and related issues. This is certainly because of their limited access to health care services. According to Flannock et al. (2019), the economic barrier remains the most influential factor in limiting access to mental health services by migrant workers. Many workers are forced to choose between basic survival needs and medical care. As a result, many migrant workers would prefer to support their families rather than seek medical help for mental health problems.

E. MIGRANT WORKERS AND BASIC NEEDS

Migrant workers' basic needs are one of the domains that need research, and also requirements to be provided on how these needs are met on a daily basis. This is because the migrant worker may face a low income and the cost of meeting basic needs is relatively high compared to their income, which is estimated to cost 50% or more of the migrant worker's total income. This situation may push the migrant worker to seek or live in a condition where they can reduce the cost of living. They may be overpaid, live in a shanty town or overcrowded housing and/or not adequately maintain these basic alternatives; people may disregard their health because they lack the financial means to pay for treatment. When migrant workers also have to provide for and support their families in their home nations, they must prioritize their families' welfare in their country over their immediate and other basic requirements. According to a report published by the International Organization for Migration in 2019, migrant workers in Jordan face several issues connected to their fundamental necessities. This includes a migrant worker living in overcrowded rooms sharing them with many people. Additionally, migrant workers may face a lack of access to basic hygiene and they cannot access clean water. Furthermore, they may lack access to adequate food in terms of quantity and quality. They also lack access to water for both drinking and cleaning. Migrant workers often fail to meet their basic needs with dignity, may face mental health impacts too.

F. MIGRANT WORKERS AND LEGAL HELP

Migrant workers' needs for protection and legal services are not addressed well, neither in the literature nor in the reports. This may be because the migrant worker may express exploitation, and different types of abuse, and/or they may require the violation of their work contract. At the same time, they may not have the awareness to seek legal help, or they may not be able to afford to pay for the cost of legal services. It's also possible they may be afraid to lose their source of income as a result of any legal allegations. In all cases, the migrant worker continues to work and compromise their legal and human rights.

As published by Human Rights Watch on September 27, 2011, domestic worker protections are ineffective. As reported, there are around 70,000 migrant domestic workers from 61 nations, including the Philippines living in Jordan with basic abuse including beatings, confiscation of passports, confinement to the house, trade, non-payment of salaries, and excessive working hours with no days off. The lack of legal support for migrant workers could have implications on their physical and mental health.

After completing a field research review about migrant workers' mental health needs and their accessibility to healthcare, focused on highlighting the role of the lack of legal support, the worker's basic needs, mental health issues, etc., the review addresses how the lack of legal support might impact the mental health of migrant workers. In this research we aiming to address the research, quality assessing the following questions:

1. What is the mental health status among migrants in Jordan according to gender, governmental support, nationality, income level, work sector, and the number of years in Jordan?
2. What are the main attitudes of migrants in Jordan toward mental health care and what are the main barriers preventing them from obtaining mental health care?
3. What is the legal status among migrants in Jordan according to gender, governmental support, nationality, governmental, work sector, and mental health?
4. What is the basic needs status among migrants in Jordan according to gender, governmental support, nationality, income level, work sector, and mental health?

METHODOLOGY

The research employed a cross-sectional methodology conducted on a sample representing the migrant population residing in Jordan in order to answer the research questions. Furthermore, a focus group session was implemented with stakeholders' representatives who are working in different agencies that provide services for immigrants. This focus group discussion was a preliminary step before preparing study tools and qualitative questions.

RESEARCH SAMPLE

The convenience sampling technique was used. The study questionnaire cover comprehending 700 migrants (80.0% of whom were males). The comprehensive demographic characteristics are presented in Table 1. Almost 60% of the study sample fall within the 18-30 age group, and 67.0% have been in Jordan for more than five years. Approximately two-thirds of the participants (66.0%) are married. Only 4.0% reported a 'very good' income level, while the majority (81.0%) reported a 'poor' income level. Nearly half (46.0%) are employed within the domestic work sector, with the rest distributed among agriculture (16.0%), industry (10.0%), construction (8.0%), and other (20.0%) sectors. Further, 50.0% are of Arab nationality, with 44.0% being in the northern region of their respective governments compared to 12.0% who live in the southern region of their governments. The destination governments included in the study were Jordan, India, Maldives, Pakistan, Sri Lanka, Saudi Arabia, and Myanmar.

TABLE 1. SAMPLE CHARACTERISTICS (N = 764)

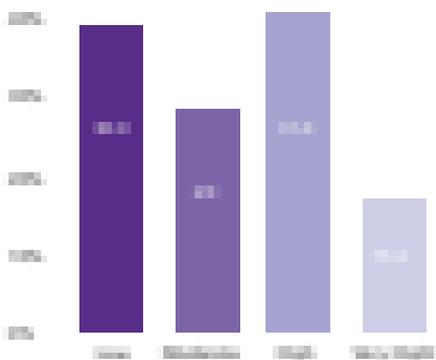
Variable	Categories	Count	%
Gender	Male	407	53.3
	Female	357	46.7
Age	18-24	10	1.3
	25-34	100	13.1
	35-44	194	25.4
	45 or older	180	23.5
How long have you been in Canada	Less than 1 year	101	13.2
	1-5 years	197	25.8
	More than 5 years	286	37.4
	Other	180	23.6
Marital status	Married	199	26.1
	Single	175	22.9
	Divorced	81	10.6
	Widow/Widower	49	6.4
Income	None	100	13.1
	Subsiding	100	13.1
	Very good	10	1.3
Work	Fulltime	167	21.9
	Parttime	160	20.9
	Retiree(s)	14	1.8
	Other	153	19.9
Work sector	Government	87	11.4
	Public	100	13.1
	Manufacturing	101	13.2
	Healthcare sector	100	13.1
	Other	106	13.9
Nationality	None	170	22.3
	Other	594	77.7
Government	Health/Medical	100	13.1
	Health Support	50	6.5

RESULTS

The purpose of this study was to assess the mental health, legal aid needs, and basic needs of migrants in London while taking into account various sociodemographic characteristics.

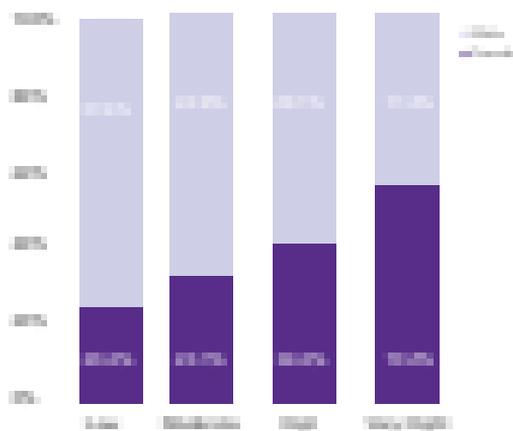
4.1.4 REGULAR PSYCHOLOGICAL DISTRESS SCALE (PDS) RESULTS

Figure 1. Participants' scores on the PDS scale



As displayed in Figure 1, around 89% of the sample reported low levels of psychological distress, 28% reported moderate levels of psychological distress. More significantly, 92% and 15% reported high and very high levels of psychological distress, respectively.

Figure 2. PDS scores distributed by gender



among males (19.1%) than females (15.9%). These results indicate that females are more likely to experience high to very high levels of psychological distress and mental health problems compared to males.

Figure 6. RT Scores distributed by age group

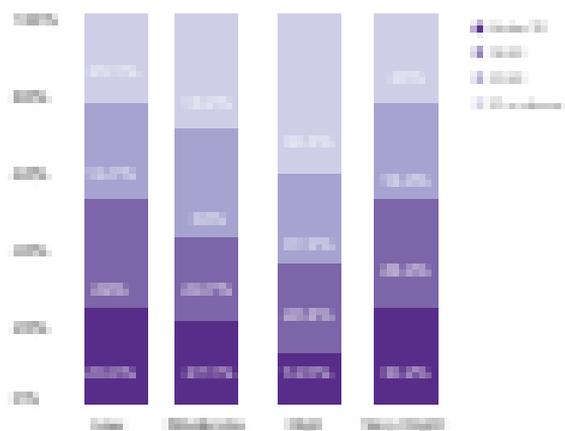


Figure 6 illustrates the participant's age distribution within each category of the RT score. Among subjects aged 19 years or older, 40% consistently fell, 35% fell, and 25% moderate, and 44% low. Subjects aged 18-19 years old consistently distributed among the four categories: 44% very high, 35% high, 35% moderate, and 21% low. Among the young adult group aged 18-19 years old, 50% scored very high, 35% high, 35% moderate, and 15% low. Finally, older subjects under 18 years old were distributed below 47% very high, 35% high, 18% moderate, and 25% low.

Figure 7. RT Scores distributed by income level

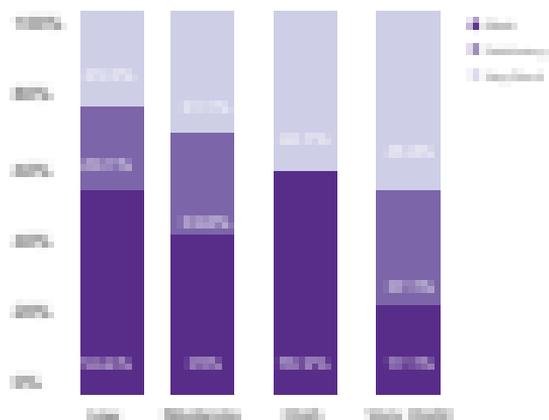


Figure 7 presents the participant's income distribution within each RT score category. Most participants with a high-end income reported the lowest rate of high-end RT scores and were with a high-end RT score. Among subjects with a high-end income, 35% reported very high rate of score, 35% moderate, 35% moderate, and 35% low score. Subjects with a moderate income were distributed as follows: 35% scored very high, 35% high, 35% moderate, and 35% low. Among those with a low-end income, 35% scored very high, 35% high, 35% moderate, and 35% low.

Figure 5. IED scores distributed by geographic region

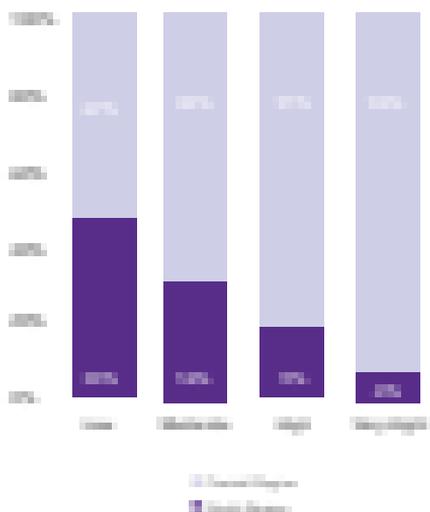


Figure 5 displays participants' IED scores distributed across that respective geographic region. The graph highlights notably higher levels of psychological distress among migrants living in the central region of their governments. Specifically, 67% of migrants who indicated very high levels of political civil distress live in the central region, while only 33% of those who reported very high distress live in the north region. Further, 67% of those who reported high distress, 67% of those who reported moderate distress, and 67% of those who reported low distress also live in the central region.

Figure 6. IED scores distributed by the number of years in Jordan

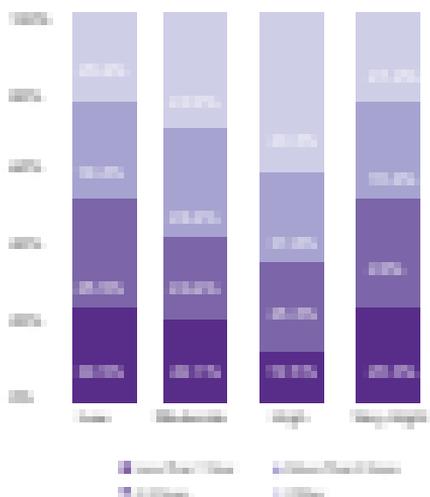
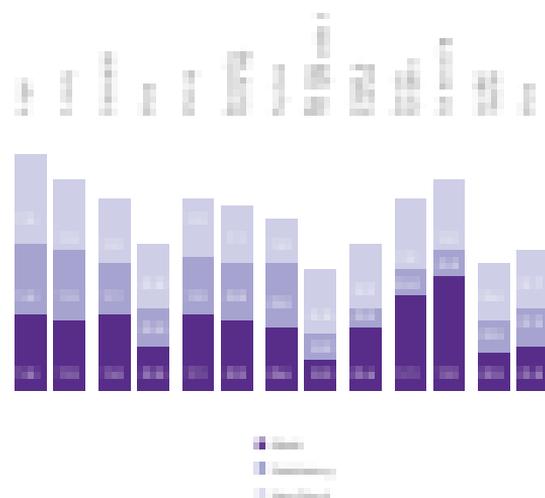


Figure 6 presents the migrants' IED scores distributed by the amount of time they have been in Jordan. Migrants who have been in Jordan for less than one year were distributed among the four categories as follows: 33.3% very high, 33.3% high, 33.3% moderate, and 33.3% low. As for migrants who have been in Jordan for 1-5 years, 33.3% scored very high, 33.3% high, 33.3% moderate, and 33.3% low. Finally, among migrants who have been in Jordan for more than 5 years, 33.3% scored very high, 33.3% high, 33.3% moderate, and 33.3% low.

Figure 16. DSM-5C scores distributed by income level



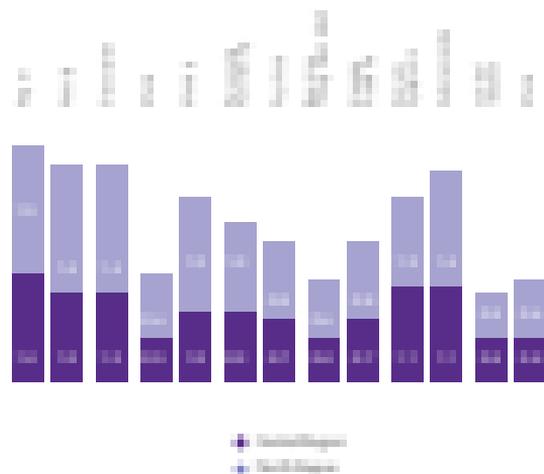
*Scores are categorized as low (0-10), moderate (11-20), or high (21-40).

In aggregate, Figure 16 results showed that migrants with “moderate” income levels displayed the highest level of mental health symptoms, followed by those with a lower income and those with a very high income. In particular, migrants with a lower income group of their income level group. Further, mental symptoms were higher among those with a moderate income, with depression and high anxiety those with a low income.

Migrants with a moderate income level demonstrated levels of anger (1.6) and anxiety symptoms (1.6). They indicated low levels of mania (0.2), depression (0.2), dissociation (0.2), stress (0.2), memory problems (0.2), personality functioning (0.2), psychosis (0.2), repetitive thoughts and behaviors (0.2), sleeping problems (0.2), substance use (0.2), and suicidal thoughts (0.2). Migrants with “very good” income level indicated levels of anger (1.6) and moderate anxiety (1.6), depression (1.2), dissociation (0.2), stress (1.2), memory problems (0.2), personality functioning (0.2), psychosis (0.2), repetitive thoughts and behaviors (0.2), sleeping problems (0.2), substance use (0.2), and suicidal thoughts (0.2).

Finally, migrants with low income demonstrated levels of anger (1.6) and depression (1.6). They indicated low levels of anxiety (0.2), dissociation (0.2), mania (0.2), memory problems (0.2), personality functioning (0.2), psychosis (0.2), repetitive thoughts and behaviors (0.2), sleeping problems (0.2), substance use (0.2), and suicidal thoughts (0.2).

Figure 15. Global HD scores distributed by government region

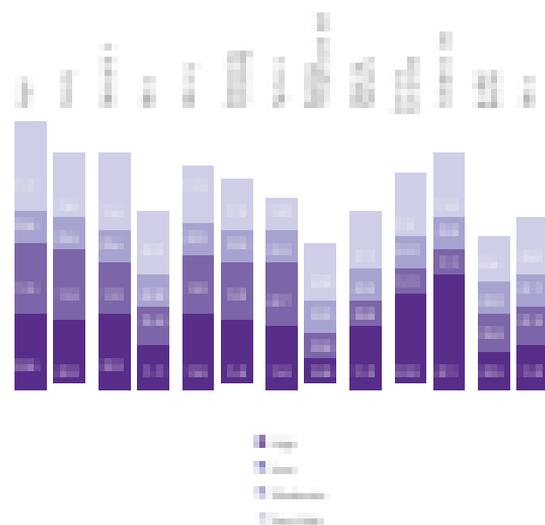


*Score range: 0.0-0.50 (Challenges) / 0.50-1.00 (Solutions) / 0.0-1.00 (Total)

Note: This figure is based on the data for the 15 government regions with a reported HD score. The HD scores for the 15 government regions are: AF (0.8), AM (0.8), AN (0.8), AS (0.4), EU (0.8), EU* (0.8), EU** (0.8), EU*** (0.8), EU**** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8).

Figure 15 shows the HD scores for the 15 government regions. The HD scores are distributed by government region. The HD scores are: AF (0.8), AM (0.8), AN (0.8), AS (0.4), EU (0.8), EU* (0.8), EU** (0.8), EU*** (0.8), EU**** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8). The HD scores are distributed by government region. The HD scores are: AF (0.8), AM (0.8), AN (0.8), AS (0.4), EU (0.8), EU* (0.8), EU** (0.8), EU*** (0.8), EU**** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8), EU***** (0.8).

Figure 13. BMM (N) scores distributed by BMM scores



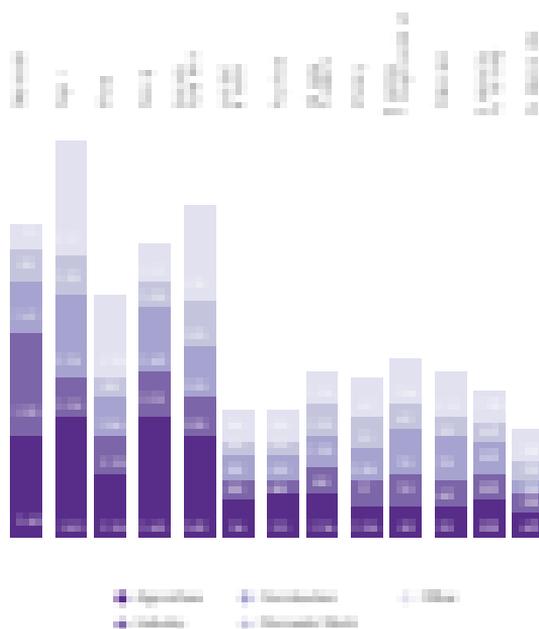
*There are respondents who (1.1-1.5) moderate (1.6-2.5) or high (3-10).

Figure 13 shows the BMM (N) scores distributed by respondents' BMM responses. As expected, subjects who reported only high distress levels on the BMM scale indicated the highest levels of overall health symptoms, followed by subjects who indicated high distress levels, moderate distress levels, and low distress levels on the BMM. In particular, overall distress was 10 times higher among those with only high distress compared to those with low distress.

Subjects who reported only high distress on the BMM ranged moderate levels of age (2-6), anxiety (2-6), depression (2-6), alcohol (6), memory problems (7-8), personality functioning (7-8), sleeping problems (8), and overall symptoms (7-9). They also indicated levels of dissatisfaction (7-9), self-esteem (8-9), repetitive thoughts or ruminations (7-8), substance use (8-9), and overall distress (7-8).

Subjects who reported high distress levels on the BMM ranged moderate levels of age (2-6), anxiety (2-6), depression (2-6), and overall symptoms (7-9). They also reported low or moderate levels of stress (2-6), memory problems (7-8), personality functioning (7-8), self-esteem (8-9), repetitive thoughts or ruminations (7-8), sleeping problems (7-8), substance use (8-9), and overall distress (8-9). Subjects with moderate or low distress had moderate to very high levels of symptoms (7-10).

Figure 13. GDM-DC scores distributed by migrants' work sector



*Values are aggregated in two (1-4) sectors (1-2,3-4), except (5-7,8-9)

Figure 13 presents GDM-DC scores distributed across migrants' work sector: Retail, Informal, Services, other work sector, Agriculture, Industry, and Domestic Work. In terms of work sectors, following their respective contribution, migrants' activities were: Agriculture, Industry, Services, Informal, and Domestic Work.

Migrants working in other sectors obtained moderate levels of depression (1-4), anger (1-4), anxiety (1-4), somatic symptoms (1-4), and interpersonal sensitivity (1-4). Migrants working in agriculture obtained moderate levels of anger (1-4), anxiety (1-4), somatic symptoms (1-4), and interpersonal thoughts and behaviors (1-4).

Migrants working in construction obtained moderate levels of depression (1-4), anger (1-4), anxiety (1-4). Migrants in domestic work moderately demonstrated average levels of interpersonal (1-4).

The study surveyed participants' general attitudes regarding the importance of mental health care, accessibility barriers towards obtaining mental health care, attitudes towards specialised vs non-specialised mental health services, legal barriers towards obtaining mental health care, barriers related to the time and place of mental health services, cost-related barriers to mental health care, participants' trust in the quality of mental health care, barriers related to the social stigma of seeking mental health care, and language barriers to obtaining care.

More than two-thirds of participants (78.8%) indicated that it is 'very important' for people to have access to mental health care, compared to 76.7% who said it is 'not very important'. Similarly, 76.7% said that they believe mental health services to be 'very important' and essential, compared to 75.4% who said that mental health services are 'not very important'.

Nearly a third (29.6%) said that they do not generally believe they can access mental health services if they need them, while 68.6% said they feel that they can. Around 60% said that lack of knowledge about finding the right place for their mental health needs is the main barrier to seeking a mental health provider, compared to 62.7% who disagreed with this statement. Nearly a third (29.6%) indicated that they do not believe mental health services are available to migrants who need them, compared to 68.6% who said that they are.

Nearly half (48.6%) said that it was 'very likely' that they would prefer to contact a psychiatrist if they or a family member experienced a mental health problem, compared to 39.7% who said that it was 'not very likely' they would do so. Similarly, 56.6% said that it was 'very likely' that they would prefer 24/7 care, while 40.6% who indicated 'more 'not very likely' that they would do so. Further, 66.6% said they would prefer to visit a specialist rather than a psychiatrist if they experienced a mental health issue, compared to 51.6% who disagreed with this statement. Around 60% indicated that they believe that migrants need more psychoeducation than specialised mental health services, while 57.7% disagreed. In comparison, 66.6% indicated that migrants need specialised mental health services more than only high education, while 66.6% disagreed. Participants who answered 'don't know' to questions regarding specialised services ranged from 11.6% to 19.7%.

In terms of legal issues, 66.6% of migrants indicated that they believe their migrants are aware of their legal situation, compared to 57.7% who disagreed. Around two-thirds (71.6%) indicated that legal problems such as having a work permit are the main barrier to obtaining mental health services, compared to 49.7% who disagreed.

Moreover, approximately half (48.6%) indicated that restricted mobility due to the nature of their work limits their ability to visit a mental health care centre, while 56.7% disagreed. Around 67% also indicated that the time of service provision is the main barrier to seeking mental health services provider, compared to 66.6% who disagreed.

Significantly, more than two-thirds (68.8%) stated that the cost of treatment is the main barrier to visiting a mental health service provider, while 11.1% disagreed.

Additionally, almost half (46.8%) indicated that lack of confidence in the outcome of treatment is the main barrier to visiting a mental health care service, compared to 44.5% who disagreed. In addition, 41.8% said that they believe migrants should not trust the quality of mental health services and rely on themselves to resolve their issues, compared to 41.1% who disagreed with this statement.

Furthermore, 44.4% indicated that concerns about what other people would think of them were the main barrier to visiting a mental health service provider, while 56.1% disagreed. Additionally, 48.8% indicated that concerns about other people finding out that they debate a mental health service provider were the main barrier to seeking mental health support, while 58.1% disagreed. Finally, 48% of migrants indicated that their native language is a barrier to obtaining subsequent psychological services, compared to 59.8% who disagreed.

Overall, the pattern of migrants who responded 'I don't know' to all items ranged from 4.8% to 23.8%. 'I don't know' responses were highest on the items relating to the availability of mental health services to those who need them (23.4%) and whether lack of knowledge about finding the right place for their needs is the main barrier to visiting a mental health service provider (23.8%).

4.1.8 KEY CONCLUSIONS

The examination of migrants' mental health status, symptomology, and attitudes resulted in the following major highlights:

1. Almost half of all migrants surveyed (44.8%) reported high to very high levels of psychological distress (Figure 5). Specifically, over half of the females (51.6%) reported high to very high levels of psychological distress compared to 39.5% of males (Figure 5).
2. Migrants with satisfactory and good income levels reported much higher levels of psychological distress (3 times) compared to those with a very poor income level (Figure 6).
3. Migrants living in the central region of their governments reported roughly higher levels of psychological distress (75% of migrants who indicated 'very high' distress and 61% of those who reported 'high' distress live in the central region) (Figure 6).
4. Migrants indicated elevated mental health symptoms on measures of anger, anxiety, depression, stress, sleeping problems, and somatic symptoms. Females reported higher levels of mental health symptoms than males in terms of all symptoms measured except substance use, with particularly high levels of anger, anxiety, depression, and somatic symptoms (Figure 8).
5. Male migrants reported higher levels of anger, while non-females reported higher levels of depression and somatic symptoms (Figure 8).

- 11. Migrants with satisfactory income levels displayed the highest levels of mental health symptoms, followed by those with weak and very good income levels. Anger was elevated among the three groups (Figure 14).
- 12. Migrants living in the central region of their governments reported higher symptoms across all measures compared to those living in the north region, with particularly high levels of anger, anxiety and depression. Suicidal ideation and psychosis scores were 8 times higher among those living in the central region (Figure 15).
- 13. As expected, migrants who reported very high distress on the GHQ scale indicated the highest levels of mental health symptoms, followed by migrants who indicated high distress, moderate distress, and low distress. Suicidal ideation was 13 times higher among those with very high distress compared to those with low distress (Figure 16).
- 14. Symptoms of anger, panic, somatic symptoms, and repetitive thoughts and behaviors were elevated among agricultural workers, while depression, anger and anxiety were elevated among construction workers (Figure 18).
- 15. Most migrants (73.1%) view mental health care as 'very important' but report strong barriers to obtaining care, particularly concerns of legal issues and cost of services. Specifically, 61.9% indicated that legal problems such as obtaining work permits are the main barrier to obtaining services, and 61.9% indicated that concerns about the cost of treatment are the main barrier to visiting a mental health service provider.
- 16. More than half (54.8%) of the migrants indicated that they do not personally believe they can access mental health services.
- 17. Half of the participants reported that the time of service provision (50.7%) and limited mobility due to the nature of their work (49.7%) were the main barriers to visiting a mental health service provider.
- 18. Around one third of participants reported that lack of confidence in services and social stigma are the main barriers to visiting a mental health care provider.
- 19. More participants reported that they were 'very likely' to contact a counselor (61.9%) rather than a psychiatrist (46.7%) if they or a family member were to experience mental health problems. Participants also reported that they think migrants need specialized mental health services (61.9%) more than youth education (45.7%).
- 20. 4.6% of participants reported language as a barrier to obtaining mental health care.

4.1.1 RECOMMENDATIONS

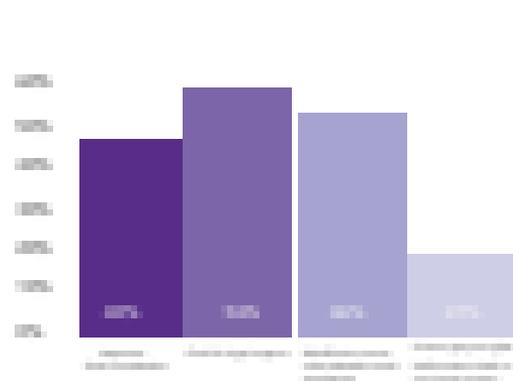
1. A referral system might be helpful for those who are experiencing high levels of distress.
2. Psychosocial support programs that address the mental health needs of migrants should be developed with the following considerations:
 - a. PEI programs that focus on the differential skills for dealing with anger, anxiety, depression, trauma, sleeping problems, and somatic symptoms are necessary. Specifically, special focus should be placed on depression and suicidal ideation.
 - b. PEI programs should be particularly directed at female migrants, migrants with low income, and migrants living in the coastal regions of their governments.
 - c. Anger was consistently elevated among migrants compared to all other symptoms, indicating the need for anger management programs. Specifically, anger management and trauma release programs should target both migrants.

4.2 IMMIGRANT LEGAL ASSISTANCE NEEDS

The study surveyed the extent to which different types of legal assistance are required by migrants. Specifically, participants were asked about their need for assessment and consultation, need for legal support, modification to some rules related to work regulations, and how to get their rights before returning to their home country. The results were analyzed across gender, geographical region, income level, work status, and psychological distress levels indicated on their travel scale (Figure 36.36).

TYPE OF REQUIRED LEGAL ASSISTANCE NEEDS

Figure 36.36: Percent of migrants that require different types of legal assistance



In terms of legal assistance, 83% of migrants reported the need for assessment and consultation during their stay in Jordan, as presented in Figure 36.36. Furthermore, 69% reported that they needed need for legal support, 69% indicated the need for modifying some rules related to work regulations, and 37% indicated the need for information on how to exercise their rights before returning to their home country.

Figure 21 Migrants' reported types of required legal assistance: *Inductively gender*

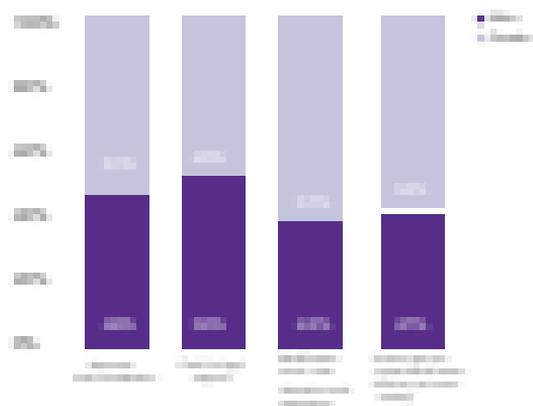
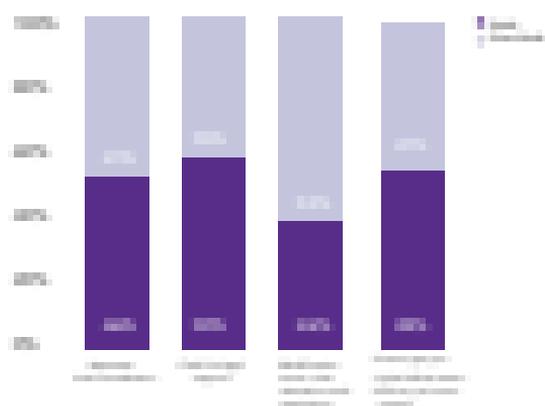


Figure 21 shows that male migrants report the need for different types of legal assistance compared to female migrants. Specifically, more males reported the need for assistance and consultation (58.4%), mediation or conciliation related to work regulation (43.4%), and knowledge on how to access their rights before returning their home country (40.4%). Female reported a slightly higher need for work for legal support (60.4%) compared to males.

Figure 22 Migrants' reported types of required legal assistance: *Stratified by nationality*



As shown in Figure 22, a considerably higher number of male migrants (64%) reported the need for the mediation of services related to work regulation compared to female migrants (36%), as displayed in Figure 21. More male migrants reported somewhat higher needs for assistance and consultation (64%), and for legal support (59%), and knowledge on how to access their rights before returning their home country (55%) compared to female migrants (41%, 45%, and 45%, respectively).

Figure 25 Migrants' reported types of required legal assistance distributed by the government region

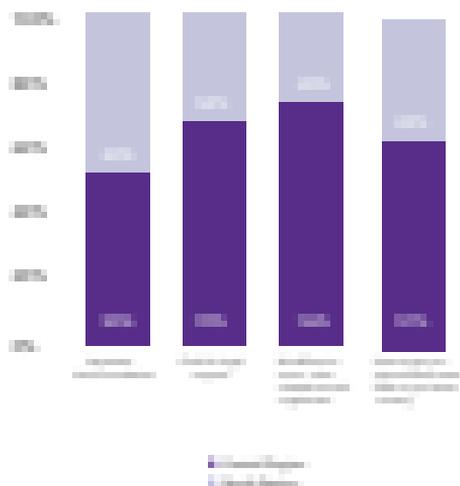


Figure 25 further highlights the differences in legal assistance requirements between migrants living in the central region versus the north region of their governments. In particular, those in the northern region displayed much higher needs for legal assistance in terms of awareness and consultation (50%) and for legal support (20%), modification of some rules related to work regulation (33%), and knowledge on how to access their rights before returning to their home country (38%), compared to migrants living in the central region (54%, 14%, 32% and 32%, respectively).

Figure 26 Migrants' reported types of required legal assistance distributed by income level

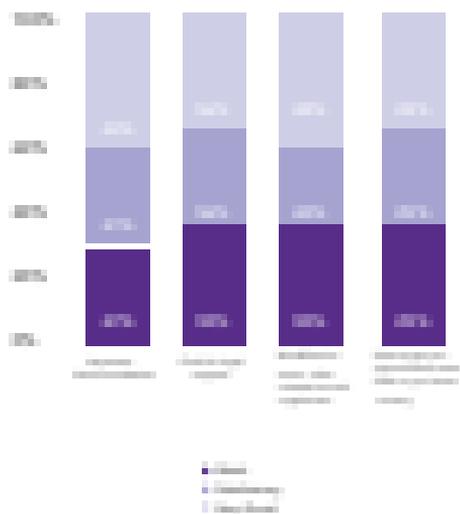


Figure 26 shows that migrants with 'very good' income levels indicated higher needs for legal assistance compared to migrants with satisfactory and weak income levels in terms of awareness and consultation (37%), need for legal support (26%), modification of some rules relative to work regulation (33%), and knowledge on how to access their rights before returning to their home country (38%).

Migrants with weak income levels indicated higher needs for legal assistance compared to migrants with satisfactory income levels in terms of awareness and consultation (38%), modification of work regulation rules (33%) and knowledge of how to access rights before returning to their home country (38%). Finally, the same percent of migrants with satisfactory and weak income levels indicated the greatest need for legal support (29%).

Figure 24. Migrants' reported types of required legal assistance, differentiated by migrant workers' sector

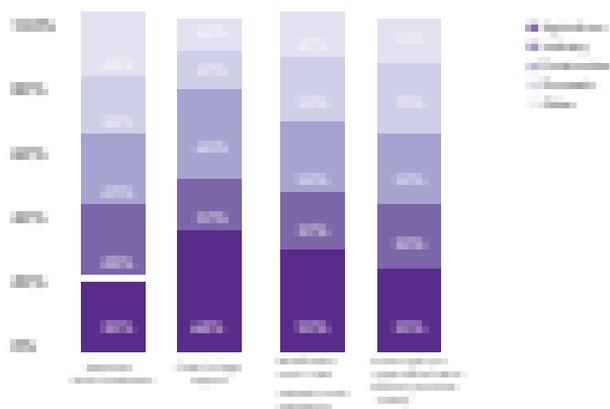


Figure 24 shows the reported types of required legal assistance, differentiated by migrant workers' sectors. Overall, migrants who work in construction indicated the highest need for legal assistance, followed by those who work in 'other' sectors like domestic work, industry, and agriculture.

Migrants in 'other' sectors indicated the highest need for cost-free legal support (33%), followed by the need for modification of rules related to work regulation (20%), knowledge on how to get their rights by returning to their home country (10%), and awareness and consultation (10%). Migrants in domestic work displayed the highest need for cost-free legal support (20%), followed by awareness and consultation (10%), modification of rules related to work regulation (10%), and knowledge of rights before returning to their home country (10%).

Further, migrants in construction displayed a high need for all types of legal assistance: cost-free legal support (20%), modification of rules related to work regulation (10%), awareness and consultation (10%), and knowledge of rights before returning to their home country (10%). Migrants in industry displayed the highest need for modification of rules related to work regulation (10%), followed by the need for cost-free legal support (10%), awareness and consultation (10%), and knowledge of rights before returning to their home country (10%).

Finally, migrants in agriculture displayed the highest need for modification of rules related to work regulation (10%), followed by awareness and consultation (10%), cost-free legal support (10%), and knowledge of rights before returning to their home country (10%).

Figure 24. Migrants' reported types of legal assistance distribution by WIT scores

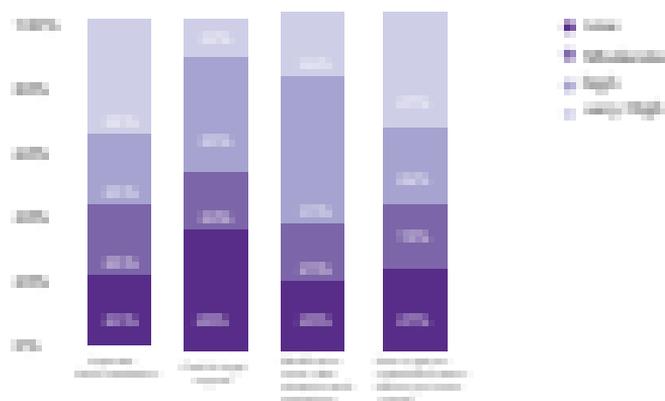


Figure 24 shows the migrants' legal assistance needs to be distributed across their WIT scores. Migrants who reported 'very high' status indicated high need for cash for legal support (20.0%) and knowledge on how to access their rights before returning to their home country (20.0%). Compared to other groups, migrants who reported 'very high' status also reported the lowest needs for awareness and consultation (20.0%) and modification of work regulations rules (20.0%).

Migrants with 'low' status reported the highest needs for awareness and consultation (30.0%) and knowledge on how to access their rights before returning to their home country (30.0%) compared to other groups. Further, migrants with 'moderate' status displayed the highest need for modification of work regulations rules (20.0%) compared to other groups, while migrants with 'high' status reported the lowest need for knowledge on how to access their rights before returning to their home country (20.0%) compared to other groups.

4.2.1 KEY CONCLUSIONS

1. Over half of migrants surveyed (52%) reported needing more cash for legal support, 33% reported the need for awareness and consultation during their stay in Jordan, 33% indicated the need for modifying work rules related to work regulations, and 27% indicated the need for information on how to access their rights before returning to their home country (Figure 24).

- 17. Legal assistance needs were generally higher among male than females, particularly in terms of awareness and consultation (31.37%), modification of rules related to work regulation (32.38%), and information about rights before returning to their home country (35.89%). Females reported a slightly higher need for cash for legal support (36.62%) (Figure 27).
- 18. Adult migrants reported notably higher needs for modification of rules related to work regulation (33%), while non-adult migrants reported slightly higher needs for awareness and consultation (38%), cash for legal support (39%), and knowledge of their rights before returning to their home country (39%) (Figure 28).
- 19. Migrants living in the north region of their governments reported much higher legal assistance needs across all types of assistance compared to those living in the central region. Specifically, they reported a higher need for awareness and consultation (38%), cash for legal support (37%), modification of rules related to work regulation (37%), and information on rights before returning to their home country (37%) (Figure 29).
- 20. Migrants with very good income reported the highest legal assistance needs across all types of assistance, followed by those with good income and those with satisfactory income (Figure 30).
- 21. Migrants in high-recovery/high distress expressed a strong need for funding for legal assistance, followed by information on their rights before returning to their home country, awareness and consultation, and changes to labor regulations (Figure 31).

6.2 RECOMMENDATIONS

- 1. FOL programs should be employed for different legal issues, with a special focus on the following:
 - a. Education programs that aim to raise awareness about the laws, policies, and regulations related to migrants' work and other issues, as well as provide proper guidance on the specifications.
 - b. Programs should include awareness-raising sessions that cover migrant rights.
 - c. Programs should particularly focus on male migrants, migrants with low income, and migrants living in the northern region of their governments.

6.3 MIGRANTS' BASIC NEEDS

Migrants were asked about their most urgent basic needs when money was insufficient, including food, shelter, clothes, water and sanitation, health assistance, and other needs. The results were distributed by gender, nationality, government region, income level, and psychological distress levels influenced on the 100 scale (Figure 32.33).

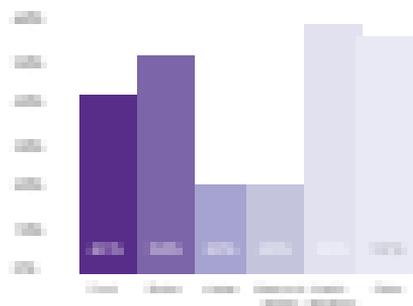
Further, the study questionnaire surveyed migrants' quality of available basic needs. The responses on quality and quantity of food, housing conditions and space, and quantity and quality of clothes were used from usual (1) to excellent (5) on a five-point scale. Storage scores for these items can be improved according to the scope depicted in Table 6.

Table 2. (Cont.) Requirements for the minimum quality of basic needs.

Score range	Requirement
100-120	Low
120-140	Moderate
140-160	High

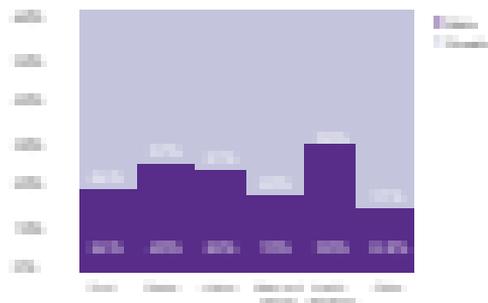
housing types ranged from the shared apartment (7), with a family (2), shared with a group (3), and private housing (8), while the availability of health care ranged from available (7), not available (2), available but not (3), or available but not enough (8). Finally, migrants indicated whether they intend to go back to their country with 'yes' (1) or 'no' (2). The results were distributed by gender, nationality (foreign born), work status, and psychological distress levels indicating by the WHO scale (Figure 18-18).

18.1.1.1. Requirements for basic needs



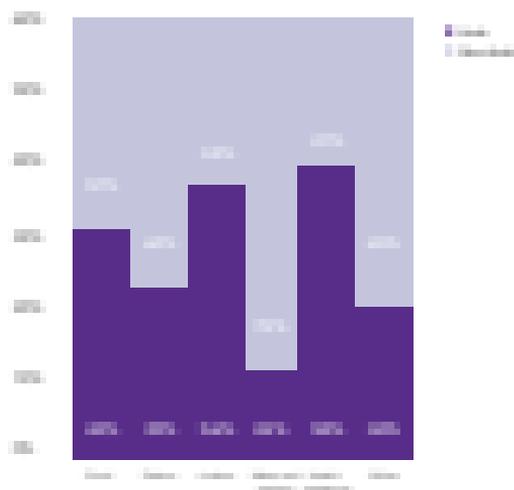
As shown in Figure 18, overall, migrants indicated the need for better shelter (25%), water and sanitation (20%). Furthermore, 20% indicated the need for better food, and 20% indicated the need for better clothing, water, and sanitation.

Figure 18. Migrants' reported requirements of basic needs distributed by gender



As shown in Figure 18, males reported greater requirements for basic needs than females. They reported greater needs for food (28%), shelter (27%), clothing (24%), water and sanitation (22%), as well as other needs (27%) compared to females (20%, 20%, 10%, and 10%, respectively). Moreover, females reported a greater need for health services (27%) than males (20%).

Figure 29 Migrants' reported requirements of basic needs distributed by nationality



As presented in Figure 29, local migrants generally reported greater requirements for basic needs compared to non-local migrants. The largest difference between local and non-local migrant needs was in terms of water and sanitation. Specifically, local migrants reported a greater need for food (52.4%) and/or (58.4%), water and sanitation (75.4%), and other needs (58.4%) compared to non-local migrants (32.4%, 38.4%, 34.4%, and 44.4%, respectively). However, non-local migrants reported a greater need for shelter (66.4%) and health services (68.4%) compared to local migrants (36.4% and 34.4%, respectively).

Figure 30 Migrants' reported requirements of basic needs distributed by the Government region

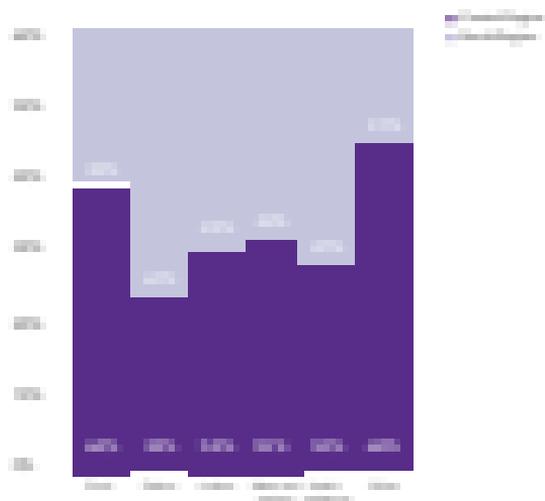
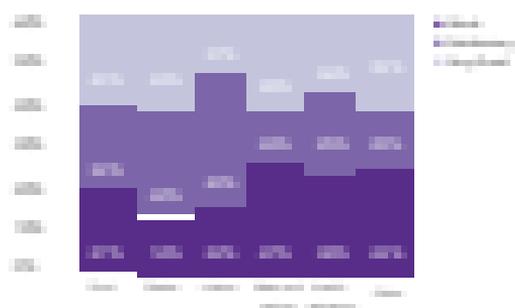


Figure 30 shows that migrants living in the north region of the government reported a relatively greater requirement for basic needs compared to those living in the central region. Specifically, they reported higher requirements for food (58.4%), shelter (66.4%), water and sanitation (75.4%), health services (68.4%), and other needs (58.4%) compared to those living in central region (38.4%, 42.4%, 34.4%, 44.4%, and 44.4%, respectively). However, migrants living in central region reported a relatively greater need for shelter (66.4%) compared to those in northern region (38.4%).

Figure 10. Migrants' reported requirements for basic needs distributed by income level



Overall, migrants with satisfactory and weak income levels displayed a higher need for food, shelter, and utilities compared to those with a very good income, while those with a very good income displayed a higher need for water and sanitation, health services and other needs compared to those with a satisfactory or weak income, as shown in Figure 10.

Specifically, 89% of migrants with a weak income reported a need for food, 83.8% for shelter, 82.1% for utilities, 88% for water and sanitation, 84.8% for health services, and 85.8% for other needs. In comparison, 82.8% of migrants with a satisfactory income reported the need for food, 8.8% for shelter, 88.1% for utilities, 88.1% for water and sanitation, 85.7% for health services, and 88.8% for other needs, while 87.2% of migrants with a very good income reported the need for food, 74.2% for shelter, 82% for utilities, 81.2% for water and sanitation, 88.4% for health services, and 88.2% for other needs.

Figure 11. Migrants' reported requirements for basic needs distributed by the work sector

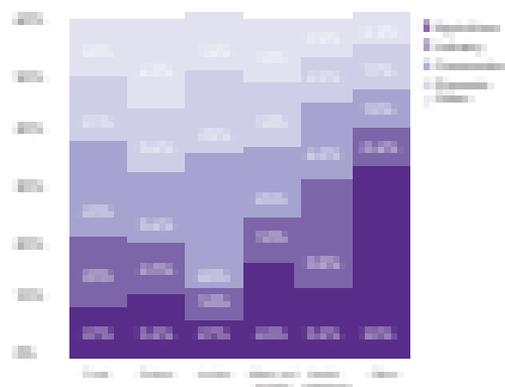
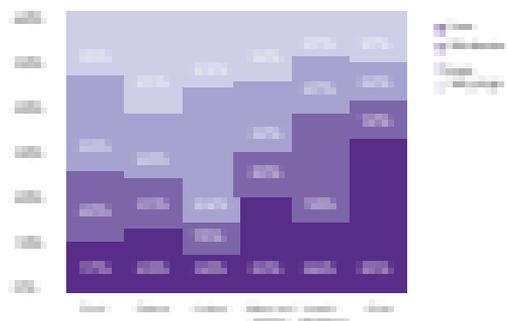


Figure 11 illustrates migrants' requirements for basic needs by work sector. Overall, migrants in construction and informal sectors displayed the highest requirements for basic needs. Migrants in construction and domestic work displayed the greatest need for health services (8.8% and 8.8%), and migrants in agriculture and industry displayed the greatest need for shelter (8.8% and 8.8%). Migrants in informal sectors displayed the greatest need for food shelter (8.8%) and health services (8.8%).

Further, migrants in construction also displayed high needs for shelter (84%), food (82%), and shelter (82%). Migrants in 'other' sectors displayed high needs for water and sanitation (82%), food (82%), and other needs (82%). Migrants in agriculture also displayed high needs for food (82%) and health assistance (82%). Similarly, migrants in industry displayed a high need for food (82%), and health assistance (82%), while those in domestic work displayed a high need for shelter (82%) and food (82%).

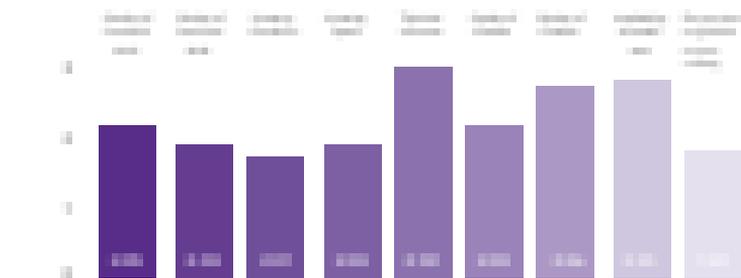
Figure 16: Migrants' reported requirements for basic needs distributed by IOM waves



Moreover, Figure 16 displays the migrants' reports of basic needs distributed by IOM waves. Migrants with a high distance level reported the highest need for shelter (84.2%), those with a high distance level reported the highest need for shelter (84.2%), those with a moderate distance level reported the highest need for water and sanitation (82.2%), those with low distance levels reported the highest need for food (82%) and other needs (82.2%), relative to other groups.

3.3.3 QUALITY OF BASIC NEEDS

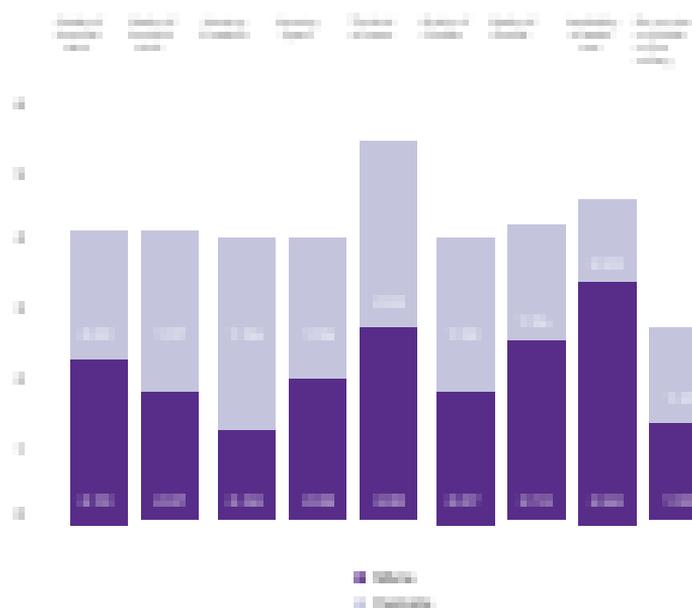
Figure 17: Migrants' reported quality of available basic needs



*Values in quality and quality of basic needs, shelter, water and sanitation, and quality of shelter, and quality of water and sanitation are in percentage (percentage of migrants in each category).

As displayed in Figure 17, the results show that the quality of most basic needs were moderate, including quality of food and shelter (82%), quantity of food and shelter (82%), housing conditions (82%), housing space (82%), the number of rooms (82%), and quality of shelter (82%). Most migrants indicated that they do not intend to return to their home country.

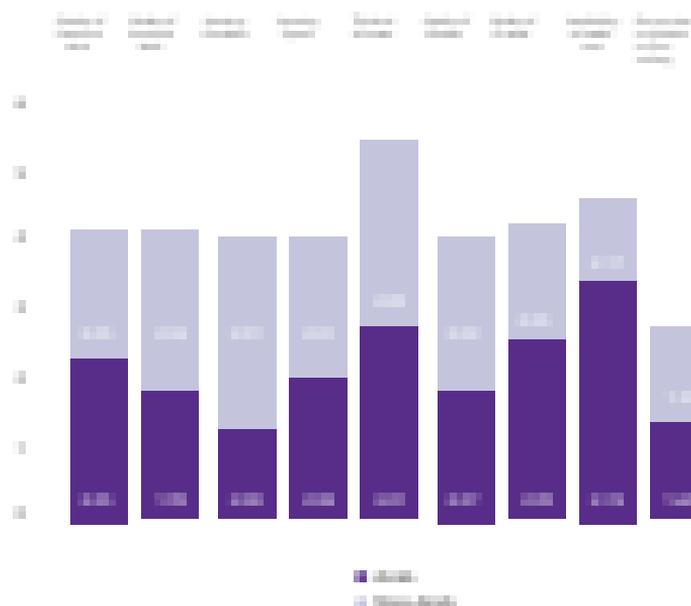
Figure 18. Migrants reported the quality of available basic needs distributed by gender



*Based on quality and quantity of food; housing condition and space; and quality and quantity of utilities as categorized into (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

Figure 18 displays the migrants' reported quality of basic needs distributed by gender. Overall, females reported a higher quality of basic needs than males. Specifically, females reported a higher quality of food and drink (3/10), the quantity of food and drink (2/10), housing condition (2/10), housing space (2/10), the number of utilities (2/10), and quality of utilities (2/10), while males reported low quality of food and drink (2/10), the quantity of food and drink (1/10), housing condition (1/10), housing space (1/10), the number of utilities (1/10), and quality of utilities (1/10). These males that females reported the lowest to return to their home country.

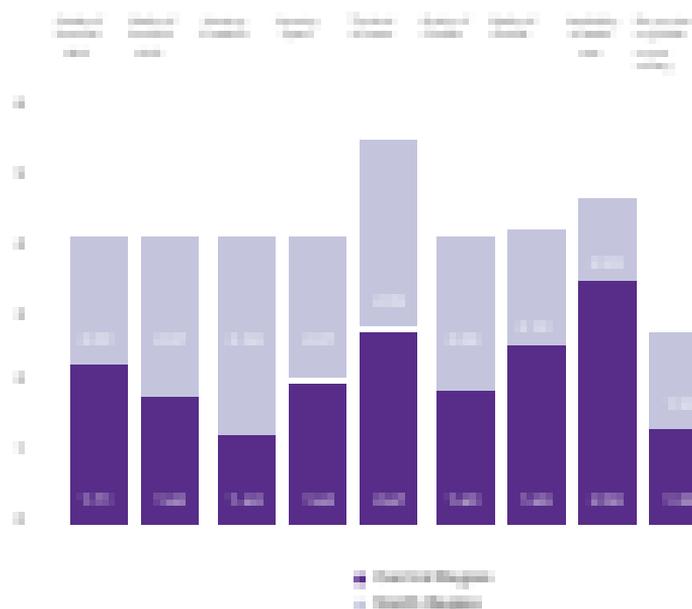
Figure 18. Migrants' reported quality of available basic needs distributed by nationality



*Based on quality and quantity of food; housing conditions; and access, availability and quality of clothes on migration in the 7 Arab-BE, Jordanian (JAB-BE), and Egyptian (EAB-BE) camps.

As shown in Figure 18, non-Arab migrants reported slightly lower than Arab migrants' quality of basic needs. Specifically, Arab migrants indicated the moderate quality of food and drink (55%), the quality of food and drink (33%), housing conditions (33%), housing space (33%), and the number of clothes (33%), and quality of clothes (66%). Non-Arab migrants reported moderate quality of food and drink (66%), housing space (33%), the number of clothes (33%), quality of clothes (33%), and low quality of food and drink (17%), and housing conditions (33%). Further, more Arab migrants reported the intention to return to their home country than non-Arab migrants.

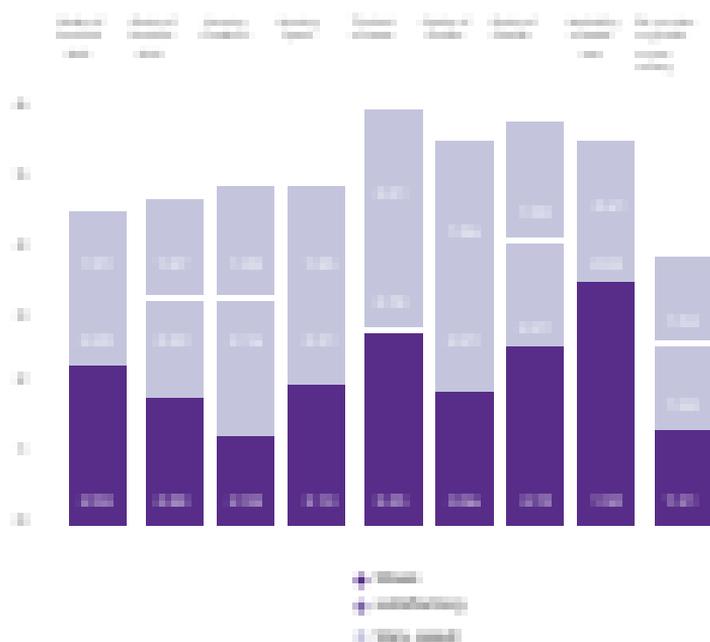
Figure 13. Migrants' reported quality of available basic needs distributed by the Government region



*Number of good and quality of food, housing condition, and space, and quality of clothes are reported in two (2-10,000), students (0-10,000), and high (1000-2000).

Migrants living in the central regions of their governments reported a higher quality of basic needs than those living in the northern region, as shown in Figure 13. Specifically, migrants in the central regions reported moderate quality of food and drink (7.00), the quality of food and drink (7.00), housing condition (7.00), housing space (7.00), the number of clothes (7.00), and quality of clothes (7.00), while those in the northern region reported low quality of food and drink (3.00), the quality of food and drink (3.00), housing condition (3.00), housing space (3.00), the number of clothes (3.00), and quality of clothes (3.00). In addition, more migrants in the northern region reported the intention to return to their home country than those in the central regions.

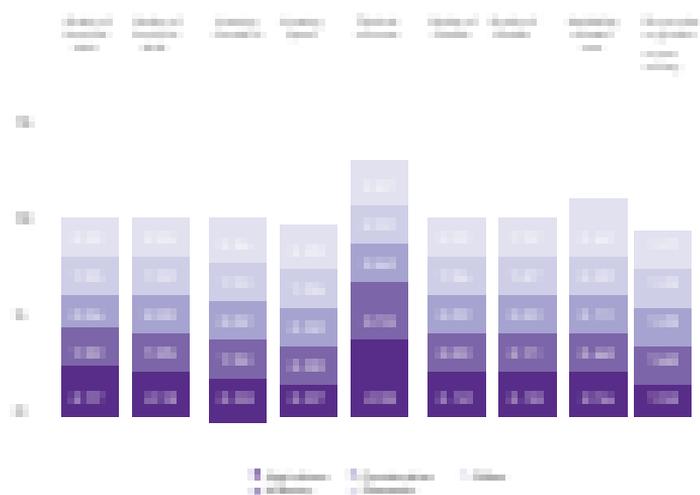
Figure 18: Migrants' reported quality of available basic needs distributed by income level



*Values on quality and quantity of basic housing conditions, and space, connectivity and quality of shelter are computed as low (0-20%), medium (21%-40%), or high (41%-60%).

Overall, migrants with a very good income reported the highest quality of basic needs, followed by those with a satisfactory and good income, as shown in Figure 18. Specifically, migrants with a very good income reported moderate quality of food and drink (21%), the quantity of food and drink (2.88), housing conditions (2.76), and high quality of housing space (2.76), the number of clothes (2.66), and quality of clothes (2.76). In comparison, migrants with a satisfactory income reported moderate quality of food and drink (2.26), the quantity of food and drink (2.66), housing conditions (2.76), housing space (2.24), the number of clothes (2.24), and quality of clothes (2.24). Migrants with a good income reported low quality of food and drink (1.76), the quantity of food and drink (1.88), housing conditions (1.88), housing space (1.88), and the number of clothes (1.88), and quality of clothes (1.76). In addition, migrants with a very high income most often reported the intention to return to their home country, following by those with a satisfactory or good income.

Figure 19: Migrants' reported quality of available basic needs distributed by migrants' work sector

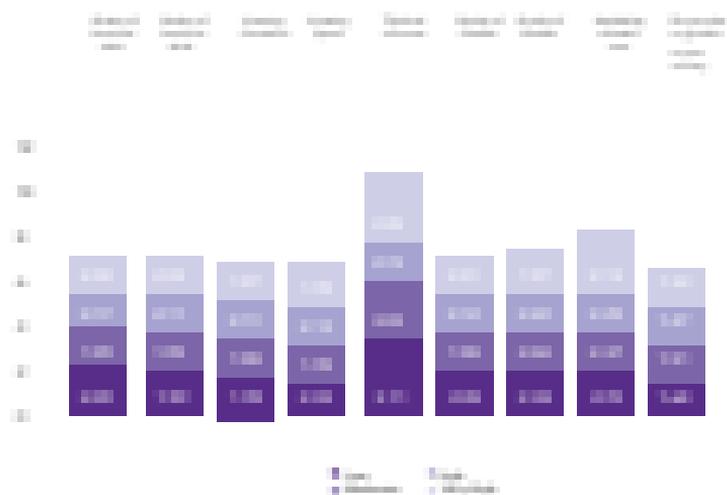


*Values in quality and quantity of food, housing conditions, electricity, and quantity and quality of clothes are aggregated as low (1-20%), moderate (21%-40%), or high (41%-100%).

Migrants working in agriculture reported the highest quality of basic needs, as displayed in Figure 19, followed by migrants working in 'other' sectors, construction, domestic work, and industry. Specifically, migrants working in agriculture reported moderate quality of food and drink (4.28), the quantity of food and drink (4.26), housing condition (4.24), housing space (4.23), and quantity of clothes (4.19), and reported low quality of clothes (1.94). Migrants working in the industry reported low quality of food and drink (1.94), the quantity of food and drink (1.92), housing conditions (1.91), housing space (1.91), and the number of clothes (1.91), and quality of clothes (1.87).

Further, migrants working in construction reported moderate quality food and drink (4.04), housing condition (4.03), housing space (4.04), and quality of clothes (4.09), and they reported low quality of food and drink (2.08) and quality of clothes (2.08). Migrants in domestic work reported low quality of food and drink (1.94), the quantity of food and drink (1.94), housing conditions (1.94), housing space (2.00), and quantity of clothes (2.00), and they reported moderate quality of clothes (2.11). Migrants in the agriculture sector reported the greatest intent of returning to their home country, followed by those working in the industry, construction, domestic work, and 'other' sectors.

Figure 66 | Migrants' reported quality of available basic needs distributed by DHS scores



*Values on quality and quantity of food, housing conditions, and access and quantity and quality of clothes are aggregated as low (N=1,000), moderate (N=1,000), or high (N=1,000).

Further as shown in Figure 66, migrants who reported moderate distress on the DHS scale reported the highest quality of basic needs, followed by those who reported very high, low, and high distress levels. Specifically, migrants who reported moderate distress indicated the moderate quality of food and drink (21%), the quantity of food and drink (21%), housing conditions (21%), housing space (21%), the number of clothes (21%), and quality of clothes (21%). Migrants who reported high distress indicated the low quality of food and drink (19%), the quantity of food and drink (19%), housing conditions (19%), housing space (19%), and quantity of clothes (19%), and moderate quality of clothes (20%).

Migrants who reported very high distress indicated the moderate quality of food and drink (20%), housing space (20%), quantity of clothes (20%), and quality of clothes (20%), and they indicated a low quality of food and drink (19%) and housing conditions (19%). Migrants who reported low distress indicated the low quality of food and drink (20%), housing conditions (19%), housing space (19%), and quality of clothes (19%), and they indicated a moderate quantity of food and drink (20%) and quantity of clothes (20%).

In addition, migrants who reported low distress expressed the greatest intent to return to their home country, followed by those who reported moderate, high, and very high distress levels.

4.3.3 KEY CONCLUSIONS

The survey of migrants' availability and quality of basic needs resulted in the following major highlights:

- 1 When asked about their most urgent basic needs when money is limited, over half of migrants prioritised the need for shelter (57%), and health assistance (55%). 48% indicated the need for food, 28% indicated the need for clothes, and 20% indicated the need for water and sanitation (Figure 47).
- 2 Males reported greater basic needs than females in terms of food (66%), shelter (52%), clothes (51%), water and sanitation (50%), and other needs (7%), while females reported a greater need for health assistance (59%) (Figure 48).
- 3 Male migrants reported higher basic needs of water and sanitation (70.7%), food (57.6%), shelter (60.6%) and other needs (64.7%) compared to non-male migrants (54.1%, 45.6%, 59.4%, 56.3%, respectively), while non-male migrants reported a higher need for clothes (58.7%) and health assistance (64.6%) compared to male migrants (51.6%, 57.6%, respectively) (Figure 49).
- 4 Migrants living in the north region of their governments also indicated higher requirements for all basic needs compared to those living in the central region, except shelter, which saw a higher need among migrants living in the central region (Figure 50).
- 5 Migrants with satisfactory and weak income levels displayed a higher need for food, shelter and clothes compared to those with a very good income, while those with a very good income displayed a higher need for water and sanitation, health assistance, and other needs, compared to those with a satisfactory or weak income (Figure 51).
- 6 Migrants with high to very high distress levels reported the greatest need for shelter (84.6%), followed by shelter (69.6%), health assistance (60.7%), water and sanitation (64.6%), food (60.7%) and other needs (64.7%) (Figure 52).
- 7 Migrants' average reported quality of available basic needs was moderate, and most migrants indicated that they do not intend to return to their home country (Figure 53).
- 8 Females reported a higher quality of basic needs compared to males. Females reported moderate quality and quantity of food and drink, housing conditions and space, and quantity and quality of clothes, while males reported low quality and quantity of food and drink, housing conditions and space, and quantity and quality of clothes. More males than females reported the intention to return to their home country (Figure 54).
- 9 Male migrants reported a slightly higher quality of basic needs compared to non-male migrants. More male migrants reported their intent to return to their home country compared to non-male migrants (Figure 55).

- 17 Migrants living in the north region of their governments reported a much lower quality of all basic needs compared to those living in the central region, and more migrants living in the north region expressed their intent to return to their home country (Figure 10).
- 18 Migrants with a very good income level reported a higher quality of basic needs, followed by those with satisfactory income and those with a small income. Those with a small income reported a low quality of all basic needs. Migrants with very good income showed the highest intent of returning to their home country, followed by those with satisfactory income and those with small income (Figure 10).
- 19 Migrants working in the agriculture sector reported the highest quality of basic needs, while migrants working in the industry sector reported the lowest quality of basic needs compared to all other sectors (Figure 10).
- 20 Migrants who reported moderate distress on the GHQ scale reported the highest quality of basic needs, while those who reported high distress indicated the lowest quality of basic needs. Migrants who reported very high distress reported the lowest intent of returning to their home country, followed by migrants with high distress, migrants with moderate distress, and migrants with low distress (Figure 10).

4.1.4 RECOMMENDATIONS

- 1 More assistance for migrants' basic needs is required, particularly in terms of shelter, healthcare support, and food security.
- 2 Assistance programs should focus on male migrants, migrants with low income, and migrants living in the northern region of their governments.
- 3 Female migrants need more healthcare support.
- 4 Arab migrants require assistance in terms of clean water, food, and shelter, while non-Arab migrants require assistance in terms of shelter and healthcare.

4.1.5 RESULTS SUMMARY

The present study aimed to evaluate the mental health status of migrants in Jordan, considering various sociodemographic factors. The GHQ scale was used to identify migrants' levels of psychological distress and the GHQ-12 was used to identify moderate-to-severe mental health symptoms across various psychiatric domains. Further, the study conducted a survey of migrants' attitudes and factors towards obtaining mental healthcare, needs for different types of legal assistance, the most urgent basic needs required, and the quality of basic needs available. Findings highlighted the following takeaways:

- 11 Migrants reported elevated levels of psychological distress and mental health symptoms. The most elevated symptom measures were anger, anxiety, depression, panic, sleeping problems, and somatic symptoms (Figures 1 and 8).
- 12 Female migrants experience higher levels of psychological distress and mental health problems than male migrants (Figures 1 and 8).
- 13 Migrants with satisfactory and good income reported higher levels of psychological distress and mental health problems than those with very good income (Figures 4 and 10).
- 14 Migrants living in the central regions of their governments reported much higher levels of psychological distress and mental health problems than those living in the north regions. Offense, suicide ideation and psychosis scores were also elevated among those living in the central region. (Figures 3 and 11).
- 15 Male migrants reported higher levels of anger, while females reported higher levels of depression and somatic symptoms (Figure 9).
- 16 Most migrants (74.3%) view mental health care as important but report strong barriers to obtaining services, particularly in terms of legal issues and cost.
- 17 More than half (56.6%) of the migrants indicated that they do not currently feel like they can access mental health services.
- 18 Migrants' greatest legal assistance need was with legal support (88%). There was also an elevated need for awareness and consultation about their way to border (68%) and the need for modifying some rules related to work regulations (68%). The need for information on rights before returning to the home country was relatively low (27%) (Figure 16).
- 19 Males had greater legal assistance needs compared to females, particularly in terms of awareness and consultation, modification of rules related to work regulations, and information about rights before returning to their home country (Figure 16).
- 20 Male migrants reported a much higher need for modification of rules relative work regulations, while females migrants reported slightly higher needs for awareness and consultation, with for legal support, and knowledge of their rights before returning to their home country (Figure 16).
- 21 Migrants living in the northern regions of their governments had much higher needs for all types of legal assistance compared to migrants living in the central regions (Figure 16).
- 22 Over half of migrants would need shelter and health assistance when money is insufficient, and over a third would need food. The quality of available basic needs is moderate on average (Figures 17 and 18).
- 23 Most migrants reported that they do not intend to return to their home country (Figure 18).

- Males have greater basic needs than females overall, and they report a much lower quality of available basic needs. As an exception, females reported the highest need for health assistance. More males reported their intent to return to their country than females (Figures 14 and 15).
- Adult migrants have higher basic needs than non-adult migrants overall, particularly in terms of water and sanitation, food, and shelter. Non-adult migrants have a higher need for clothes and health assistance. More adult migrants intend to return to their country than non-adult migrants (Figures 16 and 17).
- Migrants living in the north region of their governments have higher requirements for all basic needs compared to those living in the central region, except the need for shelter, which is much higher among migrants living in the central region. Migrants living in the northern region have a much lower quality of all basic needs. More migrants living in northern regions intend to return to their country than those in central regions (Figures 18 and 19).
- Migrants with satisfactory and good income levels display a higher need for food, shelter, and clothes compared to those with a very good income, who display a higher need for water and sanitation, health assistance, and other needs. Migrants with a very good income have a higher quality of basic needs, followed by those with satisfactory income and good income. Those with good income have a low quality of all basic needs. Migrants with very good income showed the highest intent of returning to their country, followed by those with a satisfactory income and good income (Figures 20 and 21).
- Migrants with high to very high distress levels have the greatest need for shelter, followed by clothes, health assistance, water and sanitation, food, and other needs. Migrants who reported low distress expressed the greatest intent to return to their country, followed by those who reported moderate, high, and very high distress levels (Figures 22 and 23).

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Table 5. Participants' attitudes and barriers towards obtaining mental health care

Item	Category	Count	%
Overall, how important do you find it for people to have access to mental health care (Psychiatric, Psychotherapy, counselling, psychoeducation)	I don't know	49	12.4%
	Not very important	109	27.4%
	Very important	262	65.2%
In general, to what extent do you believe that mental health services is important and essential	I don't know	49	12.4%
	Not very important	44	11.1%
	Very important	347	86.5%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	161	40.4%
	No	118	29.4%
	Yes	161	40.2%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	119	29.8%
	I disagree	168	41.9%
	I agree	203	50.3%
According to my knowledge, mental health services is available around for anyone who needs it	I don't know	127	31.6%
	I disagree	151	37.6%
	I agree	203	50.8%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychiatrist	I don't know	168	41.8%
	Not very likely	189	46.7%
	Very likely	105	26.5%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a counsellor	I don't know	168	41.8%
	Not very likely	199	49.4%
	Very likely	105	26.3%

Item	Category	Count	%
If I have experienced a mental health issue, I would prefer to visit a non-specialist mental health center	I don't know	167	18.8%
	No	288	32.2%
	Yes	585	66.0%
I think migrants need psych education more than specialized mental health services	I don't know	128	14.4%
	No	285	32.1%
	Yes	587	65.5%
I think migrants need specialized mental health services more than only psych education	I don't know	168	18.7%
	No	288	32.5%
	Yes	585	65.8%
I believe that most migrants are aware of their legal situation	I don't know	271	30.3%
	No	287	32.1%
	Yes	446	50.0%
Legal problems such as a work permit are the main barrier to obtaining mental health services	I don't know	167	18.7%
	No	329	37.0%
	Yes	498	55.3%
Limited mobility due to the nature of my work limits my ability to visit the mental health care center	I don't know	171	19.0%
	I disagree	276	30.7%
	I agree	553	61.3%
Time of service provision is the main barrier for me to visit the mental health care center	I don't know	172	19.1%
	I disagree	288	32.4%
	I agree	440	49.5%
Concerns about the cost of treatment are the main barrier for me to visit the mental health service provider	I don't know	162	18.0%
	I disagree	328	36.7%
	I agree	410	45.3%
Lack of confidence in the outcome of treatment is the main barrier for me to visit the mental health care center	I don't know	168	18.7%
	I disagree	282	31.6%
	I agree	450	50.0%

Item	Category	Count	%
If those experienced in mental health issues, family/professional or other resources not psychiatric	I don't know	141	18.8%
	No	288	37.4%
	Yes	389	50.8%
I think migrants need psychiatric education more than specialized mental health services	I don't know	148	19.2%
	No	288	37.4%
	Yes	389	50.8%
I think migrants need specialized mental health services more than only psychiatric education	I don't know	148	19.2%
	No	288	37.4%
	Yes	389	50.8%
I believe that most migrants are aware of their legal situation	I don't know	21	2.7%
	No	227	29.4%
	Yes	438	56.9%
Legal problems such as work permits are the main barrier to obtaining mental health services	I don't know	87	11.2%
	No	198	25.6%
	Yes	409	53.2%
Limited mobility affects the access of my work hindering ability to visit the mental health care center	I don't know	111	14.3%
	I disagree	273	35.3%
	I agree	389	50.4%
Time of service provision is the main barrier for me to visit the mental health care center	I don't know	118	15.2%
	I disagree	278	35.9%
	I agree	389	50.4%
Concerns about the cost of treatment are the main barrier for me to visit the mental health service provider	I don't know	82	10.6%
	I disagree	188	24.3%
	I agree	389	50.4%
Lack of confidence in the outcomes of treatment is the main barrier for me to visit the mental health care center	I don't know	108	14.0%
	I disagree	282	36.4%
	I agree	389	50.4%

Item	Category	Count	%
Believing that migrants should not trust the quality of mental health services and rely on themselves to resolve their issues	I don't know	133	33.3%
	Disagree	176	44.1%
	Agree	107	26.6%
Concerns about what others would think of me are the main barrier for me to visit the mental health services provider	I don't know	95	23.8%
	Disagree	189	47.3%
	Agree	109	26.9%
Concerns about other people looking at me about me visiting mental health services provider was the main barrier to seeking help	I don't know	96	23.9%
	Disagree	190	47.7%
	Agree	110	27.6%
The language I speak is a barrier to obtaining adequate psychological services	I don't know	76	19.0%
	No	267	66.7%
	Yes	106	26.3%

Table 6. Participants' attitudes and barriers towards obtaining mental health care according to gender

		Males		Females	
		n	%	n	%
Overall, how important do you feel it is for people to have access to mental health care (Psychoiatric, Psychotherapy, counseling, psychoeducation)?	I don't know	35	6.8%	66	7.9%
	Not very important	66	13.0%	62	8.0%
	Very important	409	80.2%	462	56.1%
In general, to what extent do you believe that mental health service is important and essential?	I don't know	69	13.6%	52	6.7%
	Not very important	248	49.2%	63	8.2%
	Very important	209	41.2%	405	51.1%
Lack of knowledge about how to find the right place for your needs is the main barrier for men to visit the mental health service provider?	I don't know	37	7.4%	67	8.6%
	No	74	14.8%	107	13.8%
	Yes	412	82.8%	476	60.6%
Lack of knowledge about how to find the right place for your needs is the main barrier for men to visit the mental health service provider?	I don't know	39	7.8%	74	9.6%
	I disagree	49	10.0%	115	15.2%
	I agree	420	84.2%	268	35.2%
According to my knowledge, mental health service is available wherever anyone who needs it?	I don't know	67	13.5%	101	13.2%
	I disagree	68	13.8%	101	13.2%
	I agree	412	83.7%	268	35.2%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychiatrist?	I don't know	52	10.4%	51	6.7%
	Not very likely	168	34.0%	129	16.8%
	Very likely	162	33.1%	187	24.5%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a counselor?	I don't know	63	12.7%	73	9.6%
	Not very likely	168	34.0%	101	13.2%
	Very likely	269	54.3%	206	27.2%

		Males		Females	
		n	%	n	%
If I have experienced a mental health issue, I would prefer to visit a counsellor (not a psychiatrist)	I don't know	65	4.6%	65	3.9%
	Not very important	22	1.6%	25	1.5%
	Very important	299	21.0%	262	16.3%
I think experts (such as psychiatrists) understand mental health services more than generalist mental health services	I don't know	65	4.6%	65	4.2%
	Not very important	28	2.1%	65	4.2%
	Very important	307	21.9%	253	16.2%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	67	4.8%	67	4.0%
	No	74	5.3%	67	4.0%
	Yes	117	8.3%	109	6.6%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	69	5.0%	74	4.5%
	I disagree	69	5.0%	111	6.7%
	I agree	128	9.2%	126	7.6%
According to my knowledge, mental health services is available around the region after hours	I don't know	67	4.8%	66	4.0%
	I disagree	68	4.9%	65	4.0%
	I agree	117	8.4%	105	6.4%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychiatrist?	I don't know	65	4.6%	65	4.2%
	Not very likely	164	11.8%	159	9.6%
	Very likely	105	7.6%	107	6.5%
If I have experienced a mental health issue, I would prefer to visit a counsellor (not a psychiatrist)	I don't know	65	4.6%	66	4.0%
	No	128	9.2%	115	7.0%
	Yes	199	14.3%	166	10.2%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a counsellor?	I don't know	65	4.6%	70	4.3%
	Not very likely	168	12.1%	161	9.8%
	Very likely	208	15.0%	206	12.6%

		Total		Female	
		n	%	n	%
United migrants need psych education more than specialised mental health services	I don't know	62	6.7%	66	66%
	No	162	21.2%	133	33.1%
	Yes	552	26.8%	478	24.1%
United migrants need specialised mental health services more than only psych education	I don't know	67	6.8%	78	16.2%
	No	182	17.2%	168	13.2%
	Yes	529	26.2%	467	27.1%
I believe that most migrants are aware of their legal situation	I don't know	27	5.8%	66	5.8%
	No	95	16.2%	114	16.7%
	Yes	467	23.2%	429	26.2%
Legal problems such as a work permit are the main barrier to obtaining mental health services	I don't know	55	6.6%	62	8.7%
	No	76	9.7%	95	12.8%
	Yes	468	23.7%	430	26.7%
United mobility due to the nature of my work limits my ability to visit the mental health care center	I don't know	63	6.8%	68	8.8%
	I disagree	158	16.7%	165	21.2%
	I agree	486	23.2%	454	26.2%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychologist	I don't know	52	6.8%	51	6.7%
	Not very likely	162	21.2%	139	16.2%
	Very likely	507	24.7%	497	26.8%
Time of service provision is the main barrier for me to visit the mental health care center	I don't know	65	5.7%	70	9.2%
	I disagree	89	11.2%	109	26.7%
	I agree	362	17.2%	328	19.2%
Concerns about the cost of treatment are the main barrier for me to visit the mental health service provider	I don't know	39	5.7%	53	6.7%
	I disagree	67	8.8%	78	16.2%
	I agree	479	23.2%	458	23.2%

		Male		Female	
		N	%	N	%
Lack of confidence in the outcome of treatment is the main barrier for me to visit the mental health care center	I don't know	65	8.8%	75	9.6%
	I disagree	108	29.9%	179	29.2%
	I agree	198	51.3%	197	31.2%
I believe that migrants should not trust the quality of mental health services and rely on themselves to resolve their issues	I don't know	65	8.8%	88	11.0%
	I disagree	168	45.9%	178	29.2%
	I agree	177	46.3%	185	29.8%
Concerns about what others would think of me are the main barrier for me to visit the mental health service provider	I don't know	62	8.5%	53	6.9%
	I disagree	216	58.0%	218	35.9%
	I agree	107	28.5%	121	19.2%
Concerns about other people finding out about me visiting mental health service provider are the main barrier to seeking	I don't know	67	8.9%	69	8.8%
	I disagree	228	60.8%	262	42.9%
	I agree	150	39.3%	176	28.3%
The language I speak is a barrier to obtaining adequate psychological services	I don't know	27	3.6%	65	8.1%
	I disagree	285	76.4%	288	47.1%
	I agree	65	1.7%	108	14.8%

Table 3. Participants' attitudes and beliefs towards obtaining mental health services through government

		Central Region		North region	
		n	%	n	%
Overall, how important do you find it is for people to have access to mental health care (Psychiatric, Psychotherapy, counselling, psychoeducation)	I don't know	85	11.4%	10	1.8%
	Not very important	102	13.7%	4	0.8%
	Very important	613	84.9%	117	21.4%
In general, to what extent do you believe that mental health service is important and essential	I don't know	85	11.4%	8	1.4%
	Not very important	89	11.8%	4	0.8%
	Very important	613	84.8%	118	21.8%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	89	11.8%	3	0.6%
	No	101	28.4%	27	5.1%
	Yes	252	71.6%	118	22.3%
Lack of knowledge about how to find the right place for your needs is the main barrier for me to visit the mental health service provider	I don't know	102	13.8%	3	0.6%
	I disagree	181	25.1%	30	5.6%
	I agree	497	69.1%	111	20.3%
According to my knowledge, mental health services is available for anyone who needs it	I don't know	104	21.4%	11	2.0%
	I disagree	112	30.9%	18	3.3%
	I agree	247	68.7%	29	5.7%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychiatrist?	I don't know	95	12.8%	10	1.8%
	Not very likely	218	29.7%	85	15.7%
	Very likely	527	73.5%	105	19.5%
Time of service provision is the main barrier for me to visit the mental health care center	I don't know	85	11.4%	30	5.6%
	I disagree	89	11.8%	189	35.1%
	I agree	597	83.8%	140	26.3%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a counselor?	I don't know	107	14.5%	11	2.0%
	Not very likely	125	17.0%	89	16.6%
	Very likely	587	81.5%	118	22.4%

		Central Region		North region	
		n	%	n	%
If I have experienced a mental health issue, I would prefer to visit a counsellor not psychiatrist	I don't know	128	36.3%	88	2.8%
	No	182	20.8%	56	7.8%
	Yes	348	62.9%	57	7.8%
I think migrant workers needpsych education more than specialised mental health services	I don't know	118	18.8%	18	2.8%
	No	288	38.8%	88	8.8%
	Yes	367	57.8%	68	8.8%
I think migrants need specialised mental health services more than only psych education	I don't know	117	17.8%	28	3.8%
	No	188	28.8%	78	8.8%
	Yes	388	58.8%	88	8.8%
I believe that most migrants are aware of their legal situation	I don't know	88	8.8%	7	0.8%
	No	188	28.8%	88	8.8%
	Yes	388	58.8%	88	10.8%
Legal problems such as work permits are the main barrier to obtaining mental health services	I don't know	88	13.8%	8	0.8%
	No	188	18.8%	88	8.8%
	Yes	388	58.8%	88	12.8%
If you or a family member were experiencing a mental situation or problem, how likely would you prefer to contact a psychiatrist?	I don't know	88	12.8%	88	1.8%
	Not very likely	288	28.8%	88	11.8%
	Very likely	388	58.8%	88	8.8%
Limited mobility due to the nature of my work limits my ability to visit the mental health care center	I don't know	188	18.8%	8	0.8%
	I disagree	288	28.8%	88	8.8%
	I agree	388	57.8%	88	12.8%
Time of service provision is the main barrier for me to visit the mental health care center	I don't know	127	18.8%	88	1.8%
	Not very likely	188	18.8%	88	8.8%
	Very likely	388	58.8%	88	8.8%

		Central Region		North region	
		n	%	n	%
Concerns about the cost of treatment are the main barrier for me to visit the mental health service provider	I don't know	76	63%	18	54%
	I disagree	112	18.7%	33	43%
	I agree	467	68.3%	129	71.6%
Lack of confidence in the outcome of treatment is the main barrier for me to visit the mental health care center	I don't know	112	11.3%	21	2.7%
	I disagree	285	18.2%	63	8.3%
	I agree	124	16.3%	27	3.3%
I believe that migrants should not trust the quality of mental health services and rely on themselves to resolve their issues	I don't know	128	18.8%	5	1.7%
	I disagree	275	18.3%	17	6.8%
	I agree	120	17.8%	39	11.3%
Concerns about what others would think of me are the main barrier for me to visit the mental health service provider	I don't know	89	11.6%	4	1.8%
	I disagree	333	43.3%	31	11.6%
	I agree	196	25.7%	33	1.8%
Concerns about other people finding out about me visiting mental health services provider are the main barrier to seeking help	I don't know	93	12.8%	6	6.7%
	I disagree	337	46.3%	31	11.8%
	I agree	172	23.1%	35	6.3%
The language I speak is a barrier to obtaining adequate psychological services	I don't know	39	6.2%	3	5.8%
	I disagree	319	52.8%	120	18.7%
	I agree	168	19.3%	8	1.3%