

# Youthsense: Empowering Burmese Migrant Youths with Mental Health and Psychosocial Support Training in Mae Sot, Thailand

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## ABSTRACT

Ongoing political instability in Myanmar has led to challenges for its citizens, including economic instability and unequal access to social services. To address these issues and seek peace, thousands of families, including children and youths, have migrated to Mae Sot, Thailand. However, traumatic experiences persist among migrants, including issues with legal documentation, language barriers, security concerns, and restrictions on travel and freedom of movement. These factors can have a significant impact on the mental health of migrants, particularly children and youth. Despite the presence of different organizations, their limited capacity to work with the migrant population restricts addressing mental health issues completely.

With this concern, this capstone project aimed at addressing the central question of how Mental Health and Psychosocial Support (MHPSS) intervention empowers the youths and contributes to addressing the mental health issues of migrant children and youths. The project deals also with the following issues: (1) the key drivers of Migration; (2) the interventions provided to migrants; (3) the impacts of migration; (4) the challenges in accessing mental health support for migrants; and (5) the importance of the youths' involvement in the implementation of the MHPSS project.

Thus, the capstone project initiated a Mental Health and Psychosocial Support (MHPSS) intervention for empowering migrant youths utilizing Zimmerman's Empowerment Theory in analyzing the outcomes of the intervention. The project was divided into three phases: first, the Psychosocial Support (PSS) material development; second, the training of migrant youths from Minmahaw Education Foundation; and third, the trained youths' actual conduct of PSS sessions with children from Burma Livelihood Solidarity Organization. The result of the intervention showed that there was an increase in MHPSS knowledge of the youths and their inclusion in the project improved their sense of empowerment. The children also expressed their happiness to be included in the project and they expressed interest in having more PSS sessions. However, the project was only able to cover two partner migrant learning centers (MLCs) in the area. To address this, additional support and MHPSS interventions are needed for migrants. Continuous MHPSS intervention is crucial, along with strong partnerships and co-production efforts on the ground, ensuring sustainable, appropriate, and long-term MHPSS support to promote resilient and peaceful communities. The continuous collaboration and involvement of youth is therefore imperative in the ongoing MHPSS strategies.

## INTRODUCTION

The recent military coup in Myanmar in February 2021 led to a surge in the numbers of both documented and undocumented migrants traveling to neighboring countries, especially Thailand. According to the Office of Foreign Workers Administration of Thailand, the number of documented Myanmar migrant workers increased from 1,574,324 in December 2020 to 1,981,739 in December 2022 (Nyunt & Wachpanich, 2023).

However, the hope of finding peace and stability in the host countries has been challenged as they find difficulty in accessing safety and livelihood leading to mental distress. The World Health Organization (WHO) reported that a large majority of conflict-affected populations of Myanmar amounted to 22.1% suffered from mental health disorders (Charlson et al., 2019). Prevalent studies on Mental Health reveal that both adult and child populations among displaced individuals and refugees commonly exhibit notable signs of depression (41.8%), anxiety (40.8%), and post-traumatic stress (4.6%) according to the Institute for Health Metrics and Evaluation (2017).

These distressing conditions arise due to barriers in accessing social protection and healthcare services, lack of opportunities, loss of loved ones, forced labor, forced relocation, and fear of deportation (Tual Sawn Khai, 2023). Such circumstances lead to lasting health issues for conflict-affected children. Exposure to severe violence also heightens the risk of mental problems in children (Shaw, 2003). Burmese migrant children in Thailand face intricate vulnerabilities. The Thailand Migration Report in 2019 indicates that over 20% of migrant workers lack documentation, rendering them illegal under Thai law (Harkins, 2019). Even if parents have visas or work permits, their dependents are often omitted from registration by employers. The absence of legal status leaves these children unable to access education, healthcare, and child protection services. Among them, one major challenge is insufficient Mental Health and Psychosocial Support (MHPSS) awareness and interventions in the migrant areas due to a lack of trained MHPSS facilitators and resources.

To address this issue, the project highly collaborated with the Minmahaw Education Foundation (MEF), a migrant learning center that caters to the youths in Mae Sot, Tak Province in Thailand. The purpose of this project is to empower youths from MEF and enlarge the pool of MHPSS facilitators in the area, to document their experiences on their actual conduct of MHPSS sessions to children from Burma Labor Solidarity Organization (BLSO) for future enhancement, and to co-develop or contextualize Psychosocial Support Session (PSS) materials. It is believed that involving youths in socio-civic activities and promoting MHPSS in the community will significantly contribute to the success of the program and foster peace among individuals and within their community. The project integrated the value of co-production, co-ownership, and co-creation for sustainability, aligning with the UN Sustainable Development Goals. Specifically, it targeted UN-SDG Goal 3: Good Health and Well-being, focusing on Target 3.4 to reduce premature mortality from non-communicable diseases and promote mental health. Additionally, it contributed to SDG Goal 4: Inclusive and Equitable Quality Education, with emphasis on Target 4.7 for education supporting sustainable development, lifestyles, and a culture of peace (United Nations, 2015).

Given these contexts, this capstone project intends to address the central research question, how does Mental Health and Psychosocial Support (MHPSS) intervention empower the youths and contribute to addressing the mental health issues of migrant children and youths?

Meanwhile, the literature review will also address the following sub-questions:

- what are the key drivers of migration;
- what are the interventions provided to migrants;
- what are the impacts of migration;
- what are the challenges in accessing mental health support that the migrants are facing; and,
- why is youths' involvement important in the implementation of the MHPSS project?

Prior research addressing these questions is provided in Chapter 2, the Review of Related Literature.

## REVIEW OF RELATED LITERATURE

The United Nations Migration Agency defines a migrant as “an individual who moved across an

international border or within a state away from his/her place of residence, regardless of the person's legal status; whether it is voluntary or involuntary; the causes for the movement; or the length of the stay" (United Nations, n.d.). While migration allows individuals or families to flee from the struggles they experienced in their residence, they continue to face new challenges that may negatively impact their mental and psychosocial health.

As defined by the World Health Organization (n.d.), mental health is a state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to his or her community. Psychosocial, as defined by the Inter-Agency Networks for Education in Emergency (n.d.), is a relationship between the psychological and social dimensions of a person, where one influences the other. The psychological aspect pertains to the person's thoughts, emotions, behaviors, memories, perceptions, and understanding, and the social aspect focuses on the interaction and relationships among the individual, family, peers, and community.

Given these definitions, this review of related literature will seek to address the central research question and sub questions of this capstone project.

### **Drivers of Migration**

In 2020, the number of international migrants reached 281 million which equates to 3.6 percent of the global population, and 36 million are children (UNICEF, 2023). The International Organization for Migration (n.d.) lists five macro-level drivers of global migration, together with micro- and meso-level causes. These are economic, demographic, social, political, and environmental factors. These provide a broad context in which people move from one location to another. Meanwhile, micro-level characteristics like age, gender, and income level dictate how macro factors affect individuals or household migration decisions. Interventional or meso-level variables that influence migration include human, financial, physical, and psychological rewards and costs of migrating, and emigration and immigration regulations that make some types of movement easier and others harder.

As Myanmar is a country with the longest civil wars in the world, its people live with a complex set of vulnerabilities including natural disasters, food and nutrition insecurity, armed conflict, inter-communal tensions, statelessness, displacement, trafficking, and migration (UNHCR, 2022). Furthermore, exacerbating the role of poverty, and inadequate healthcare services during COVID-19, amid conflicts and the recent military coup has pushed people inside the country into insecure conditions such as political and economic crisis, the disruption of critical services, and the deterioration of the security situation. Hence, with individuals having to cope with numerous conflicts inherited from both past and present, they are forced not only to flee within the country but also to neighboring countries, particularly Thailand.

### **Thai Government's Interventions for Migrant Children**

Thailand has been a major migrant-receiving country in Southeast Asia due to its rapid economic growth. Most migrants come from neighboring countries, including Cambodia, Laos, Myanmar, and Vietnam. Thailand Migration Report 2019 estimates that the migrant population increased from about 3.7 million in 2014 to 4.9 million in 2018 (Harkins, 2019). In 2012, the Committee on the Rights of the Child (CRC) reported that the efforts of the Thai government have been insufficient in eradicating direct and indirect discrimination towards migrant children, who are more vulnerable to exploitation (UNICEF, 2019). The reason heavily lies in their lack of legal status which poses practical obstacles in accessing services such as education, health care, and child protection.

The 2005 Cabinet Resolution on Education for Unregistered Persons provides free education for 15 years for the entire non-Thai population to ensure access to inclusive and equitable education for all children in

Thailand. Despite the policy, Arphattanano (2022) investigates that the approach is centered around a Thai-centric curriculum and aims to assimilate all students rather than being considerate of 16,350 migrant students enrolling in non-formal education sites called Migrant Learning Centers (MLCs). In addition, the study of Tuangratananon and colleagues (2019) shows that despite MLCs being unrecognized as formal schools, they are still preferred by migrants over Thai Public Schools due to the cultural and language similarities, locations, income level, parental education backgrounds, and perspectives.

At present, health coverage for migrant workers and their dependents is provided under two insurance schemes: the Social Security Scheme (SSS) which is open to migrants employed in the formal sector who entered Thailand through one of the bilateral MOUs or completed the nationality verification process and the Migrant Health Insurance Scheme (MHIS) for undocumented migrant workers which included dependents of migrant workers (UNICEF, 2019). The challenges include a lack of awareness of the scheme and financial and language barriers. The findings of Suphanchaimat and colleagues indicate that MHIS reduced out-of-pocket expenditures for insured migrants. Despite this, the research conducted by Chamchan and Apipornchaisakul (2022) in the Thai-Myanmar border area shows that out of 803 children aged between 0-14, 83.2% did not have health insurance.

### **The Challenges of Accessing Mental Health Services**

Migrant lack support despite high demand. Abdi (2018) listed lack of available and accessible services, cultural stigma on mental illness, lack of culturally and linguistically relevant services, and the prioritization of basic needs challenged access to mental health care. Parents tend to avoid any stigma associated with the mental illness of their children as they prioritize their safety and survival in the new country. The study showed that school-based interventions such as the Trauma Systems Therapy for Refugees (TST-R), a program designed for migrant children to assess their needs, acculturation, resettlement, and isolation stressors, are effective as children are often connected to the education system. By shifting from looking at what is wrong with the child to how to support them, mental health providers could help them overcome their past and future trauma.

In addition, due to past experiences of victimization, refugee youths have difficulty building trust in authorities (Marshal et al., 2016). To counter this, there is a strong need to build trust and rapport with mental health professionals, establish a sense of safety, and involve refugee families and the community is essential. Another barrier is the linguistic and cultural differences. To address this, the use of interpreters could facilitate understanding, but it should highly consider the importance of cultural understanding and ensure effective communication.

### **Importance of Youths' Involvement in Project and Program Implementations**

Encountering violence and trauma during adolescence can have detrimental effects on mental health. Individuals who have experienced past traumas are susceptible to longitudinal changes in emotional functioning, including heightened attention to anger, difficulties in emotion regulation, and physiological stress responses (De Jong et al., 2015). These traumas may result in enduring challenges in social relationships, manifesting as trust issues, problematic relationships, and an increased risk of revictimization.

The authors also highlight that adolescence carries the highest risk of exposure to traumatic life experiences, particularly in conflict zones involving weapons and wars. Consequently, mental health disorders are prevalent among children and adolescents exposed to trauma and violence, with approximately 8 to 10% experiencing Post Traumatic Stress Disorder (PTSD) symptoms (De Jong et al., 2015). This prevalence is even higher in the realm of psychopathology, encompassing depression, anxiety disorders, and behavior problems.

Youth involvement in promoting MHPSS knowledge is crucial for fostering a supportive environment, promoting resilience, relationship-building, problem-solving, and positive mental health among adolescents and the community (Stark et al., 2021). While often overlooked, youths are recognized as equal partners in global development. The 1965 UN General Assembly Declaration on Youth emphasizes their capacity to contribute to peace, mutual respect, and understanding. Youths can initiate or engage with NGOs to address mental health issues, boosting self-confidence and demonstrating the importance of their voices, fostering acknowledgment and respect in society (Yusuf, 2019).

Considering the idea of co-production, Mitlin's (2008) research demonstrated the significance of citizens for efficient service delivery by the government. She emphasized that co-production is more than just providing services; it is a way to increase public engagement, accomplish political goals, and provide marginalized people a sense of self-worth and empowerment. It gives residents the capacity to actively shape their own destinies and offers a revolutionary approach to government that is more in line with the reality of low-income settlements. Therefore, engaging youths to co-produce the outcomes of any intervention could contribute to improving and sustaining social services.

### **The Psychosocial Impact of Migration on Children**

In the hope of a better future, families who engage in migration are still facing structural challenges in the host country. Chan et al.'s (2009) study delves into the impact of migration on children, summarizing findings across three migration phases. In the premigration phase, children from conflict-affected areas may face mental health challenges, including depression and post-traumatic stress disorder, due to prior violence and trauma. Throughout migration, those lacking legal status are at risk of physical violence or sexual exploitation. In the postmigration phase, the mental health impact depends on migration reasons and changes in socio-economic status. Factors like grief, anxiety, separation from support systems, social disparities, and limited access to services may contribute to psychological problems.

Tual Swan Khai (2023) emphasizes the significance of addressing the psychosocial well-being of migrant children, constituting half of the migrant population, due to their vulnerability to mental health disorders resulting from exposure to violence. Causes of distress include disrupted social networks, limited access to opportunities and education, poverty, family structure disruption, family violence, and food insecurity, which pose ongoing or long-term risks from childhood to adulthood (Lustig et al., 2004).

Reed et al. (2012) elaborate on the impact, categorizing it into internalizing symptoms (related to thoughts and emotions) and externalizing symptoms (manifested in behaviors). Common internalizing symptoms encompass anxiety, shyness, sadness, loss of interest, low mood, difficulties concentrating, and problems making friends. Externalizing symptoms include fighting, drinking, school avoidance, disobedience, disrespect for adults, rudeness, and stealing.

### **Mental Health and Psychosocial Support during Emergencies and Peacebuilding Process**

Mental Health and Psychosocial Support (MHPSS) is a support service in humanitarian settings (Ventovogel, 2018). It covers interventions in healthcare, education, community-based protection, and other areas. The research of Lasater et al. (2022) discussed school-based MHPSS interventions in humanitarian settings and the hypothesized mechanisms that contribute to children's well-being and learning outcomes. The study highlights four program theories. First, it was found that by integrating MHPSS in learning spaces, the coping skills of children are easily developed and strengthened which could result in improved psychosocial well-being. Second, teachers' mental health literacy positively impacts students' psychosocial well-being. Third, caregiver involvement strengthens family bonds and improves psychosocial well-being. The study supported the theory that, when caregivers are engaged in their children's learning and well-

being, interpersonal and family bonds are strengthened, leading to improved psychosocial well-being. MHPSS interventions that include caregiver support and involvement facilitate interactions between children and caregivers, peers, and the community, promote positive coping strategies, and improve well-being. Lastly, creating safe and supportive school environments leads to improved psychosocial well-being and learning outcomes.

### **Mental Health and Psychosocial Support and the Socio-Emotional Learning Skills (SEL)**

Psychosocial Support (PSS) approaches involve major principles, interventions, and multifaceted response systems that span many programs. Psychosocial Programming provides specialized, focus/non-specialized, community and family support, basic, and security. Social and Emotional Learning (SEL) is PSS programming. Save the Children's Children's Resilience Program is one of the examples, emphasizing children's coping skills, resilience, cooperation, peaceful interaction, motivation, problem-solving, and positive attitudes. These align with SEL's key capabilities crucial to children's psychosocial development (Riggs & Davison, 2016).

Likewise, one of the SEL programs, the International Rescue Committee's Healing Classrooms Initiative demonstrates that SEL can be taken from an overarching PSS approach through an emphasis on the principles of psychosocial well-being as well as recovery of teachers and children. The mentioned initiatives aim to enhance the role of schools and teachers, particularly in bolstering the psychosocial healing and well-being of children and youth in sudden-onset and chronic crises, post-crisis contexts, and fragile states (Riggs & Davison, 2016)

PSS and SEL focus on the holistic development of children, addressing health, communication, relationships, and learning activities. Through partnerships with schools, families, communities, and society, they serve as an optimal foundation for promoting children's development (Riggs & Davison, 2016).

### **Theoretical Framework**

This research utilizes the empowerment theory of Zimmerman (2000). Empowerment, as a value orientation, focuses on goals, aims, and strategies. While as a theoretical model, it organizes knowledge around principles and a framework. Empowerment's distinct approach involves addressing social problems by emphasizing collaborative assistance and self-advocacy, rather than relying solely on professionals. It encourages focusing on enhancing well-being, identifying strengths, and investigating environmental factors.

Empowerment theory encompasses processes and outcomes, with acts, activities, or institutions being considered empowering. The results of these processes lead to a sense of empowerment, but there is no universal criterion for its meaning. Zimmerman (2000) identifies three levels of empowerment. First, individual or psychological empowerment involves a belief in one's ability, efforts to assert control, and awareness of the sociopolitical context. In organizational empowerment, members have opportunities for decision-making, shared responsibilities, and shared leadership. Lastly, community empowerment involves initiatives to enhance the community, respond to threats, and promote citizen participation, leading to the development of participatory skills.

Using this theory, the research study analyzes the project results using individual or psychological empowerment. This level of analysis aided the team in understanding the current situation of the migrant youths in Mae Sot, Tak, and the level of their participation in the community. It helped the research proponents to understand how the MHPSS training and their experiences of doing the actual MHPSS sessions empower and prepare them to be active agents in terms of providing support interventions to children.

## METHODOLOGY

### Project Goals

Aligned with the Zimmerman's Empowerment Theory, this project aims to empower and capacitate Burmese migrant youths in Mae Sot, Thailand with Mental Health and Psychosocial Support (MHPSS) training to increase the pool of MHPSS facilitators in the area, to co-develop and contextualize MHPSS session materials for migrant children, and to document the experiences of youth facilitators in their conduct of actual PSS sessions with children to co-produce new knowledge in addressing mental health issues that Burmese migrants are facing in the area. With the MHPSS intervention, it is envisioned that it will promote mental health and psychosocial well-being of children and youths promoting positive peace within their communities.

To realize this, the project engaged in three major phases of implementation. First, co-production of the Psychosocial Support (PSS) session guide; second, training design development and actual conduct of MHPSS training to youths; lastly, the actual utilization of PSS session guide by the trained youths in conducting sessions with migrant children.

### Project Area and Partners

Mae Sot is a city in Western Thailand that shares a border with Myanmar to the west. Among the six provinces that caters Burmese migrants, Mae Sot has the highest Burmese migrant population (Ball & Moselle, 2015, p. 427). For the project's sustainability, the project team had directly partnered with two Migrant Learning Centers (MLCs) based in Mae Sot, and collaborated with other local and international organizations in the area.

The main partners were Minmahaw Education Foundation (MEF) and Burma Labour Solidarity Organization (BLSO). MEF is a post-secondary boarding school for youths aged between 18 to 25 years old. It provides the General Education Development under Minmahaw Higher Education Program (MHEP) and other education programs. BLSO on the other hand supports Burmese migrant workers in Mae Sot through employment rights training, legal advocacy, and provision of school for the migrant workers' children. In the academic year 2022-2023, 116 students from Kindergarten to Grade 8 are enrolled in the school of BLSO (Migrant Educational Coordination Center, 2023).

Other stakeholders were also engaged in partnership. These included the Suwannimit Foundation (SF), a local Thai foundation that delivers various social services to marginalized communities living in Mae Sot; the Mae Tao Clinic (MTC), which provides essential healthcare services to Burmese migrant communities in Mae Sot and grants ethical approval to conduct research through the Community Ethics Advisory Board (CEAB) of MTC; and the International Organization for Migration (IOM) Thailand, the leading inter-governmental organization working to promote humane and orderly migration.

### Project Design and Process

#### Selection of Partner Organization

The project team has coordinated virtually with a total of five MLCs based in Mae Sot, Tak Province, Thailand from June to August 2023. Among them, the partnership was established with MEF and BLSO which provide education to Burmese migrant youths and children respectively. The selection criteria for such a partnership highly focus on the existing MHPSS program, the willingness to partner with the team,

and the feasibility in terms of class size and location.

### **Pre-implementation**

Upon forming partnerships with BLSO and MEF, both organizations actively participated in identifying MHPSS challenges, project design, participant selection, and implementation. MEF decided to involve all youths enrolled in its General Education Development Program. While for the children, the school head of BLSO limited the participation to learners from Grade 1 to Grade 6, considering the age appropriateness of the activities in the PSS session guide.

Part of the preparation process was the conduct of baseline surveys, KII, focus group discussion (FGD) and coordination meetings.

### **Implementation and Main Activities**

To achieve the intended project goals and objectives, the project was divided into three phases, the development of Psychosocial Support (PSS) session guides for children; the conduct of three full-day training sessions, and the actual conduct of MHPSS sessions with children.

#### **Phase 1 – Developing MHPSS Session Guide for Burmese migrant children**

The project team has co-developed and contextualized a PSS session guide for migrant children with the support of MEF, BLSO, IOM Thailand, and SF. The selected activities and sessions were aligned with the Socio-Emotional Learning (SEL) skill competencies that are important for children's psychosocial development (Riggs & Davison, 2016) and were developed based on existing materials from different international organizations. The final session guide involves 10 sessions with four activities each which are available in both English and Burmese.

#### **Phase 2 – Training on MHPSS with youth participants**

The three full-day training on MHPSS training focused on the MHPSS concepts, Psychological First Aid (PFA), SEL, and the practice and role play on the developed PSS session guide for children. The training sessions were convened at MEF classroom from the 2nd to the 4th of October 2023. The topic on the first day was Child Protection and MHPSS. The second day was focused on the PFA and reporting mechanisms. On the final day of the training, a topic on SEL competencies and PSS role play was done in preparation for the actual sessions with children.

#### **Phase 3 – MHPSS sessions with Child Participants**

To document the experiences of the youths in the use of PSS session guide and actual conduct of sessions with children, PSS sessions were done with the learners from BLSO. The sessions were done in the classrooms of BLSO. A total of two sessions were conducted, with each session ran for an hour.

### **Post-Implementation**

To measure the effectiveness of the activities and evaluate the results of the project, the project proponents employed the following:

**Pre-training and post-training tests:** Pre-training and post-training test surveys were administered to participants, and the results were analyzed using a paired t-test.



**Daily Evaluation Forms and Debriefing Sessions (after training):** A daily evaluation form was used with the youth participants, and facilitators conducted a daily debriefing session every day during the training.

**FGD with child participants and Debriefing Sessions (after PSS sessions):** FGDs with child participants and debriefing sessions with all youth facilitators were done after each PSS session. The selection criteria for FGDs with children were based on representation of grade levels and gender, a total of 12 children per day participated in the FGD sessions.

**Endline Assessment Survey:** After the overall implementation of the main activities, the team conducted an end-line assessment survey to measure the result of the project.

**FDG with Youths:** Another FGD with six youths was done as part of the endline assessment.

**Feedback surveys on the actual experience of conducting PSS sessions and usage of the PSS session guide:** The team used survey forms in collecting data and feedback on the actual experiences of youths in facilitating the PSS sessions with children. The information gathered is utilized for the evaluation of the overall MHPSS interventions that the youths have participated in.

## Other Considerations

### Gender Responsiveness of the Project

The project incorporated gender responsiveness in various aspects. Both partner organizations, MEF and BLSO, were represented by male and female school officials, ensuring diverse perspectives. They were involved in KII and contextualizing MHPSS materials, allowing for the representation of various gender issues.

During the FGDs with youths and children, a gender balance was observed, emphasizing inclusivity. Technical experts from IOM Thailand and MTC also contributed diverse inputs, with male and female representation, providing varied perspectives on gender-related issues during the review of the PSS session guide.

Similarly, MHPSS training resource persons included both male and female facilitators, aiming for balanced representation. However, gender balance was not strictly observed in the recruitment of the youth and children participants since the project included all youths in MEF and all children from Grades 1 to 6 of BLSO.

## Ethical Considerations

**Research Approval:** The project received ethical approval from the Research Ethnic Committee of Ateneo de Manila University (AdMU) on 10 September 2023. In line with that, as the project involves children and migrant learning centers, the project team managed to attain the ethical board approval of the Community Ethics Advisory Board (CEAB), based in Mae Sot, Thailand on 11th September 2023.

**Informed Consent:** The project secured informed consent from all participants, including youth, children, facilitators, and partner organizations. Challenges arose in obtaining signatures from parents or guardians of child participants due to security concerns related to political issues and legal status in Thailand. To address this, the team obtained consent from classroom teachers and the principal for the children's participation in PSS activities.

**Referral partnership:** Before the project implementation, the team communicated with MTC and SF to

refer cases that may be encountered during training and PSS sessions with children.

## OUTCOMES AND FINDINGS

This section discusses the results of the project implementation vis-a-vis the project design and three specific objectives. An in-depth discussion of the outcomes and findings is provided in the next section, the Discussion.

### **Specific Objective 1: Develop Psychosocial Support (PSS) materials for children. Build on the existing PSS materials developed by different organizations for children.**

#### **Activity 1.1. Conduct online consultations with partner organizations and rapid assessments on the target youths to understand the current social support that has been provided to them.**

Before the project implementation, online and onsite consultations were conducted with the representatives of the Minmahaw Education Foundation (MEF) and the Burma Labour Solidarity Organization (BLSO) to understand the current MHPSS efforts done by each organization. A consultation was also conducted with the Children's Development Centre (CDC), and the Suwanimmit Foundation (SF). In addition to this, an FGD was done with nine (9) youths (4 males and 5 females), and a survey was administered to the 29 target youths (14 males, 13 females, and 2 preferred not to disclose their gender identity) for the project to better understand the youth's perspectives on the program.

#### **Knowledge on the Existing MHPSS Programming**

When the participants from MEF and BLSO were asked about the current MHPSS programs in their organization it was found that there were no MHPSS trainings or programs in their organizations. In BLSO, two school officials, including the principal herself, have received the TOT session on Child Safeguarding, and teachers were required to complete the Child Safeguarding Education (CSE) course. The teachers of BLSO have been using art competitions to improve the mental health of vulnerable students.

Meanwhile, in MEF, despite there being no intervention in MHPSS of youths, they have attended courses on peace education and conflict resolution. MEF emphasized that the services that their organization provides indirectly address the stress the youths encounter in accessing education opportunities such as setting up goals and assist them in preparing for university admission and scholarship.

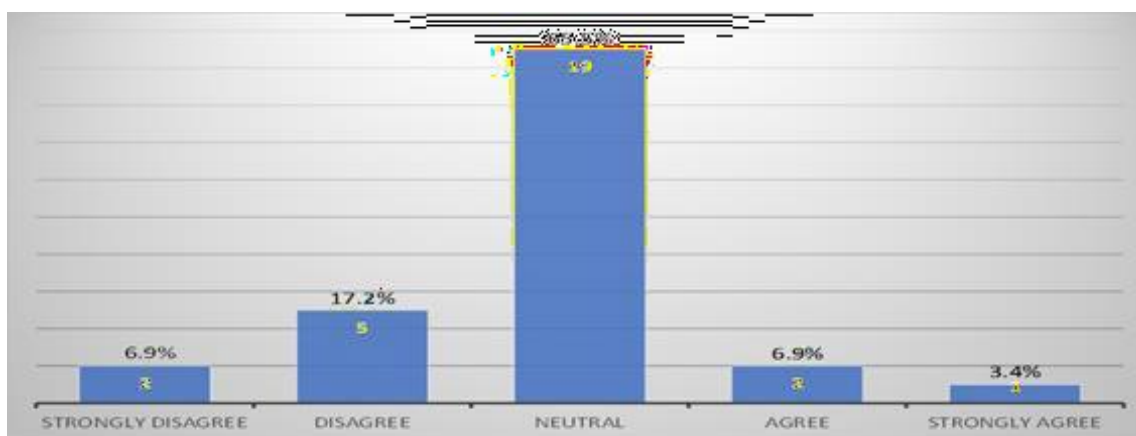


Figure 1. Awareness of the Organization's Mental Health Resources and Services.

This information was further supported by the results of the survey administered to the youths. When asked about the current MHPSS interventions within MEF as seen in Figure 1, the majority of the youth

participants (65.5%) were undecided about whether there are resources and services related to mental health that MEF offers.

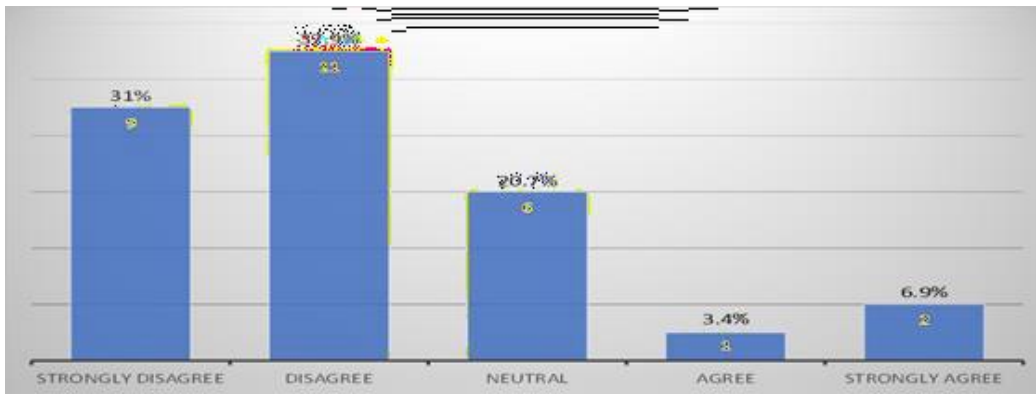


Figure 2. Availability of mental health services in the migrant community.

In addition, as reflected in Figure 2, a significant number of respondents disagree (37.9%) and strongly disagree (31%) that there are available mental health services in their community.

Interestingly, during the consultation with the SF, it was mentioned that there are approximately ten (10) different organizations that are working on MHPSS-related projects in the Mae Sot. But are highly focused on providing awareness raising and conducting MHPSS sessions in refugee camps. Moreover, in the prior consultations with the CDC teacher, it was mentioned that their school received capacity building on MHPSS from the Mae Tao Clinic, however, there was limited utilization since pupils feel awkward in approaching their teachers, and there were limited materials that the trained teachers can use.

Based on these, it is evident that the partner MLCs have not received sufficient MHPSS support, making the capstone project initiative their first effort.

### Perceived Benefits and Challenges in Implementing the MHPSS in MLCs

Being the first engagement with the MHPSS initiative, both MLCs expressed their high expectations. They also recognized the need for MHPSS initiative in their MLCs with the involvement of experts and professionals in the field. The academic coordinator of MEF reported that one youth in the area committed suicide recently due to violence and trauma. As the youths at MEF also experienced violence or tragic events, the school official expects that the MHPSS project will be helpful in their recovery. Moreover, the official anticipated that youths could contribute back to the community with their knowledge of MHPSS as they return to their own community.

*“The students can transfer this information to where they came from. They are from the camp, they are from the CDM area, they are from the migrant area. Migrant areas, as you already know, they experience oppression, family problems, sometimes they reside in Thailand without any legal document. There is a lot of pressure, I think if they know MHPSS they can help and share their knowledge with others in the community”*

Meanwhile, the principal of BLSO expressed that this engagement will allow children to open up about their feelings. She believed that the children were hesitant to share their problems with teachers, but they would dare to open up about their feelings with other youths.

Different concerns were gathered during the FGD with the youths, the concerns revolved more around their expectations when they conduct the actual sessions were expressed, One concern was also on the proper

way of communicating with children,

*“I am not confident in communicating with children as they might be afraid of us. I don’t know how to handle them.”*

One participant doubted the interest of the children in the sessions that they would conduct. However, only one participant said that the sessions would be fun. The participants also acknowledge different ways that they think would help address their concerns. One of which was to focus more on activities and less on lectures.

Participants expressed various ways in which they believe the project can contribute to building a stronger sense of community among migrant youths and the children involved. One respondent emphasized the power of connection,

*“...the MHPSS training could form supportive relationships, it can provide comfort and understanding, especially for those who may be separated from their families.”*

Another participant envisioned the project fostering sympathy and empathy within society, promoting a non-discriminatory community.

*“This program will create sympathy and empathy in the society in the future, the children will not become selfish when they grow up. They will help and care for other people. We want a community that will not discriminate against any races like Rohingya.”*

Given the different insights of the respondents during the baseline assessment, it is evident that there is a high need for MHPSS support in the area; therefore, the implementation of the project contributed to fostering a supportive and compassionate environment for the migrants both children and youths.

### **Drivers of Migration**

The survey also discusses the reasons for their migration to Thailand from Myanmar. The most prevalent response (19 responses) was on the existing civil war or political instability of the country, followed by education (9 responses) and family income (7 responses). Other reasons include having a family who already moved to Mae Sot, natural disasters such as typhoons, and personal reasons.

### **Impacts of Migration**

Respondents expressed significant challenges in their host countries, with the most commonly mentioned issues being related to legal documentation and status (23 responses), language barriers (14 responses), security concerns (9 responses), and restrictions on travel and freedom of movement (7 responses). These challenges, including issues with identification, documentation, and legal status, create a sense of uncertainty and vulnerability among migrants.

On the other hand, migration brings various positive aspects according to survey respondents, including improved access to education (27 responses) and the opportunity for free education (23 responses). Other benefits include a safer environment (18 responses), enhanced knowledge and critical thinking skills (16 responses), access to basic necessities (12 responses), the opportunity for further education like GED (10 responses), and the potential for better career opportunities (9 responses). Migrant youths also appreciate exposure to diverse political views and experiences (8 responses) and the chance to rebuild their lives after adversity (6 responses). Overall, the positive aspects of migration center around educational and personal growth, safety, and improved life prospects.

### Social Services Received from the Thai Government and Other Non-Government Organizations (NGO)

A total of 18 respondents stated that they received education from the Thai government. Six (6) out of the 29 respondents said that they were able to live in refugee camps, and seven (7) respondents highlighted that they were provided food ration in the camps. There were acknowledgement of health services by four (4) respondents, vocational training by one (1) respondent while the other four (4) claimed that they have received no support from Thai government.

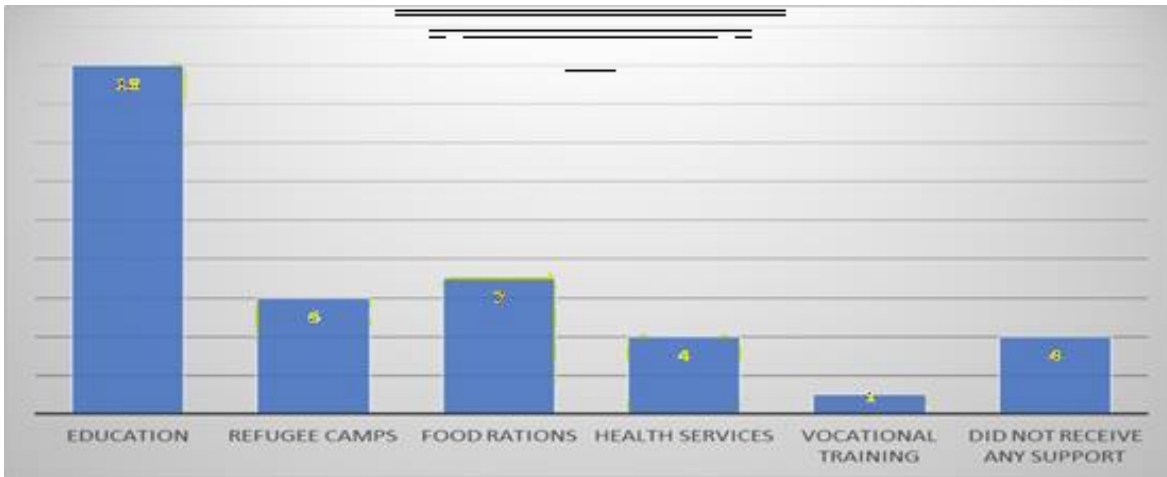


Figure 3. Number of responses per identified Thai Government's assistance.

On the other hand, regarding the support from NGOs, the majority stated the receipt of education supplies (15 respondents), education services (7 respondents), and other basic needs supplies including food by a total of 14 responses. The assistance included financial support (10 responses), GED test and scholarship (6 responses), housing assistance (3 responses) and others such as training and clothes.

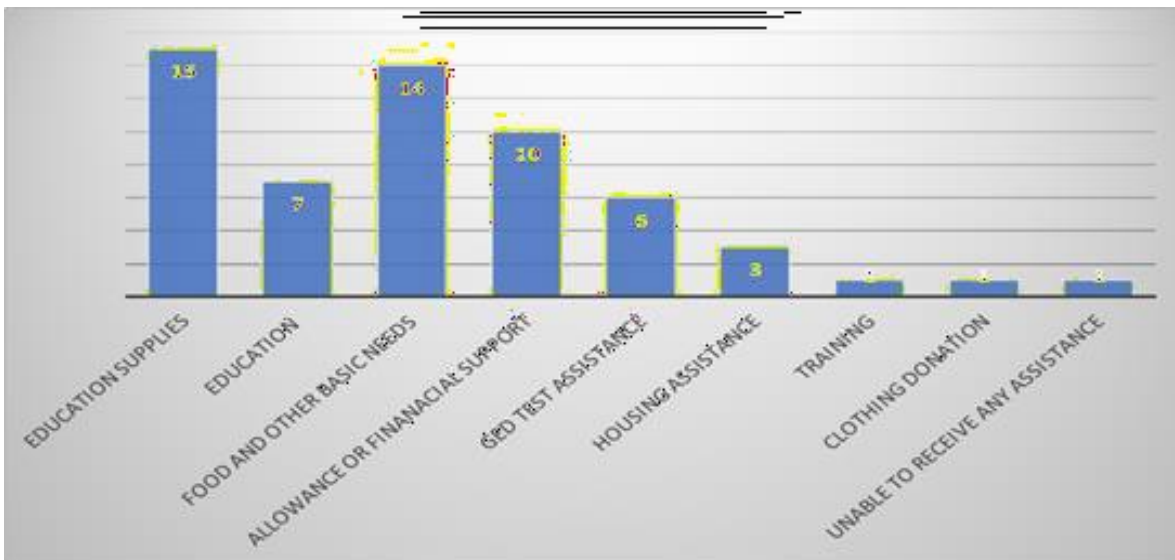


Figure 4. Identified assistance provided by the Non-government Organizations and/or Agencies to the Burmese migrants.

While these survey results showed the personal experiences of the youths, it must also be noted that all of the respondents are under the MEF, and all of them are under the fully funded scholarship program.

Moreover, the interviews revealed a gap in MHPSS training, primarily directed at teachers and organization leaders, with a limited focus on youth participation. Despite the Thai government providing free education, challenges persist, especially for those without legal status and it continues to fail to provide adequate mental health care. The positive impact of youth involvement in the project indicates a potential solution especially in bridging cultural gaps, sustainability, and broaden MHPSS assistance.

### **Activity 1.2. Collect and review MHPSS materials for children and identify activities that will fit in the context of Burmese migrant children in Thailand.**

To develop the MHPSS session guide, the project team collected eight materials from various organizations. From these, Save the Children, UNICEF, and UNRWA were chosen as references. The original materials used in the project are as follows:

- Save the Children. (2019) Learning and Wellbeing in Emergencies. Retrieved from: [https://resourcecentre.savethechildren.net/pdf/lwie\\_community\\_action.pdf/](https://resourcecentre.savethechildren.net/pdf/lwie_community_action.pdf/)
- Save the Children. (2022) Return to Learning Ages 7-11. Retrieved from: <https://resourcecentre.savethechildren.net/pdf/Return-to-Learning-Activity-Packet-Ages-7-11-2022.pdf/>
- United Nations Relief and Works Agency for Palestine Refugees in the Near East. (2016). Psychosocial Support Recreational Activities Resource Guide. Retrieved from: [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unrwa.org/sites/default/files/content/resources/recreational\\_activities\\_resource\\_guide.pdf](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unrwa.org/sites/default/files/content/resources/recreational_activities_resource_guide.pdf)

### **Activity 1.3. Co-develop or contextualize with a partner organization on the MHPSS sessions.**

Together with the MEF, the project was able to select appropriate sessions and activities from the selected MHPSS references. The developed session guide consisted of ten (10) sessions that are aligned with Socio-Emotional Learning (SEL) skills which are, self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Each skill consists of two sessions.

The subsequent collaboration with MEF in selecting and contextualizing three specific materials indicates a thoughtful and collaborative decision-making process, ensuring that the chosen references align closely with the context of Burmese migrants. This approach enhances the principles of co-ownership, co-production of the MHPSS product, and co-benefits of the shared project outcomes.

### **Activity 1.4. Technical Review and approval of the draft sessions by the MHPSS technical advisers.**

The initially developed session guide was subsequently shared with other organizations that run MHPSS programs in Mae Sot, namely, the Mae Tao Clinic (MTC), the Suwanimit Foundation (SF), and the International Organization for Migration (IOM) Thailand to ensure the appropriateness and sensitiveness of the material in the Burmese migrant context.

The technical experts of those organizations offered positive feedback highlighting that the material is culturally sensitive and age appropriate. Other suggestions mainly focused on ensuring that the language used would be the language of the target population and that names included in the story-telling sessions be changed to Burmese names. After this, these partners accepted the flow and contents of the session guide.

In addition to the co-production of the MHPSS session guide, the training design was also co-developed by the partners.

### **Activity 1.5. Translate the finalized materials into the Burmese language.**

The approved ten MHPSS sessions were translated by the project proponents. The final material consisted of English and Burmese versions. However, the translations were reviewed by the youth facilitators for future enhancements.

### **Activity 1.6 Printing of developed contextualized PSS Materials**

A total of 35 copies were reproduced by the project. Each trained youth and partner organization received a copy.

**Specific Objective 2: The youth population from a partner organization is capacitated to conduct MHPSS for school-aged children which promotes socio-emotional skills, contributing to their psychosocial well-being.**

**Activity 2.1: Conduct training sessions with target youths from the partner organization in the conduct of the developed MHPSS sessions.**

### **Training Design**

To ensure that the participants understand the different concepts of MHPSS Sessions, a three-day training was conducted. Of the 29 target participants, 28 youths were able to complete all training sessions, despite one youth having to return to the refugee camp.

The objectives of the three-day training revolved around four (4) goals.

- to acquire a comprehensive understanding of the concepts of Mental Health and Psychosocial Support specific to children;
- to develop practical skills to conduct child-specific MHPSS sessions and interventions through Psychological First Aid;
- to enhance their confidence and ability to provide MHPSS sessions; and,
- to document the trained youths' experiences in the training and the PSS session.

The first day was a brief introduction to the project and orientation on child rights and child protection. That was followed by the definition of MHPSS, its importance to health and wellbeing, and the introduction to how different crises affect individuals psychologically and the different levels of stress.

The second day was allotted to Psychosocial First Aid (PFA). The topic on PFA was vital to developing a solid proficiency among participants in providing PFA and in offering immediate support to individuals in crisis and equipping them with active communication skills.

The third day was allotted to discuss the Socio-Emotional Learning (SEL) skill competencies and the introduction of the MHPSS session guide. It was followed by actual role-play sessions engaging them with practical exercises that simulate real-life scenarios.

### **Pre-Test and Post-Test Training Results**

To measure the effectiveness of the training, 30-item pre and post-tests were administered to the 28 participants. The questions were shared using a Google Form, to easily collect and analyze the results. To measure and compare the increase in the participants' knowledge levels, a paired t-test was employed. With the paired t-test, the project proponents were able to determine if the intervention provided a positive or

negative change, as the same participants were measured twice.

	<i>Pre-Test</i>	<i>Post-Test</i>
Mean	12.85714286	21.17857143
Variance	13.23809524	20.52248677
Observations	28	28
Pearson Correlation	0.313941918	0.313941918
Hypothesized Mean Difference	0	0
df	27	27
t Stat	-9.100461956	-9.100461956
P(T<=t) one-tail	5.15249E-10	5.15249E-10
t Critical one-tail	1.703288446	1.703288446
P(T<=t) two-tail	1.0305E-09	1.0305E-09
t Critical two-tail	2.051830516	2.051830516

Table 2. Results of pre- and post-training tests.

The null hypothesis states that the sample means are equal, while the alternative hypothesis asserts that the sample means are not equal. Based on the results, the pre-test showed an average score or mean of 12.86 with a standard deviation of 3.64, or there is a 64.77% increase in knowledge, allowing them to learn more about mental health concepts. In contrast, the post-test yielded an average score or mean result of 21.18, with a standard deviation of 4.53. The data suggests that, since the p-value is less than the level of significance (0.05), the null hypothesis is rejected. The population means are not equal, and the post-test mean is higher than the pre-test mean. The difference in the scores of the participants before and after the training is statistically significant, indicating that the training had a positive impact on the participants.

### Training Evaluation

The participants rated the activity at the end of the three-day MHPSS sessions based on ten (10) distinct training features and four (4) rating categories, such as good, fair, needs improvement, and poor. As shown in Figure 6, the majority of participants rated “good” and “fair” regarding the objectives and their expectation on the training, topics and activities included and other technical and logistical arrangements. None of the respondents rated poor in any categoris but the most noticeable area to improve is the time allocation due to the tight schedule of the training sessions.

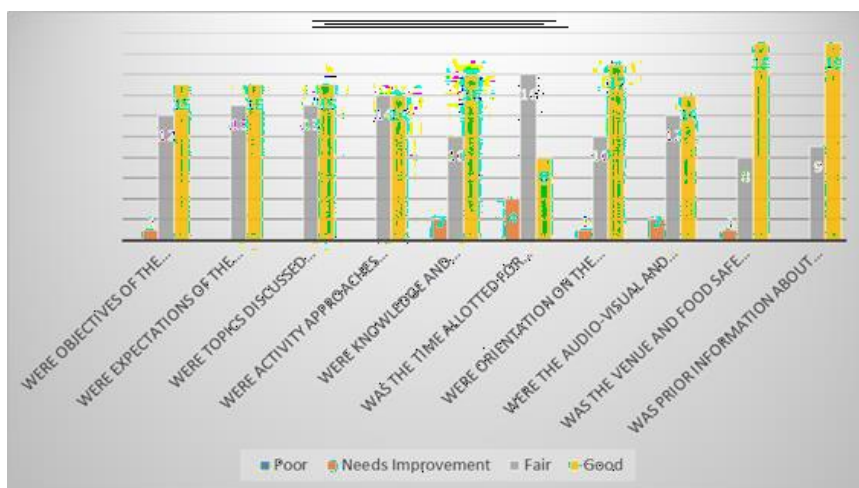


Figure 5. Results of the Training Evaluation Survey.

### Valuable Insights or Skills Gained from the Training

To get a deeper understanding of the outcomes of the training, an FGD was carried out, with six (6)



volunteer participants, consisting of three (3) males and three (3) females. They reported an improved attitude toward children, appreciating their unique perspectives. Through training and practical engagement in conducting sessions, they gained awareness and confidence in connecting with children, especially in crisis situations. The training also increased sensitivity to children's needs and improved proficiency in active listening.

Among the six responses, four individuals said that they lacked prior experience in leading sessions or educating children. One participant said that he had experienced teaching children way back in Myanmar, and he further expressed that,

*"...the training and sessions strengthened my awareness and improved my abilities to interact and speak with children. Before, I disregarded children who did not actively participate and instead directed my attention toward those who were more engaged. With this project, I was able to appreciate the significance of equal treatment for all individuals and adopt an empathetic approach toward children...."*

Furthermore, another participant said that,

*"...before the commencement of the training, I had a negative sentiment toward children and perceived them as bothersome. But after the training, I realized that individuals possess diverse backgrounds and needs. Hence, it is important to exhibit sensitivity and empathy towards others, particularly the children."*

The insights provided during the endline assessment provided that the concepts and simulation exercises done during the training sessions were effective in enhancing the skills of the youth participants. It also contributed to changing their perception of dealing with children.

### **Specific Objective 3: Youths have actual experience in conducting the MHPSS sessions with children.**

#### **Activity 3.1: Actual conduct of MHPSS sessions to children by youth facilitators**

Following the MHPSS training for youths, the actual conduct of psychosocial sessions with children was done by the trained youths. The goal of the sessions was to promote MHPSS in the learning center of grade school children, to enable the youths to have an experience in conducting the sessions and to gather feedback for further enhance the program in the future.

To facilitate the activity, the children from the BLSO were divided into three groups, with mixed grade levels from Grades 1 to 6. The 28 trained youths were divided into three: giving at least nine (9) facilitators per group. Since the sessions were mainly for gathering the youths' experiences, there were only two sessions conducted at the school.

The PSS session on the first day was attended by a total of 58 children (36 boys and 22 girls), while there were only 26 youths (12 males and 14 females) who were able to conduct the actual sessions since two of the trained youths were required to go back to the refugee camps. On the other hand, the second day was attended by 59 children (37 boys and 22 girls), and a total of 27 trained youths (14 males and 13 females) were able to facilitate the PSS sessions.

Youth facilitators reported improved skills and confidence in managing sessions with children through FGD in the endline assessment. Many felt highly confident in conducting sessions, noting enhanced communication and collaboration with children. However, language barriers posed challenges for some facilitators, as they come from different ethnicities, and Burmese is not the usual language in their community, impacting their confidence and effective communication with children.

### **Activity 3.2: Documentation of youth experiences in the actual conduct of MHPSS with children.**

#### **Feedback on the actual conduct of the PSS with children**

A feedback session was conducted to gather the experiences of youth in conducting PSS sessions with children with the use of an electronic game Mentimeter. Youths enjoyed activities like getting to know the children, reading stories, singing, dancing, and playing games. They appreciated the children's attentiveness and active participation. Some youth realized they could successfully conduct sessions with children for the first time. The second day was often more interesting as children become less shy, and their positive responses motivated the youth facilitators. However, some children found the activities uninteresting for their grade level.

In relation to the perspectives on conducting PSS sessions with children, youths recognized that physical activities engaged children. They saw the benefits of PSS, helping children reduce stress and enabling better communication with both children and adults. It allowed them to understand children's behavior and personalities and helped children feel comfortable and good about themselves, positively impacting their behavior.

Looking into the youths' involvement in the MHPSS Program, they also saw the benefits of the MHPSS program in their lives, including applying what they learned, self-awareness, and the opportunity to reach out to children and inspire them.

#### **Feedback of the Children in Relation to the MHPSS Session**

To collect the personal experiences of the children who benefited from the PSS sessions, two FGDs were conducted. In each session, there were 12 children (4 males and 8 females) who participated, representing three groups and different grade levels. The responses were collected based on five categories such as "Happy," "Calm/Relaxed," "Nervous/Scared," "Sad," and "Angry/Upset."

**Engagement with youth facilitators:** It is observed that most of the children felt "happy" or "calm" in engaging with youth facilitators. For Day 1, five children chose happy, six children chose calm and one of them chose scared. Regarding Day 2, the majority (nine) of them chose happy and three chose calm. The children stated that they enjoyed playing games, doing activities, and meeting friendly facilitators.

**Preference for Activities:** Among the four activities included in each session, the most preferred activity was reading a story followed by playing a game and singing a song together. Some of them enjoyed extra activities included by facilitators such as drawing and dancing.

**Emotional responses to activities:** The children responded mostly "calm" and "happy" to the activities of Day: 1 and 2. On the first day, their responses were mostly calm (seven responses), and happy (four responses) while one participant chose scared. On the second day, the majority (eleven) of them responded happily while the other one chose calm.

In addition to this, during the FGD, some children stated that youth facilitators are friendly, fun, and nice to them. In addition, they are "happy", "excited" and "want to meet and play with youth facilitators again". The majority of children enjoyed the "story-telling" activity and they all agreed that there was no session that they disliked. All students raised their hands on their willingness to ask youth facilitators to come back on both days of FGD. If possible, they want to do more activities such as painting, singing, and storytelling about animals, football, badminton, hide and seek, and running games.

### Feedback on the PSS Session Guide for Children

To ensure the appropriateness of the sessions in the PSS session guide, feedback was collected from the youth facilitators. Out of the 28 trained youths, 26 have provided their feedback. The Google form was used to administrate the survey questions dividing them into four sections: tasks and activities, general appearance and organization, contents, tasks and activities, and the usage of the session guide. Five rating systems were used for each category: bad, fair, satisfactory, very good, and excellent.

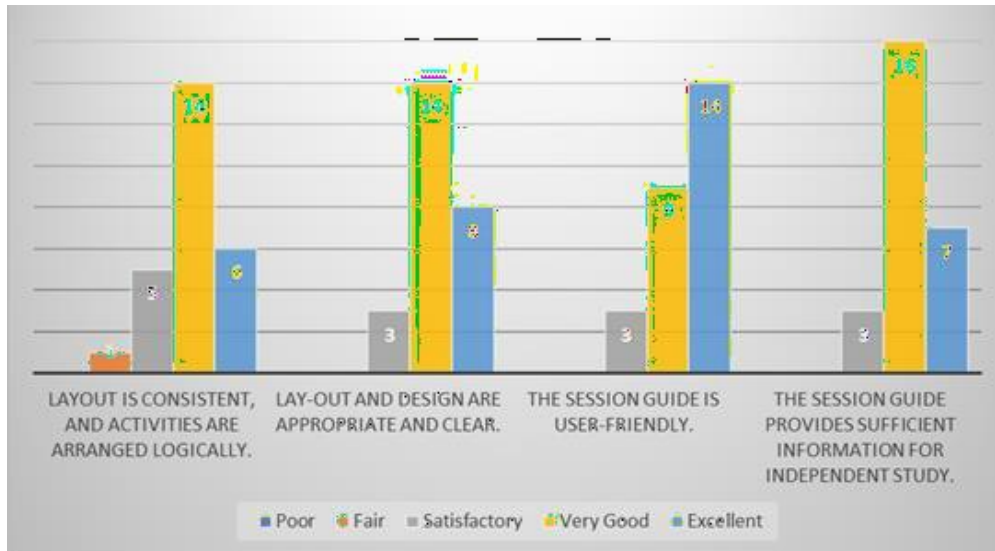


Figure 6. Participants’ feedback on the PSS session guide’s general appearance and organization.

With regard to the general appearance and organization of materials, as shown in Figure 7, the respondents provided positive feedback on the consistency and logical arrangement (14 very good, 6 excellent), appropriateness and clarity (14 very good, 8 excellent), user-friendliness (9 very good, 14 excellent), and sufficiency of information for independent study (16 very good, 7 excellent).

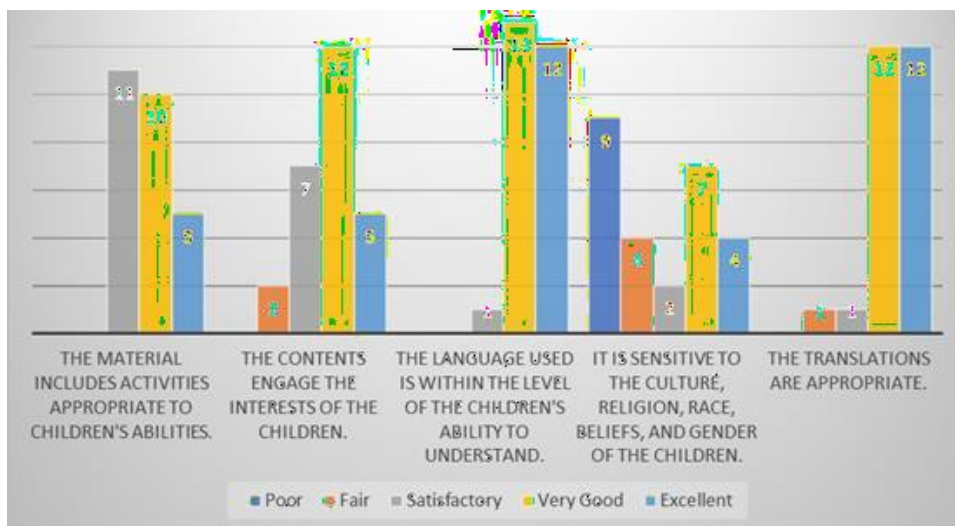


Figure 7. Youth facilitators’ feedback on the contents of the PSS session guide based on five criteria.

In evaluating the session material, five categories were assessed. For activities suitable for children’s abilities, 11 out of 26 respondents rated it “satisfactory” and 10 as “very good,” with 12 facilitators finding it engaged children’s interests “very well.” Regarding language alignment, 13 respondents rated it “very

good,” and 12 rated it “excellent.” Cultural sensitivity received mixed responses: 9 rated it “poor,” 4 as “fair,” 2 as “satisfactory,” 7 as “very good,” and 4 as “excellent.” Follow-up was lacking, but it may relate to the guide’s applicability to children from diverse backgrounds, mentioned by one FGD participant. Lastly, appropriate translation received equal “very good” and “excellent” ratings from 12 respondents each.

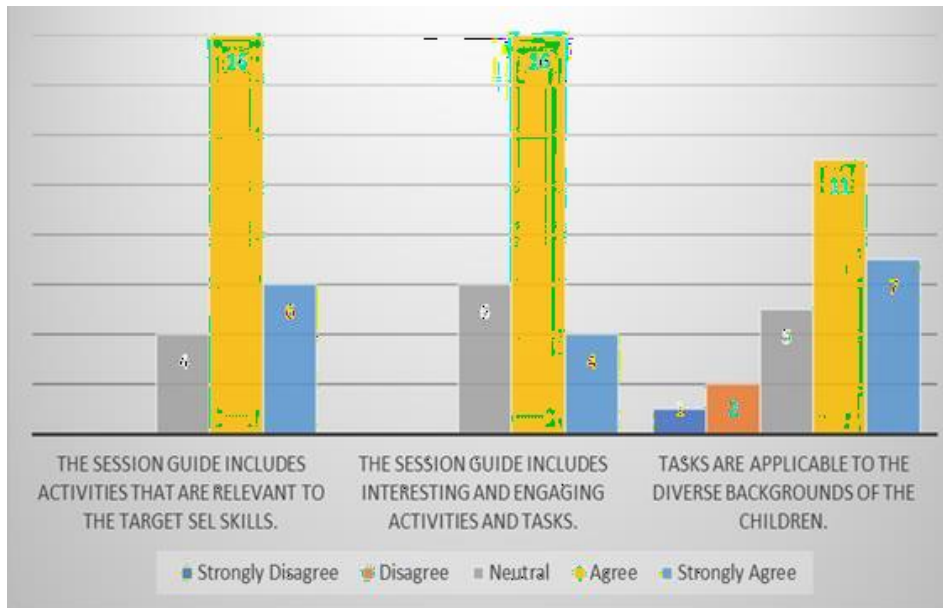


Figure 8. Youth facilitators’ feedback on the tasks and activities in the PSS session guide.

The third section was on tasks and activities. When the youth facilitators were asked to rate if the session guide includes activities that are relevant to the target SEL skills, the majority or 16 of them “agreed” with the statement. In terms of the inclusion of interesting and engaging activities and tasks, a majority of the 16 facilitators agreed with the statement. However, when the tasks were evaluated in terms of their applicability to the diverse backgrounds of children, the result was dispersed, the majority or 11 of them agreed, 7 strongly agreed, 5 got a neutral response, 2 of them disagreed, and 1 respondent strongly disagreed.

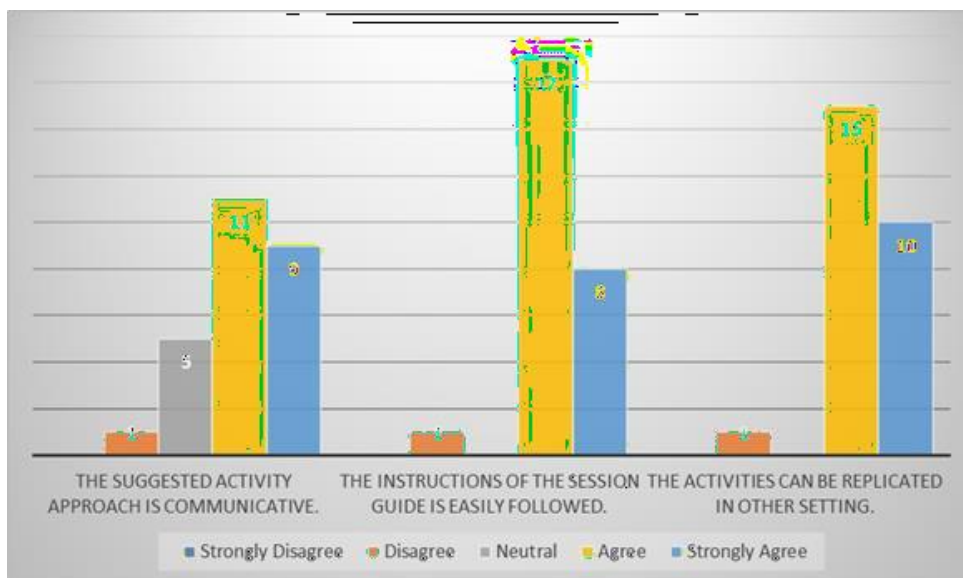


Figure 9. The graph shows the evaluation of the participants on the PSS session guide based on usability.

The respondents were asked to rate the usability of the session guide into one of three categories. Most of the respondents provided positive feedback on PSS material that the activity approach is communicative (11

agree, 9 strongly agree), the session is easy to follow (17 agree, 8 strongly agree) and the activities can be replicated in other settings (15 agree, 10 strongly agree).

### **Importance of Empowering Youths in the Community vis-a-vis MHPSS Project**

During the endline assessment through an FGD with six youths, the MHPSS project gained positive feedback from the FGD participants on how it empowered them. Three participants said that the initiative improved their ability to communicate. One participant reported that the initiative gave me and the others more self-assurance and the ability to lead in front of others.

*“I became able to acquire skills and gain more experience. Initially, I hesitated to stand in front of children, but through the program, I became prepared and found myself communicating better with them. The program instilled confidence in us, enabling us to interact with children, initiate in front of people, and it was touching as they remembered our names.”*

One participant stated that,

*“Seeing children happy and enjoying the activity, reminded me of my childhood. It portrayed the value of a good environment, and how it could affect the children’s development.”*

Finally, a participant mentioned that leading the session with her friends gave everyone a sense of empowerment since they were encouraging and supporting one another.

The replies provided by the youths during the baseline assessment on potential means of empowerment are addressed in this endline outcome. A reaction may be attained by employing improving mental health knowledge, which facilitates a deeper understanding of oneself and others around one. An alternative reaction emphasized the impact of the social circle, such as friends and professors, in providing insightful advice and motivation that may empower people. It was explained in further detail that one would be better able to help others if one understood themselves and their thinking. The need for self-awareness was emphasized strongly in one last remark.

These results showed the positive outcome of the training in empowering the youths. The project did not only equip the participants with knowledge and skills but it also strengthened their confidence in discussing MHPSS with peers and also in conducting PSS sessions with children. Overall, the outcomes showed that the intervention has empowered the youth participants to be more effective in supporting the mental health and well-being of children.

## **DISCUSSION**

The results of the project are discussed in relation to the research questions, findings in other related literature and the empowerment theory of Zimmerman.

### **Results Discussion**

The project proponent was able to appreciate the relevance of RRL and the theoretical framework in relation to the project results. The MHPSS intervention in the migrant area was effective in empowering the youths and improving their psychosocial well-being. The training topics, the available resource materials, and the PSS session guide have contributed to improving the confidence of the youths in facilitating sessions. This outcome proves the applicability of the empowerment theory of Zimmerman (2000, p.43) wherein empowering individuals through community involvement addresses feelings of powerlessness, alienation, and withdrawal. This project outcome was seen in the project process and in the endline assessment in

which the youths emphasized how it personally improved their self-awareness, skills, confidence, and awareness of social issues. Youths' active involvement significantly contributed to the children's mental health and psychosocial well-being.

Children's positive feedback on PSS sessions supports Lasater et al.'s (2022) finding that integrating MHPSS in learning spaces enhances coping skills and improves psychosocial well-being. Their enthusiasm also indicates the comfort of assigned youth facilitators. While it is too early to conclude the intervention improved psychosocial well-being and peace efforts, it provided a safe space for them. Additionally, positive feedback on the material highlights the significance of SEL competencies, reinforcing Riggs and Davison's (2016) claim that SEL is crucial for children's psychosocial development.

Aligned with Mitlin's (2008) co-production findings, wherein involving the individuals could strengthen the sense of empowerment helping them to shape their future, the project enabled the youths to investigate their capacities and capitalize from there. Thus, the project's design, focusing on youth empowerment and community involvement, led to sustainable outcomes, including the establishment of local MHPSS facilitators and the availability of a PSS session guide.

According to IOM (n.d.), migration in Mae Sot, Thailand was driven by four identified primary macro-level drivers: economic, social, political, and environmental. This was confirmed in the responses documented in the project. As presented in the outcomes and findings section, civil war or political instability in Myanmar was seen as the major driver for migration. Others were access to education, access to livelihood, and occurrence of natural disasters such as typhoons.

The economic factors in the case of the youths and their family revolved around the pursuit of a better income. The youths' pursuit of education is under the social driver of migration. Based on the research, some migrants only migrate temporarily to pursue their studies and some others believe that education abroad will give them better job opportunities outside of their own country; the same reason has been documented in the project implementation. Moreover, the environmental factors were also evident in one of the survey respondents who mentioned that the typhoon forced them to leave their home country.

It was observed that most of the respondents received education support, financial aid and other basic needs from either the Thai government or from NGOs. However, some did not receive any support, emphasizing the existing challenges, possibly linked to obstacles related to legal status obstacles. These findings aligned with existing literature regarding challenges faced by migrant children due to legal status issues (UNICEF, 2019). Legal documentation concerns act as barriers, restricting them from accessing social services and freedom of movement in their host country. Survey results also indicated that language barriers and security were a concern.

Chan et al.'s (2009) study emphasized that those in conflict areas may experience violence and trauma, this was exhibited in the project outcomes. While there were no reports of respondents directly experiencing violence or sexual exploitation, some respondents indicated that security concerns prompted them to leave their country. This exposure resulted in vulnerability and uncertainty, contributing to the complex challenges faced by these individuals.

These challenges must be addressed to improve their well-being and foster their integration into society. NGOs play a crucial role in filling the gaps, emphasizing the need for a comprehensive approach to address the multifaceted needs of migrant youths. The absence of explicit mention of MHPSS interventions suggests a potential area for improvement and further research.

The result of this project showed that despite the challenges and issues that the youths have experienced in migration, there are also positive outcomes. The frequently mentioned advantages are improved access to

education, opportunities for free education, and a safer living environment. Migrants also appreciate access to food and necessities, the possibility of further education like GED, and improved career and income prospects. Overall, the positive aspects of migration are closely linked to educational and personal growth, safety, and improved life prospects.

The baseline assessment highlighted challenges in accessing mental health services for migrants, revealing inadequacies in existing MHPSS interventions. Abdi's (2018) study underscores these challenges, emphasizing difficulties faced by children in seeking mental health care due to limited services and stigma. Trust issues, stemming from past oppression experiences, hinder access even with school administrators, aligning with Marshal et al.'s (2016) findings on refugee youths. This project serves as an opportunity to advocate MHPSS for migrant youths. Trained youth facilitators play a vital role in extending services, and the developed session guide serves as a readily available PSS resource for the community or school.

Stark et al. (2021) emphasize the vital role of youth involvement in promoting MHPSS knowledge and fostering a supportive environment for enhanced resilience, relationship-building, problem-solving, and positive mental health in the community. This study was evident in the project since most of the youth expressed appreciation for the project intervention which they deemed to be helpful in their personal development. They were able to gain the trust of the children when they applied their learnings by conducting the actual sessions with them. Since teachers are culturally perceived as authoritative and respectful figures, learners often hesitate to share their issues and seek advice from them. However, they tend to be more open with youth facilitators.

In this sense, it is undeniable that the youths have better potential in mobilizing children and their peers towards MHPSS awareness and promoting psychosocial well-being in their communities. Likewise, youths also feel empowered as they are provided a chance to understand not only their struggles but also to be involved in asserting their knowledge and solving the problems existing in their community. It provided them with a stronger sense of belonging to their community and a feeling of responsibility for building a more resilient and better community. Empowered youths will be able to manage their struggles and will be less likely to engage in any violence.

### **Project Challenges and Limitations**

The project team experiences several challenges related to structural limitations and time constraints.

**Measurement of Project's Effectiveness at the Impact Level:** Given the limited time, the capstone project proponents were restricted to claiming the results at the outcome level of the project, and therefore unable to measure the effectiveness of the MHPSS intervention at the impact level. Therefore, the Empowerment Theory's application and reliability in terms of empowering the youth through MHPSS training and interventions is only limited to the first level (individual or psychological empowerment). Though the partner organizations and the children claimed to have benefited from the intervention, the long-term results and effectiveness are not yet visible at the time of reporting.

Since the capstone project was concentrated mainly at the individual or psychological level, the two remaining levels of empowerment, the organizational and the community levels, have not been directly addressed. While there have been sustainability efforts in the community to have pools of trained MHPSS facilitators, there are still limitations in the analysis and discussion of the project results as they do not include a thorough evaluation of its contribution at the organizational and community level.

**Attainment of consent from parents or guardians:** Despite some challenges, the project team attained consent from all participants and partner organizations. The principal of BLSO stated that some of the families of the children are hesitant due to the lack of legal status. For that reason, the team committed to

getting the signatures of the classroom teachers, together with those of the children themselves and the principal of BLSO.

**Co-producing MHPSS session guide with youth facilitators:** Because of tight academic schedule, the team found it hard to involve the youth participants in the process of material development. However, the documentation of their experiences in conducting MHPSS sessions and the collection of their feedbacks on session materials will be helpful for the development of future session guides.

**Financial constraints:** The constraints on finance were evident for the project due to the location of the project site, the financial status of the partner schools, and the duration of the project timeline itself. To address this challenge the team modified the approach by converting some materials through electronic engines such as paper and pencil questionnaires to Google Forms.

**Gender inclusion:** The gender response of the project was satisfactory. The limitation was observed in the selection of child participants based on gender identity. Learning facilitators from each school were consulted during the selection criteria and they selected the classes regardless of gender ratio. This selection promotes inclusivity despite the higher number of children present in the MHPSS sessions being male.

## RECOMMENDATIONS

Given the scope and limitations of the study, the results, and the findings, this capstone project recommends the following actions to ensure sustainability, long-term impacts, and wider scope.

- Promote co-production when developing projects to ensure the migrant communities' involvement to address their actual needs, to enhance the sense of ownership and sustainability of any efforts. Through this approach, it will create effective, culturally sensitive, and relevant initiatives since the perspectives of the migrant community are reflected and valued. Involving the local population in the decision-making process will empower them.
- Increase the involvement of the local youth population in the development initiatives in the migrant communities. The role of youths is often overlooked in community activities. The local and international organizations in the area can promote greater efforts by utilizing the local youth's capacity to tackle community issues.
- Take into consideration the feedback of the youths in enhancing the session guide to foster inclusivity and sensitivity of the PSS materials. Different organizations should make an effort to reproduce and distribute the session guide to migrant areas. In addition, it should also be made available online for wider audiences.
- To expand the scope of the intervention and more children will benefit from the program, MHPSS should be integrated into the school programs. MHPSS could improve the social and emotional development of children, contributing to the development of their crucial skills, and it can foster a sense of belonging and well-being among children.
- Increase financial and technical support from the government and all other organizations and allocate more resources to Migrant Learning Centers. With insufficient funding and technical resources, some MLCs, despite receiving MHPSS training, are incapable of integrating the system at schools and in the community.
- Strengthening of reporting mechanisms and the inclusion of parents, guardians, and other community members in the process. It is important to help community members understand and know where to seek help when they encounter issues that need immediate attention, such as child abuse and suicidal tendencies. Despite the challenges, the collaboration among teachers, guardians, and MHPSS service providers can contribute to better outcomes.



## CONCLUSION

Through the project engagements with partner organizations, it was found that the MHPSS interventions are not clearly defined in the migrant areas in Mae Sot, Thailand. Despite the traumatic experiences that the migrants experienced from their own country, and the challenges they faced in their host country affecting their mental health and psychosocial well-being, MHPSS intervention was not common in the area. The program was concentrated in refugee camps that overlooked other migrant areas. It was observed that the pool of PSS facilitators was insufficient, there is a lack of youths' participation, and non-existence of PSS efforts to children. Given this situation, there was a high concern of the decline psychosocial well-being of individuals that may lead to personal crisis.

Therefore, the project design was vital in empowering the local youth population by training them with MHPSS knowledge and capacitating them as facilitators to be able to perform actual PSS sessions with children. This intervention empowered youths to reflect on and manage their struggles as migrants, enabling them to identify solutions and approaches to support the mental health and psychosocial well-being of individuals in their community. It gave them the opportunities to help others, especially reaching out to children.

The project design produces sustainable outcomes by increasing the number of MHPSS facilitators, creating a contextualized session guide for current and future facilitators, establishing a safe space for children to share concerns with youth facilitators, and documenting youths' experiences for continuous improvement of the intervention. However, there are certain limitations to promote such benefits. Therefore, further collaboration opportunities between trained youths and MLCs are necessary to implement PSS sessions in education to improve the psychosocial well-being and coping skills of children during a crisis.

In conclusion, for the MHPSS interventions to be sustainable, holistic efforts should be made by different stakeholders. The concepts of co-production, co-ownership, and co-creation should be observed and applied by all actors. Therefore, in the case of migrant youths, it is important that they are involved in the whole process in any community-related activities and programs concerning their own welfare. Their involvement in any decision-making will empower them more and will help address the MHPSS needs of the youths, children, and even adults within their communities. As part of this initiative, resources such as contextualized and culture-sensitive psychosocial support (PSS) materials should be easily accessible to individuals, both online and in printed format. However, despite these efforts, the Thai government should address the issues of legal documentation of the migrants to facilitate, freedom of movement and lessen their fears and trauma. This will further strengthen the sense of empowerment of everyone in the community. By empowering the youths through MHPSS, they will be able to reach their full potential which will aid them in contributing positively to society. The introduction of MHPSS to the children will equip them with skills in managing their own emotions and developing resilience leading to a more fulfilling future. In addition, by empowering all levels of society, from individual to organizational and community levels through promoting MHPSS, individual struggles will be well managed, social issues will be easily addressed, social interventions will be sustainable, and positive peace will be more attainable.

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