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Original Article

Re-imagining covid through the lens of migrant[1] youth: a photo-voice project on the impact on mental health, resilience, and participation

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Abstract *Reports on the impact of the Covid-19 pandemic show young migrants among the most vulnerable groups. The aim of the project was to explore young migrants' experiences and perceptions of the Covid pandemic, the impact on their mental health, ways of coping, as well as their participation in decision-making. To do this, we used photovoice, a visual participatory research method recognised for promoting youth participation. Twenty-nine young migrants aged 15-24 were asked to photograph their experiences, perceptions, emotions, activities, memories, meanings or any other aspect that might represent how they coped with the pandemic. Seventy photographs and captions were grouped into nine themes for the exhibition. Participants' narratives show that they experienced a perceived worsening of their mental health, with greater impact on those in insecure residence and those with no family ties in the country. We also identified how resilience was a capacity that contributed significantly to reducing the impact of the pandemic despite their vulnerability. Young migrants could not identify any degree of participation in decision-making at any level. Based on our findings, and together with the participants, we elaborated 4 calls to action that can be useful in decision making regarding the necessary preparedness to face possible future crises, as well as to continue contributing to the necessary cultural integration of society: 1) Participation in decision-making, 2) Protection of resilient resources, 3) Tailoring mental health services, and 4) Helping to raise intercultural awareness. At the time of writing, the travelling exhibition has continued its presentation in different venues, and outreach efforts are still ongoing.*

Keywords: Photovoice, young migrants, Covid-19, Mental health, Resilience, Participation.

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[1] In the present investigation, the term "migrant" adheres to the definition established by the International Committee of the Red Cross (ICRC), which includes refugees and asylum seekers, and any “people who leave or flee their usual place of residence in search of safety or better opportunities abroad, and who may be in distress and in need of protection or humanitarian assistance” (ICCRC).

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INTRODUCTION

The life of migrants during the Covid-19 pandemic took on a new dimension, adding to the plague of difficulties that these groups experience in normal times (Baitha, Tyagi, & Chatterjee, 2022). In Europe, these groups are among the most vulnerable, suffering a significant impact (Fouskas, et al., 2022). The World Health Organization (2020) identified how there was a perceived worsening of mental health during Covid-19, reporting higher levels of depression, worries, anxiety, loneliness, angriness, stress, irritability, hopelessness, more sleep problems, as well as higher use of drugs and alcohol. Evidence from previous infectious disease outbreaks also suggests disruptions to normal life routines, a lack of information, and fear of contagion, as well as experiences of stigmatization, abandonment, and isolation (Chew, Wei, Vasoo, Chua, & Sim, 2020). The groups reporting the greatest deterioration in mental health were refugees and migrants living in asylum centres or on the streets (WHO, 2020, p. 16).

On the socioemotional and mental health of children and youth by COVID-19, the cries of alarm are loud and clear (Hermann & Steinmetz, 2021). In particular, for young asylum-seekers and refugees, the pandemic has placed an additional burden with the preventive measures such as school closure, disruption of peer activities, and restriction on remaining indoors during the lockdown (Hodes, 2022). As with previous pandemics, Covid-19 interacted with pre-existing inequalities (Couch, 2021) acting “as a magnifying glass for existing social and economic 'Evils” (Hermann & Steinmetz, 2021, p. 108), and its impact on the most vulnerable groups.

Despite the mental health impact of the pandemic and their vulnerability, young migrants have demonstrated resilience and adaptive capacity, as they have in the face of other adversities (Mwanri, Fauk, Mude, & Gesesew, 2022). In an international cross-sectional study conducted in the period previous to the pandemic, the authors state as a finding that “overall, migrant adolescents showed greater resilience resources than non-migrants” (Gatt, et al., 2020).

Resilience as a process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional and behavioural flexibility and adjustment to external and internal demands, is based on a number of factors including: the way people view and relate to the world, the availability and quality of social resources, and specific coping strategies (APA, 2022). Common coping mechanisms that have been described in previous health crises, are problem-focused such as adopting public health practices that serve to protect oneself and others, seeking social support, avoidance or denial, and positive reappraisal of the crisis (Chew, Wei, Vasoo, Chua, & Sim, 2020).

Looking back at what has been done to tackle and mitigate the latest global health crisis, there are many lessons for the international community to learn. The Covid-19 pandemic was not the first to affect humankind, and it is very likely not the last. Therefore, the social memory generated in relation to the pandemic, which comes from the diversity of individuals and institutions that draw on pools of practices, knowledge, values and worldviews, is crucial to prepare the system for change, build resilience and cope with surprises (Adger, Hughes, Folke, Carpenter, & Rockström, 2005).

In this respect, social participation plays an essential role. Participation involves intervening in and influencing decisions affecting health status and health services, in the implementation of decisions, in evaluation and monitoring and, most importantly, in the definition of problems (Francés & La Parra-Casado, 2019). Promoting social participation as a key driver of health equity requires governance mechanisms that create real opportunities for involvement. This includes raising awareness, recognising the rights of disadvantaged groups, and transforming so-called vulnerable populations into active agents and protagonists of the policies and programmes that affect them (Francés & La Parra-Casado, 2019).

Unfortunately, the response to Covid-19 in relation to children's and young people's right to participation has been largely regressive, with a worldwide trend toward reduced opportunities for them to influence decision-making and policy responses (Cuevas-Parra, 2021). This is despite the proven benefits of young people's active participation in larger social systems, and the improved confidence and sense of belonging, essential to successful resettlement, where the opportunity to exercise this capacity can result in (Couch, 2021).

Among the voices that received little or no attention during the pandemic were migrant youth. While facing enormous difficulties, many of them have already demonstrated resilience, resourcefulness, creativity, and agency which should not be overlooked, "we need to recognise refugee young people as experts in their own complex experience, valued partners in community healing, future leadership, and potential change makers" (Couch, 2021). Furthermore, "since mental health is an important prerequisite for all forms of integration, understanding the related psychological needs in times of crisis can be highly important for policymakers and other stakeholders" (Goßner, Kosyakova, & Laible, 2022).

This study used photovoice, a visual participatory research method recognized for promoting youth participation (Wang C. , 2006), to explore the experiences and perceptions of young migrants in the facing of the Covid pandemic, the impact on their mental health, as well as their participation in decision-making. A common goal of photovoice is to give populations or

communities whose views and life experiences may be overlooked, the opportunity to have a say in policy making or practice change (Wang, Kun Yi, Wen Teo, & Carovano, 1998) (Lorenz L. , 2010).

METHODS

Research settings

The study was carried out in different provinces of Belgium. To facilitate collaboration during recruitment and data collection, the research was located in provinces where Solentra already had an active presence. Thus, the research process involved participants based in Brussels, Limburg, West Flanders and Antwerp.

The research consisted of the work of 12 group settings. The work sessions took place at: 3 schools, 1 refugee reception center, 1 summer camp for young refugees, Solentra headquarters in Brussels, and online (Zoom and Whatsapp).

Study design

The study followed a participatory action research design using the photovoice method, an approach in which participants can show their lives, perceptions, views and experiences through photographs and the narratives they evoke (Wang & Burris, 1997). It is also a process through which individuals are empowered to identify, represent and improve their community based on three main objectives: (1) recording and reflecting the strengths and concerns of their community, (2) promoting critical dialogue and awareness of personal and community issues through large and small group discussion of their photographs, and (3) reaching out to policy makers (Wang C. , 1999).

We used both face to face and virtual settings, ensuring that we maintained the emancipatory objectives of participatory research, making methodological decisions based on genuine participation as a pillar of the photovoice method (Call-Cummings, 2021).

Recruitment and participants

For the recruitment of participants, contacts were established via email, telephone, as well as directly with asylum reception centers, educational centers, volunteer networks, professional networks, projects, leaders, guardians, organizations, and people linked to youth work whose characteristics could fit the inclusion criteria of our research. An open call for recruitment was also made through Solentra's website.

Eligible candidates were young migrants between 15 and 24 years old whose arrival in Belgium occurred before September 2021, when the last period of severe measures to reduce the spread and impact of the virus began in the country. We followed a recruitment process by opportunity due to the complex dynamics in which the candidates live, as well as the difficulties posed by the territorial scope of the research. Many of them had limitations in terms of time availability, mobility, and/or access to a good Internet connection.

We faced an ethical dilemma: several young people expressed interest in participating, but it was difficult to include them due to challenges in combining factors such as language, location, mobility, and internet access. The solution was then to work in several groups, and to include the individual modality with those candidates with whom it was impossible to form groups of at least two participants.

Eligible candidates who consented to participate in the research were grouped according to two main criteria: language and location.

Language became an essential criterion for forming the participant groups. The need to conduct the working sessions in a common language among the participants, and between the participants and the coordinator, was conceived as a functional homogenising aspect. This did not mean eliminating the possibility of working in multi-language groups, but rather that all members could use the same language and that this language would allow them to express themselves with the necessary competence. In most cases, participants were able to communicate in their mother tongue with the addition of interpreters who in turn acted as co-coordinators.

Since Solentra provides psychological care in the client's native language, or in a language that allows clients to express themselves adequately, the research adhered to this principle, taking advantage of the network of interpreters with which we usually work. In total, seven different languages were used: Arabic, Dari, English, Nederland, Pashtu, Spanish, and Tagalog.

The online modality was used with those participants who could not join any group due to mobility difficulties.

The following table shows the distribution and characteristics of the groups:

Table 1*

Group setting	participants who started	participants with full path	Language used	Modality	From
1	2	2	English	online	Antwerp, Maasmechelen
2	5	1	Dutch	In place	Nieuwpoort
3	2	1	English	online	Hasselt
4	2	1	Spanish	Online	Antwerp
5	1	1	Arabic	In place	Okan Brussels
6	1	1	Spanish	In place	Okan Brussels
7	1	1	Tagalog	In place	Okan Brussels
8	5	2	Pashtu	In place	Okan Brussels
9	4	4	Pashtu	In place	Okan Hasselt
10	5	4	Pashtu/English	In place	OC Sint Truiden
11	2	1	Pashtu	In place	AGII Brussels
12	10	10	English/Spanish/ Dutch	In place	Roeselare

Of the 40 young migrants who started their participation in the project, 29 completed the photovoice path. Dropouts were due to the following given reasons: other unplanned priorities (school, work and family reunification procedure), miscomprehension of the nature of the project, motivation, stress related to the asylum process, and mobility problems to participate in the group sessions. In all cases, the importance, relevance and interest of the project was recognized by the youngsters.

In terms of gender, 20 were males, and 9 females. In terms of status: 6 were unaccompanied minors, 8 recognized refugees, 7 asylum seeking youngsters, 7 migrants (family reunion), and 1 illegal. The countries of origin are: Afghanistan, Venezuela, Syria, Dominican Republic, Philippines, Georgia, Afghanistan/Türkiye, Sierra Leone, Spain/Morocco, India, and Somalia.

The recruitment was possible thanks to the involvement of: three schools[1], one refugee reception center[2], one project under the office of integration agency[3], one project under Vluchtelingenwerk Vlaanderen[4], and our own organization[5].

Procedure

Once the candidates had been identified, they were contacted to present the objectives and general characteristics of the project, to encourage them to

[1] Hoofdstedelijk Instituut Anneessens-Funck OKAN (Brussels), Campus Hast Okan (Hasselt), and WeDo! Schakelklas Roeselare.
[2] Federaal Agentschap voor de Opvang van Asielzoekers: opvangcentrum Sint-Truiden
[3] Masir Avenir. Youth project from Agentschap integratie en inburgering. Brussels.
[4] Project Ananas
[5] Solentra

participate and to establish the bases and agreements. The groups were then formed.

Participants older than 16 signed the informed consent form, while parents or guardians did for those younger than 16.

During the working sessions, we followed the photovoice path proposed for Lorenz (2011). Each group worked for a total of 10-14 hours. Besides, participants were involved in two workshops of 4 hours each.

During the sessions, participants were introduced to the Photovoice method, its principles and ethics, as well as some basic technical notions of photography. The sessions included exercises in which participants were able to put this knowledge into practice.

Participants were asked to photograph their experiences, perceptions, emotions, activities, memories, or any other aspect that might represent their life during the pandemic period living in Belgium. They were also asked to look back and think about the possible meanings that this time may have generated; identify what helped them cope with difficulties; and how they perceived that they did or did not participate in decision-making during this period.

Several participants from different groups asked if they were allowed to use photos taken at that time, arguing that in some cases it was not possible to take photos nowadays that could capture the message of those. As a consensus it was decided that they could be used as long as they had not been shared on the participants' social networks.

Participants took the photos with their own mobile phones. All participants owned at least one of these devices. However, this was never a criterion for inclusion. In case a candidate did not have a mobile phone, or his or her device was unable to take photos for some reason, the project would make one available to take photos with.

Following the SHOWED method (Wang & Burris, 1997) (Wang, Kun Yi, Wen Teo, & Carovano, 1998) the photos were presented in each group by the participants. They then selected in a participatory manner those that the group felt should be presented in the exhibition. Narratives were then written for each of them. To culminate this phase of the work with each group, an exploration was made of expectations, interests, and general ideas to be considered for the exhibition and dissemination.

The project ultimately produced a total of 70 photographs with accompanying captions. An atypical feature of our project was that several group devices worked independently up to the stage of caption writing.

To enable greater participation than had been achieved so far, it was necessary to create a new group arrangement in which as many participants as possible could take part. The alternative was to hold two workshops in Brussels, during the Easter school holidays, with maximum support for the mobility of participants to enable them to attend. Participants mainly used English and Dutch, but many were also able to express themselves in their mother tongue with the help of peers who assisted with interpretation.

During the workshops, data analysis was conducted collaboratively with participants, focusing on identifying codes and themes from their perspective. There was also a collective reflection on the experience during the project, and the conception of the dissemination strategy. Participants agreed on trying to set up a travelling exhibition in various cities in Belgium, with the idea of reaching a wider audience as well as local decision-makers. The exhibition was also conceived and the dissemination strategy was designed.

Seven participants gave filmed testimonies about their experiences during the pandemic and their experience during the project.

The period from the beginning of the work with the groups to the exhibition and dissemination phase runs from September 2022 until the end of April 2023, when the first exhibition event took place. At the time of writing, the travelling exhibition has continued its presentation in other venues, and outreach efforts are still ongoing.

Data collection and analysis

Wang and Burris (1997) conceived that participatory analysis in photovoice should involve a "three-stage process" (p. 380): selecting, contextualizing, and codifying.

For coding, the data analysis followed thematic analysis (TA) and included the 70 photographic images, 70 captions, notes and transcripts of the group sessions, as well as the testimonies offered by the participants. As a participatory action research project, the migrant youths were considered research collaborators with active participation (Liebenberg, Jamal, & Ikeda, 2020).

According to Braun and Clarke (2006), TA includes the following steps: familiarization with data, generation of initial codes, identification of themes reflecting collections of codes, review of data for understanding and explanation of the meaning and dynamics of the themes, maintaining rigor through inter-coder agreement, and preparation of the final report.

The thematic analysis was carried out from a participatory perspective and critical discussion. The Nvivo software (release 1.7.1) was used for the thematic analysis from the perspective of the researcher, understanding that in order to reach analyses of a different nature and depth, the intersection between the researcher's interpretation and the participants' perspective is necessary (Tsang, 2020) (Ciolan, 2017).

As a first step, and from the researcher's perspective, the coordinator of the project and a collaborator (BJ) processed the transcripts independently. Each created the initial codes. They then exchanged their work and established the final codes with which they proceeded to create the themes.

The analysis of the data from the perspective of the participants was developed during the workshops. Participants were invited to look for concepts or patterns they could identify and to generate themes with the printed photos and the captions placed on the floor. Participants' individual meanings were first shared in spontaneous interactions. Gradually, participants clustered around the first "themes". Once most of the photos had been grouped by theme, one member of each of the small groups explained to the rest of the participants the rationale behind the grouping. Then, as a result of the collective work, the first themes were transformed until a consensus was reached. The themes reflected the collective feeling about their experiences during the pandemic, as well as the voice they wished to convey as a result of the project.

Once the analysis of the data from the researcher's and participants' perspectives was complete, cross-comparison was undertaken to create a 'dialogue' between both interpretations in order to develop an integrative explanation (Tsang, 2020).

The 70 photos were finally grouped into nine themes, based on the meaning given by the participants: 1) Free as a fish in a bowl, 2) Oxygen is green, 3) Escapism, 4) Health, 5) Monuments of struggle and safety, 6) Freedom, 7) Connection, 8) Words, and 9) Surrounded in isolation.

Resilience

The results of our study, similar to previous findings, indicate how, despite “challenging experiences and desperately sad narratives these young migrants also demonstrate strength and resilience” (Rogers, Carr, & Hickman, 2018, p. 111).

Coping mechanisms:

Most participants deliberately chose to rely positively on certain cognitions, beliefs, behaviours, and emotions. Their stories reveal the

modification of self-reaction to unpleasant situations, or positive reappraisal mechanism.

Although preventive measures disrupted daily routines, many young people discovered new and meaningful activities to engage in[6], and there were "*also some good things*[7]". Walking, biking, doing exercise, or reading Dutch books, became main activities. Other positive ways of coping with adversity included realizing that "*sometimes a not-good thing can still give you a nice feeling*[8]", recognizing that being alone for a while can be good, as "*we may sometimes need to sit alone and nobody annoying us*[9]", as well as the joy of going to a "*park to have some peace of mind*[10]".

For many, a new kind of relationship with nature became a form of relaxation. Contemplation and awareness allowed participants to experience nature as "*living in a postcard*[11]", being "*the only thing that could lift your spirits, seeing the green landscapes, the rivers...*[12]", and a way of realizing a childhood dream of finally being able to "*look at the snow and admire it*[13]".

The cultural background also helped these young people to overcome their difficulties, becoming a coping mechanism. A Persian proverb (Behind every darkness, there is a light) was quoted almost verbatim:

During the coronavirus period, I was always at home every evening, I had time for those burning lamps from my window and I said to myself: there is a light behind every darkness. (Sabna)

[6] Ahmad
[7] Shoaib
[8] Ali Sina
[9] Ali Sardar
[10] Jawid
[11] María
[12] Dayana
[13] Tejan

The positive resolution to succeed as the only possible alternative appeared also as a coping mechanism (problem-focused coping). What Covid 19 added to the participants' lives was seen as a challenge that could only be met with personal determination. This coping mechanism can be seen in phrases such as: "*many fell, many sank, and others wept madly, but I didn't; if you aren't strong, they destroy you while you're alive*[14]"; "*I had no other choice than keeping myself strong*[15]"; "*we still don't give up on life or the world that we live in*[16]"; and "*I stood strong, it was a very bad time but it passed*[17]".

Viewing and engaging with the world

According to Mostikov (2015), migrants experience in the new home not only behavioural changes, but also changes in the worldview components of personality. In our research we found that worldview became a factor of resilience.

"**Being happy in Alaska**". *I feel that Alaska can be interpreted as a place, a situation and even an emotional state. I personally feel that I associated it with a strange country and the situation of living in times of pandemic. This book taught me a lot about renunciations I had to make in order to walk lightly and calmly through life, regardless of the pandemic or how disoriented I felt at the time about being in a new country. "With each passing day it becomes clearer to me that much of the path to strength, personal growth and emotional stability could be summed up in this: being happy in the dump versus wishing to remain stupidly in paradise."*

(María)

The experiences many had in their home countries, along with the hardships of their journeys to Europe, profoundly shaped their worldview, helping them perceive the pandemic period as a temporary

[14] David
[15] Hamid
[16] Ilyjah
[17] Dida

backdrop in their host country: "*Despite the corona epidemic, being in Belgium allows me to go to school, go out, be safe, and be happy*"[18].

One particular worldview with a resilient perspective on COVID 19 preventive measures was related to freedom. While many people around the world perceived the measures as a restriction of their rights (Karakulak, Tepe, Dimitrova, & al., 2023), for most participants in our project this did not even become a central issue. Freedom itself was already a right that many perceived more protected in the host country than in their home countries despite the differences they identify while comparing themselves with national citizens.

Participants followed the strict public health measures with both personal responsibility and a strong sense of collective commitment. The emergence of the concept of a "we" rather than an "I"-centered narrative had an important cultural anchor in what has been called "collectivist culture". Precisely a "we" in which the migrant status was subordinated to the human condition, from where the struggle for health became a common goal for all regardless of the origin.

Some examples of the "we" expressing engagement are: "*we can prevent any kind of disease*[19]", "*we can keep it clean if we want*[20]", "*we were doing our best*[21]", "*we were distant but not disconnected*[22]", "*we needed to be saved and we need other people to survive*[23]".

*"**Union**": It was almost New Year and out of habit every year we go out to dinner with friends. But in 2021 this was not possible, due to Covid. We were sorry that we were not allowed to eat out that year but we knew if we follow the rules as best we can, we will help that this will be over faster. This encouraged us to do our best for a while longer. This was kind of a team-work. The lesson we learned from that time is, we can't always solve something on our own, and sometimes we all have to do something to improve the situation.* (Ali Sina)

[18] Maroofkhel
[19] Ahmad
[20] Ali Sardar
[21] Jawid
[22] María
[23] Victoria

Availability and quality of social resources

Family was, for those who could count on the support of at least one relative, the main social resource available during the pandemic.

"Things that make me feel peaceful from/in the inside" *Not much more to do. We cannot go out, everything is closed. Drinking thee and smocking were those few things we could do then. Being with my uncle sharing this kept me close and connected with my family"* (Hamid)

Preventive measures reduced the possibility of support from friends or community members, so that those participants without family or relatives in Belgium had their already limited social resources further reduced.

Participants living in reception centres were the most affected by limited access to and quality of social resources. Similar to that identified by WHO (2020), they felt treated worse than before. According to them, the capacity for crisis management was very limited. The pandemic brought many problems in addition to the existing ones: food, hygiene, overcrowding, limited dialogue with residents, mutual misunderstandings that served as sources of conflict, limited capacity to care for the physical and mental health, demeaning treatment in some cases and/or total disregard for the pain of others, among others.

Impact on mental health

Despite the resilience shown by most of the young migrants in our project, the pandemic had an impact on their mental health. Among the signs and symptoms experienced, the following were referred to: stress, anxiety, depression, sleep problems, anger, fear, isolation, loneliness, boredom, traumatic memories, overwhelmed, feeling lost, mistrust (especially of institutions), discrimination, perception of unfairness, and somatisation.

Four of the participants reported having received psychological help, confirming that the pandemic worsened their mental health. Three participants

reported that they likely needed psychological help but either lacked information on how to access it or avoided doing so for fear of being perceived as 'weak' by others, showing similar findings to what Satinsky, Tiluppou, and Kououlis identify as common access barriers at the individual level which "*include differences in help-seeking behaviours, limited psychoeducation, lack of service awareness, language barriers, and cultural stigma towards mental illness*" (2019, p. 735). The general perception is that more should have been done in mental health.

Call for Actions

Participants outlined a set of potential actions, recognising that the Covid-19 crisis represents a universal experience that could inspire positive transformation of the world. Despite being incredulous that their participation could really change anything, these young migrants felt "*a duty to at least try so that others in a similar situation do not go through the same bad things*[24]".

Action 1: Participation in decision-making

Participants recognised that periods of crisis are complex and "*it is not easy to draw up measures taking everyone into account*[25]". However, they believe it is possible to create spaces in which ideas can be discussed at some level and considered as possible solutions. "*It happened that we couldn't contribute anything, that all we could do was follow the rules..., no one wanted to hear us*[26]". The more the participants felt uncounted and directly affected by the decisions and the ways of communicating them, the more feelings of not belonging, alienation and distrust arose.

This action is in line with a long history of social research that advocates for participation in decision-making. It is to give young migrants the opportunity to be considered "experts in their own complex experience" (Couch, 2021). Giving them the possibility to participate can only enrich the way we envision a more inclusive society, with the benefit of the insights they have to offer.

Action 2: Protection of resilient resources

Although most of these young migrants showed high levels of resilience, the multiple added difficulties may have compromised their coping skills: "*there were several who collapsed and others who didn't have a very good time*[27]".

[24] Kamran
[25] Dayana
[26] Ali Sardar
[27] Sabna

With this action, the participants wanted to make a wake-up call to help people understand that although it can be said that "*we are strong possibly because of many of the things we have had to go through that are worse than Covid, it cannot be assumed that we can cope with everything*[28]".

Protecting resilience resources begins with understanding the cultural and psychological challenges of the integration process and translating them into actions to develop cultural sensitivity. It is understanding with empathy, "*not with pity*[29]", and far from the stigmatisation to which these groups are usually subjected, especially refugees (de Smet, et al., 2022). It is a call for action based on sensitivity and non-stigmatisation (Frounfelker, Li, Santavicca, Miconi, & Rousseau, 2022).

Action 3: Tailoring mental health services.

The critical lack of preparedness in dealing with Covid 19 was evident in the vast majority of health systems worldwide (Hossain, et al., 2020). The impact on migrants was even worse given the pre-existing complexities related, for example, to discrimination and daily stressors (Spiritus-Beerden, et al., 2021).

The need to tailor mental health services to the specific needs of these groups is a challenge that often begins with the lack of understanding of what mental health care is: "*For many of us even talking about mental health is still a taboo, because the need to go to a psychologist in our countries is only for people with serious mental problems*[30]". On the other side of the issue, the mental health system has also not been able to adapt to access, which reminds us how migrants' and psychologists' perceptions of psychopathology and healing are different, leading to ineffective health care (Rohlof, 2018).

This call to action would involve a review and development of programmes and strategies in, at least: accessibility, cultural adaptation, eco-systemic intervention, and specialised services (Rousseau & Frounfelker, 2019); mental health promotion and psychoeducation; identification of vulnerability, prevention, early detection; and availability and use of information (Hossain, et al., 2020).

[28] Romal
[29] David
[30] Romal

Action 4: Helping to raise intercultural awareness

This call to action is underpinned by the way in which this project has served as a channel through which the voice of these young migrants have reached a wider audience. Participants were convinced of the need to continue educating citizenship about mutual understanding and acceptance: "*even though we may be different, in the end we are all human beings and we must learn from each other*[31]".

The significant impact of the pandemic particularly on refugees, migrants and asylum seekers in Europe (Fouskas, et al., 2022) is just one example of how much still needs to be done in terms of cultural integration. The implementation of projects that contribute to educating society and raising intercultural awareness "*is important, even if it seems insignificant; many small actions can bring about big changes*[32]".

DISCUSSION

Through the photovoice method, we explored the experiences and perceptions of young migrants in their coping with the Covid pandemic, the impact on their mental health, as well as their participation in decision-making. The selected method stimulated, creatively and playfully, the generation of an individual and collective narrative; provided an avenue through which they could be taken into account and have their voice heard, including policy makers; promoted a process of re-signification around this period; and stimulated advocacy, through actions designed to address the needs and difficulties identified.

Resilience was a protective factor as it was our assumption based on our empirical experience, as well as the results of numerous research studies on this category (Mwanri, Fauk, Mude, & Gesesew, 2022). Positive reappraisal and problem-focusing are two of the main coping mechanisms in participants' narratives, which is consistent with evidence from previous infectious disease outbreaks (Chew, Wei, Vasoo, Chua, & Sim, 2020).

The results showed worldview as one of the aspects that enables systems to cope with change and uncertainty and build up resilience (Adger, Hughes, Folke, Carpenter, & Rockström, 2005). Conceptions of freedom formed in different cultural and social contexts, as well as a collectivist attitude predominant in most participants, contributed to resilient coping.

[31] Leslie
[32] Victoria

Other elements to be taken into account in understanding the resilience of these youngsters are: religion and the specific act of praying as private and public practice to alleviate fear (Szałachowski & Tuszyńska-Bogucka, 2021); the practice of physical exercise (Ejiri, et al., 2021); and other practices like use of smartphones, gaming, watching TV, reading, studying, writing, and drawing.

The family emerged as the fundamental social resource during the pandemic. For those with no family support in the host country, the negative impact on their social network was notably greater, since it became very difficult to maintain contacts with friends and other members of the community.

Although it is not an objective to draw comparisons between the different groups based on the legal status held by the participants, asylum seekers living in reception centers perceived a limitation of rights (Mentzelopoulou, 2022), affecting significantly individual and collective resilience. For them, the word prison sums up this feeling. They were also the most affected in terms of availability and quality of social resources.

Despite the resilience shown, the impact of the pandemic led to a general worsening of mental health with very similar results by the World Health Organization (2020) and other research reporting as well: stress, anxiety, depression, sleep problems, anger, fear, isolation, loneliness, boredom, traumatic memories, feeling lost, mistrust, discrimination, unfairness, and some somatisation. The greatest impact was felt by those in insecure residence status (Spiritus-Beerden, et al., 2021).

In terms of access to mental health care, the system showed the need to develop programmes and strategies in, at least: accessibility, cultural adaptation, eco-systemic intervention, and specialised services (Rousseau & Frounfelker, 2019); mental health promotion and psychoeducation; identification of vulnerability, prevention and early detection; and availability and use of information (Hossain, et al., 2020).

Overall, young migrants were unable to identify any degree of participation in decision-making at any level (Cuevas-Parra, 2021). The isolation increased the feeling of not belonging, showing the relationship between these two categories (Albert, 2021).

Political and social distrust was present, especially among migrants in greater legal insecurity (Politi, Roblain, & Licata, 2023). While the relationship between participation and feelings of belonging and trust were not the subject of our research, our results suggest that: the more the participants felt uncounted and directly affected by the decisions and the ways of communicating them, the more feelings of not belonging, alienation and distrust arose.

LIMITATIONS

Within the homogeneity given under the category of migrants, these were very diverse youth in terms of status: asylum seekers, family reunification migrants, recognised refugees, illegal immigrants and unaccompanied minors. There were notable differences on how they experienced the pandemic period, only a few of which were analysed and mentioned. As it was not a goal to compare groups according to their status, it is possible that some results may have overlapped under the general category of migrants.

Given that the participants in the different groups worked independently until the caption writing phase, and that all were brought together only during the workshops, the dynamics could have been affected to some extent. Nevertheless, it is worth mentioning that they reported experiencing open, positive, respectful and constructive participation.

Most of the participants were facing multiple demands. Therefore, it was difficult to keep them along the research process, even being highly motivated. This challenged the planning of the group work sessions and workshops.

In the working group of Rooselare, we communicated in English. Although the proficiency was acceptable, participants did not express themselves in their mother tongue. This may have affected access to meaning, and limited the expressive capacity of some. Although having a common language can be a solution when dealing with multilingual groups, the option of using interpreters seems more advisable unless everyone's proficiency of the same language is sufficiently high.

CONCLUSIONS

Using the photovoice method we explored the experiences and perceptions of young migrants in their coping with the Covid pandemic, the impact on their mental health, as well as their participation in decision-making. Participants shared these experiences and perceptions mainly using photos and captions. The vast majority showed that they coped with resilience, based mainly on problem-focused coping and positive reappraisal.

Despite the high levels of resilience, there was a significant psychological impact, as well as no perceived participation in decision-making processes. This leads us to conclude that their resilience resources need to be protected as they are part of vulnerable groups, and that further damage may occur if the enormous challenges of migration and the acculturation processes to which young migrants are subjected are not understood holistically. To this end, there

is a need for continuous review and improvement of mental health programmes and strategies (not only in times of crisis), including access from a culturally sensitive perspective. It is also urgent to find mechanisms that allow and encourage the participation of young migrants in decision-making, to count on their experiences and points of view in the solution of problems, as well as to stimulate the emergence of a sense of social belonging in the process of cultural integration.

The implementation of similar projects can have a positive impact on intercultural awareness, both politically and socially. Young migrants have a voice of their own; providing avenues to hear it is a duty and an opportunity.

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DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

DATA AVAILABILITY

The data that has been used is confidential.

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