

# PSYCHOSOCIAL WELL-BEING OF *MIGRANTS* IN SHELTERS

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# marginalized groups affected by India's lockdown

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Certain groups and communities – migrant workers, daily wage labourers, persons with disabilities, adults with intellectual disabilities, homeless persons, persons belonging to Adivasi/Tribal/Dalit communities, persons living with HIV/AIDS, sex workers, widows, orphans, persons belonging to the LGBTQ community, women, elderly, youth, children and refugees – experience the highest degree of socio-economic marginalization. These marginalized groups and communities become even more vulnerable during a crisis or emergency – on account of various factors such as inadequate access to health or social services,

heavy dependence on the informal economy and limited resources.

The lack of information around COVID-19 as well as an unplanned lockdown starting on March 24th, 2020 significantly raised levels of distress across India – in particular, among these vulnerable and marginalized communities. This distress was further compounded by other stressors related to food, livelihood, shelter, safety and basic survival. Several hundred deaths during this lockdown period were related to exhaustion, hunger, denial of medical care and suicides due to lack of food/livelihood, alcohol withdrawal or fear of having contracted COVID-19.

In particular, India's lockdown impacted lakhs of migrant labourers who work in unorganized sectors and depend on daily wages. They have been forced to live on the streets and depend on the State, nonprofits and volunteers for food and shelter. Unprecedented numbers of migrant labourers have attempted to walk thousands of miles to reach their homes and villages, on account of no public transportation. Discrimination, stigma, language barriers, among other factors, limit their access to otherwise publicly available preventative materials, health care and social services.

# Rights-based Approach

A rights-based response to COVID-19 prioritizes humanitarian needs for marginalised communities and those most vulnerable. Such an approach holds the State accountable for providing basic services such as food, shelter, physical health care, medication and mental health interventions. Under a rights-based lens, access to these services becomes a basic right that the State must be held accountable to uphold.

Therefore, those engaging in crisis relief operations, either on behalf of the Government or as volunteers, are providing services that marginalized communities

have a right to access. These are not charitable services or acts of benevolence, but instead, are basic needs that the Government is obligated to meet.

This handbook is intended to guide volunteers to better understand and service migrant labourers displaced on account of the nation-wide lockdown and forced to inhabit State/volunteer-run temporary shelters. The handbook attempts to explain the level of distress that displaced migrant workers are currently experiencing and how volunteers can work in solidarity with those most vulnerable and affected.



## Basic Needs India

**Basic Needs India (BNI) is a non-for-profit organization that has worked in the field of Community Mental Health for two decades. BNI strengthens psychosocial care of persons with mental health disorders, persons with disabilities, women, and children in distress and communities affected by natural and human-made disasters. Using its expertise, BNI has identified the need to address psychosocial distress among displaced migrants in these shelters.**

**BNI has put down a few guidelines for those volunteering in these shelters. Shelter volunteers are largely untrained professionals. Therefore, the organization running the shelter should brief, orient and train volunteers on their roles, responsibilities, and**

**skills in managing and running these shelters. This includes safety measures (e.g. related to food, fire, human abuse etc.) to be followed. The following guidelines on strengthening the psychosocial wellbeing of those living in temporary shelters are to be used by volunteers in addition to their initial training.**

**Since displaced migrants have gone through distressing experiences, the organizers of these centers need to prepare volunteers to be able to provide psychosocial support and create a conducive living environment for residents.**

# crisis-related distress

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## Temporary Shelters

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Temporary shelters have been established for displaced migrant labourers who are stuck at borders of districts and states due to the nation-wide lockdown. These are temporary arrangements with basic facilities intended for displaced migrants to stay in until the lockdown is lifted.

Local and national non-government-organizations (NGOs) facilitate the running of such centres by bringing in volunteers from the local community and involving their own staff. The number of residents in each centre varies from a few tens to a few hundred.

Temporary shelters are housed in permanent structures or in makeshift arrangements. Depending on the team who runs the centre, various activities take place to engage residents

Within temporary shelters, considerations must be made for the specific needs of women, children, elderly, persons who identify as trans and persons with disabilities.

### *Shelters serve the following purposes:*

- Provide a 'clean & secure place' to stay for migrant workers and their families who are stranded on account of the lockdown.

- Provide basic essentials like food, clean drinking water, etc. during their stay.
- Respond to their psycho-social distress related to the crisis.
- Address other needs such as connecting them with their family members in other locations via audio-video calls.
- Ensure social distancing, identification of cases of infection and adherence to protocols for management of such cases.

# Psychosocial Distress

Migrant workers displaced by the nation-wide lockdown experience a high level of uncertainty and resultant distress. They have been deprived of their basic needs and identity, rendered homeless with no money, resources or supportive network. Some might feel anger and resentment at being forced to stay in the shelter and not allowed to return to their hometowns and families. They might feel agitated and frustrated with everyone around them, including the shelter volunteers.

If they were dependent on alcohol, tobacco or any other substances, they may experience withdrawal symptoms such as anxiety, shivering, vomiting, and even convulsions.

Each shelter resident has come into the shelter with their own 'distress story' that – that of children and family members being separated; a sick loved one; lack of food & water; extreme exhaustion from walking miles to reach their homes; lost phones or no available means to communicate with family members and relatives, etc.

Oftentimes, shelter residents don't know the local language and cannot communicate with volunteers or those around them. They may feel anxious about the safety of their children and family members within the shelter and worried about how the local community members will respond to them.

Most shelter residents come into shelters unprepared, hoping to leave in a few days, not knowing how the stay will be and what is expected of them. Some are quarantined in the centers and they feel scared and frustrated.

## ***Displaced migrant workers living in temporary shelters experience mixed feelings:***

- **Grateful**
- **Feeling safe**
- **Restless**
- **Frustrated**
- **Trapped**
- **Angry**
- **Dejected**
- **Helpless**
- **Anxious**
- **Agitated**
- **Confused**
- **Wanting to run away**
- **Cooperative**
- **Combative**

## **Psychosocial distress that migrant labourers might be experiencing on account of the current crisis include:**

- Fear of losing their livelihood, not being able to work during isolation, and of being dismissed from work.
- Fear of being socially excluded/placed in quarantine.
- Feeling powerless to protect loved ones and fear of losing loved ones to the virus.
- Frustration on account of being separated from loved ones and caregivers.
- Feelings of isolation, helplessness, boredom, loneliness, and depression.
- Fear of falling ill and dying (common symptoms of other health problems such as a fever can be mistaken for COVID-19 and lead to fear of being infected).
- Avoiding health facilities due to fear of becoming infected while in care.
- Fear of reliving the experience of a previous epidemic, if they had gone through any disaster before.
- Families may feel increasingly worried about their children being at home alone (due to school closures) without appropriate care and support. School closures disproportionately impact women who provide most of the informal care within families.
- Older adults and people with disabilities experience greater levels of distress if their caregivers are placed in quarantine and if other sources of care and support are not in place.

Apart from these concerns, staying in temporary shelters adds to their distress. Persons living within these temporary shelters have to stay with unknown individuals 24x7 in a semi-structured environment with predetermined timings for meals, waking up and sleeping. They have no privacy and are constantly controlled by a few adults within a unique social order and structure – compounding their distress.

# building the capacity of shelter volunteers

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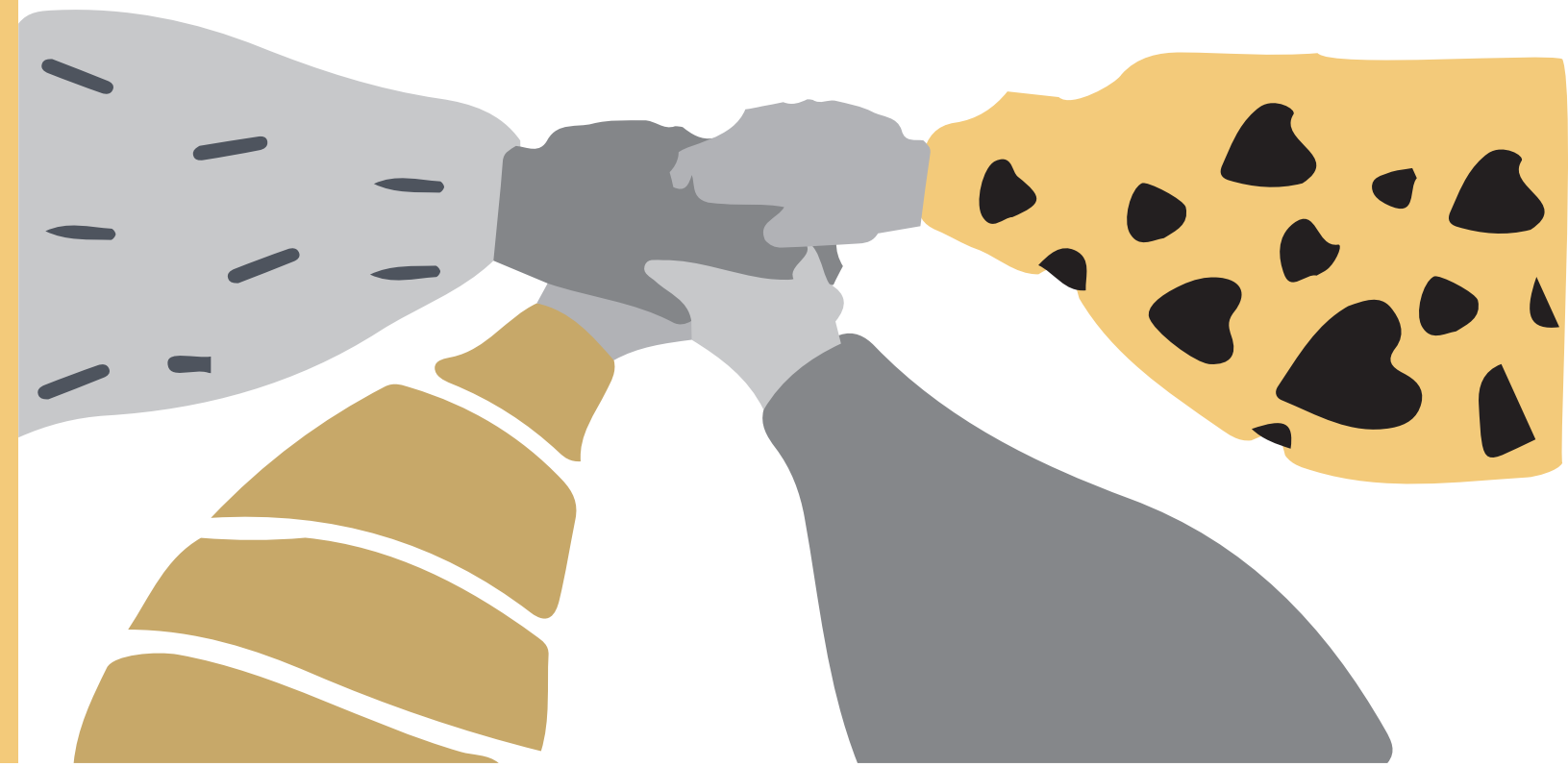
## Training Volunteers

Shelter volunteers may or may not have the required experience, skills or knowledge to work within a temporary shelter. However, they are a crucial resource. Each volunteer comes with their own understanding and perspective about the crisis, residents at the center and what needs to be done.

Whenever we choose volunteers to work in shelters, we are accountable for their

conduct. It is therefore imperative to enhance volunteers' understanding of the current pandemic, impact of the lockdown, distress that those displaced are experiencing and their own roles and responsibilities within the shelter. It's equally important for shelter volunteers to be aware of their own personal beliefs or biases and keep these in check as they interact with shelter residents.

Shelter Volunteers (SVs) should be trained to address the psychosocial needs of shelter residents. Some of these skills and attitudes include active listening, acceptance, being non-judgemental and open communication. Migrants should feel understood, accepted and respected throughout their stay. They should be included in running the shelter. The dignity of each resident should be upheld.





# Guidelines for Volunteers

**Accept shelter residents as they are.** Respect who they are and their differences in age, faith, appearance, dressing, their life-style and cultural, socio-economic status.

**Consider everyone as equals.**

**Be aware of one's own background:** Every one of us grew up with a different background. No two of us are the same. Residents come from a background and their lifestyle is totally different from ours. We tend to expect others to behave like us and have similar tastes and likings. We also try to change them to be like us, assuming that is the best way to live. When you interact with residents, please be cautious and

avoid such behaviour. Try to learn from them about their lives. Do not try to change anyone.

**Explain information in an accessible way.** Shelter residents may and may not know why they are being asked to stay in shelters. Without assuming that they know, please explain these details in their own language and make sure that they have understood what you are communicating.

**Speak clearly using simple language.** Don't get upset or frustrated because residents didn't do what you expected of them. It is possible that they didn't understand what you communicated or they couldn't tell you the difficulties they had (they were afraid or not confident

to speak to you) or they had other pressing issues to address. There will be some valid reason, so please listen to their explanation. Be open and honest in telling residents what you feel and respect their feelings too. Practice listening instead of speaking.

**Be conscious of personal biases** and avoid any discrimination against individual/s or group/s within the shelter.

**Refrain from any exchange of money, drugs/alcohol, gifts, etc. with residents.**

**Respect residents' need for privacy** and ensure confidentiality of any personal information shared.

**Run the shelter in an inclusive manner;** don't work 'for' the residents; work 'with' them. Help them feel like it is 'their center' and encourage collaboration. If you plan, something — consult/discuss with residents so that they feel a sense of ownership.

**Respect self-determination** within the structure. When you plan the menu or a common activity, wherever possible, let residents decide.

**Provide residents with the right information** and make their stay comfortable.

**Create opportunities for residents to interact** with others at the center, share their stories and exchange details about their lives. Such interactions will enable

residents and volunteers to build bonds, foster understanding and encourage mutual cooperation.

**Help shelter residents to understand the purpose of each activity they are being asked to participate in.** Involve them in designing such activities, and do not simply expect them to follow instructions.

**Involve residents in co-creating a list of shelter-related responsibilities and duties.**

## REMEMBER

**We all are independent individuals and are unique.** We think differently and have varied cultural backgrounds.

**We are born with rich capacities.** Do not judge anyone by their caste, appearance, religion, gender, sexuality or ability. Respect everyone and give them opportunities.

**We tend to live within boundaries, limitations, and fences** drawn by ourselves, by our families, community, culture, the larger society, Governments, the climate, environment, and others.



# Guidelines for Volunteers

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**Be empathetic,** residents might be experiencing distress. **Be respectful** towards residents. Running a shelter does not mean physically protecting residents or managing them. Show concern for residents' belongings and livestock.

**Understand how people cope in a crisis:** Crises are unexpected – resulting in enhanced levels of stress, anxiety and distress. We need to have some basic understanding of how people cope in a crisis situation.

**Understand how to resolve a conflict.** At times, there might be quarrels and conflicts. Sit together with them and listen to their narration in the presence of a few senior members. While the context

gets discussed, facilitate a mutual exchange of feelings and intentions.

In situations of conflict, the best interests of residents should take priority. Don't be influenced by personal likes and dislikes; **maintain objectivity and consider all points of view.** **Be observant.** Volunteers are responsible for the overall functioning of the shelter, and must be alert and observant.

**Be alert to the specific needs of people who are old, living with disabilities or sick.** Such residents may need extra support in moving around, eating, accessing the toilet, dressing etc. They may be worried or anxious about how their needs will be fulfilled. Be attentive to their needs and

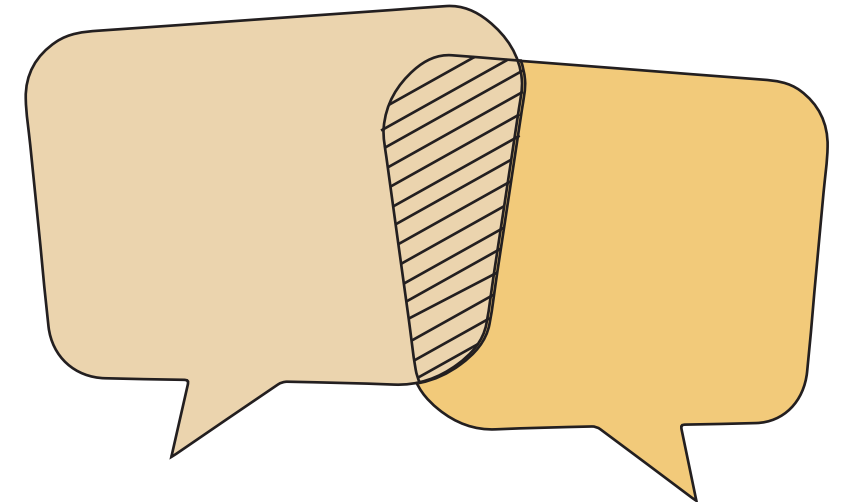
work towards meeting their requirements.

**Be observant of withdrawal symptoms** among persons who had an addiction to alcohol or/and other substances and report this to the medical team.

**Maintain a sufficient number of volunteers** – one volunteer to a group of 20 residents is a good benchmark. This will facilitate rapport building and enable group members to seek support for specific needs.

**Get to know your team members personally.** Your team is very important. Have a healthy understanding of them. If you have differences, please talk and resolve these; otherwise, it will come up in your work and trouble the entire team.

**Be a team-player.** Be transparent with your team members. When a team member makes a genuine mistake, be ready to seek forgiveness on their behalf. Don't argue irrationally defending a team member. Accept the mistake. No one is perfect. Be united as one team.



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**Basic Needs India**

...promoting mental health  
and development