

The Mental Health and Well-Being of International Volunteers

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The candidate confirms that the work submitted is their own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

The purpose of this research is to provide insight into mental health/well-being related experiences of international volunteers (IVs). Previous research focused on positive impacts of international volunteering or negative impacts on host communities, however there is limited research of negative experiences of IVs compared to other sojourners such as international students. The current study employed a qualitative and exploratory approach to gain initial understanding of challenges faced by IVs. Eight participants were recruited, each completing an individual semi-structured interview. Participants were permanent UK residents who had completed a sojourn of between three and six months and completed the sojourn no longer than a year prior to interview. Through thematic analysis, three themes were identified, *Preparing for International Volunteering, Support During Placement and Re-entry Experiences*. Findings highlight several negative impacts faced by IVs during placement and upon return home (stress, low mood, anxiety, loss/grief). Moderating factors for these impacts include preparation, expectations, support from volunteering organisations, social support, and debriefing. Subsequent conclusions reflect the vulnerability of IVs to mental ill-health and the need for focused/tailored interventions to support transition from pre- to post-sojourn. Future research should use a longitudinal approach that considers individual factors such as sojourn length, cultural distance or prior sojourn experience.

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Abbreviations

CS – Culture Shock

CQ – Cultural Intelligence

EI – Emotional Intelligence

ISs – International Students

IV – International Volunteering

IVs – International Volunteers

LB – Language Barrier

MT – Mental Toughness

PC – Psychological Contract

RCS – Reverse Culture Shock

TLs – Team Leaders

VO – Volunteering Organisation

1. Introduction

1.1 General Introduction

Opportunities for young adults to volunteer internationally has increased significantly. Prior to the Covid 19 pandemic, Universities UK International (2017) campaigned to increase the percentage of students completing international study, work or volunteering from 6.6% to 13.2% by 2020. Thus, increasing numbers of UK young adults sojourn (i.e. stay abroad temporarily) during their time as a student (Richard et al., 2017). This includes studying or completing international volunteering placements in developing countries as part of well-established government funded organisations. The International Citizen Service (ICS) has organised (3-6 month) placements for 6,381 UK volunteers between 2012-2015 (ICS, 2015). These organisations aim to develop volunteers' transferable skills, encourage personal development and make an impact internationally (ICS, 2018). However, there is scant research for possible detrimental effects of volunteering on the mental health and well-being of young adults. With growing numbers of IVs, potential negative impacts should be identified to inform support throughout sojourn, and to protect mental well-being, thus ensuring fulfilling/positive experiences.

The current, exploratory research aims to investigate the mental health and well-being of IVs. Although the research is particularly concerned with negative impacts, it offers a holistic approach, where focus is to uncover organic/honest understanding of IVs experiences and mental well-being. Identifying positive aspects can help inform future experiences.

The content and structure of the following literature review highlights first the vulnerabilities of the young adult population in general, and then the additional mental health related challenges associated with significant life events such as beginning university, international

study, and finally international volunteering. Using broader research pertaining to young adults/students before subsequently considering more specific research relating to ISs and IVs demonstrates the additional risks associated with such sojourn experiences in this already vulnerable population. Due to the lack of research concerning IVs specifically, it is necessary to first gain understanding of the experiences of ISs, who are the most comparable sample. Key research/findings relating to ISs helped to establish the similarities and differences between these groups, thus allowing the current research to address and expand on existing knowledge. Using only the existing research concerning IVs would have provided insufficient knowledge into the experiences of young adult sojourners. By first acknowledging/detailing research concerning ISs provided extensive depth and knowledge of such sojourners. This structure demonstrates a progression across the samples. Research into each population illuminates differences in risk factors and demonstrates how exposure to specific experiences may cause challenges/distress. For instance, ISs, like domestic students may face academic struggles, but will further experience challenges relating to the new culture and differences in academic setting. Comparatively, IVs will not face academic pressures, but may encounter struggles relating to their roles as a volunteer. The following introduction will consider the following populations in order; young adults, students, international students and international volunteers.

1.2 Mental Health and Well-Being of Young Adults

The World Health Organization (2018, para. 2) defines mental health as “a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. In the current research, young adulthood is defined as the beginning of adulthood, including those aged 18-25. At this age, individuals are most vulnerable to development of mental health issues/disorders (Baker, 2018; Macaskill, 2013; Patel et al., 2007; Staples et al., 2019). In a survey by the Mental Health Foundation (2017), young adults were most likely to report experiences of mental health problems (70%) than the two other age groups (35-54, 68% and 55+, 58%). A potential reluctance amongst older age groups to disclose mental health problems is highlighted, however older age groups were more inclined to complete activities (e.g. spending time on hobbies, local groups/clubs, going for a walk, eating healthy food, getting enough sleep) than younger groups, thus contributing to their positive mental health. As such, young adults reported positive mental health the least (7%), in comparison to those aged 35-54 (10%) and 55+ (19%). This finding is replicated by Thorley (2017), who found young adults were the least likely age group to report high levels of mental well-being (life satisfaction, aspects of life being worthwhile, happiness, low anxiety). Additionally, they found that 75% of adults with mental health issues developed symptoms prior to the age of 25, again highlighting the vulnerability amongst young adults. According to the World Health Organisation (2021), illness and disability among adolescents is often caused by depression and “suicide is the third leading cause of death in people aged 15-19 years” (para 9). There is a high prevalence of depression and anxiety in this population (Essau et al., 2018; Grant & Potenza, 2010; Hill et al., 2016; Kelvin, 2016), which are often comorbid (Stein et al., 2001). Across populations, depression is already a leading cause of disability worldwide, and the number of sufferers is expected to rise (World Health

Organization, 2001). Therefore, it is important to intervene during childhood (Allgaier et al., 2014; Sharpe et al., 2016; Werner-Seidler et al., 2017) and young adulthood (Barry et al., 2015; Bostock et al., 2011; Brown et al., 2019). The combined influence of biological, psychological and social factors contribute to mental illness (World Health Organization, 2001). The Mental Health Foundation (2016) identifies young adulthood as a period where significant changes occur, including exam pressure, bereavement and transition to work/university. Considering this, it is imperative to implement strategies to address mental health issues during young adulthood to mitigate the negative impact of symptoms (Auerbach et al., 2016; Auerbach et al., 2018; Beiter et al., 2015; Conley et al., 2017; Malla et al., 2016; Winzer et al., 2018).

1.3 Mental Health and Well-Being of Students

Mental health is a concern for students internationally (Bathke & Kim, 2016), considering the increase of mental health related issues within this population (Auerbach et al., 2018; Hunt & Eisenberg, 2010; Macaskill, 2013; Zivin et al., 2009). Young adults are particularly vulnerable to the development of mental health issues and may experience lower mental well-being and higher mental distress than other populations (Thorley, 2017). Between 2006/2007 and 2015/16 the number of students disclosing a mental health condition increased fivefold. In particular, female students were more likely than male students to disclose a mental health condition. Additionally, less than 20% of students reported high levels of well-being factors including life satisfaction, happiness and low anxiety. Most mental health problems present by the age of 24 (Kessler et al., 2005), and considering that most students in higher education are young adults, students are a particularly vulnerable population. Depression (Akram et al., 2019; Ibrahim et al., 2013; Rotenstein et al., 2016) and anxiety (Eisenberg et al., 2007; January et al., 2018) are prevalent in both undergraduate students (Everett, 2017; Storrie et

al., 2010) and postgraduate research students (Guthrie et al., 2017; Waight & Giordano, 2018).

Young adults face numerous environmental, physical, and emotional changes. For instance, the transition to university is a significant change, which can cause challenges relating to financial stress or emotional resilience, which can negatively impact mental well-being (Brown, 2016). Tinklin et al. (2005) suggests student well-being should be prioritised, by increasing availability of mental health support. Suggestions include supporting students in developing skills (i.e. course/academic related, communication, tackling negative thinking) and increasing availability of services such as the mental health support worker (MHSW) scheme. Considering the reluctance of students to seek help for mental health issues, these strategies are essential (Biddle et al., 2004; Gulliver et al., 2010). Help-seeking behaviour in a mental health related context would be students seeking help from a psychologist (Tahtinen & Kristjansdottir, 2019) or other mental health professional (Cornally & McCarthy, 2011). Barriers exist which reduce the likelihood of an individual seeking help. Expressing one's feelings, struggles and personal situations could be potentially distressing (Greenwald, 2017). Research suggests that male students are less likely to seek help (McLafferty et al., 2017), which may be explained by the stigma/self-stigma surrounding mental health (Clement et al., 2015; Griffiths et al., 2015). Brown (2016) highlights that joining a GP practice temporarily whilst at university provides limited access to medical services. Students may struggle to access necessary support, resulting in another barrier. Despite a significant positive correlation between help-seeking and psychological distress, Wadman et al. (2019) found less than a third of students experiencing severe psychological distress, that is indicative of severe mental illness, received psychological support. Barriers to help-seeking, combined with mental health issues whilst at university, increases the risk of university dropouts (Thorley, 2017) and student suicides (Dhingra et al., 2019). Thus, encouraging help-seeking behaviour

through increasing accessibility of mental well-being services or providing different means of engagement may be beneficial for students. Students are potentially more vulnerable than non-students and demonstrate a lack of help-seeking behaviour for mental health services. Research concerning international study will be discussed, to compare the mental health and well-being of domestic and international students (ISs). Existing research often refers to ISs from Asia and Africa who study in the UK (Alharbi & Smith, 2018). Less research was found relating to ISs from the UK. Although samples from other countries may not be fully generalisable to UK students, there are distinct similarities. Experiencing a change in cultural/social environment, homesickness or stress may be experienced by ISs, regardless of their home country. Due to the exploratory nature of the current research, the following review considers culturally diverse samples of sojourners. Where possible, research discussed will include samples of ISs from the UK.

1.4 Mental Health and Well-Being of International Students

An international study semester or year is a substantial portion of an undergraduate degree. Gaining independence, exploration, ‘excitement’ and ‘adventure’ are incentives to study internationally (Findlay & King, 2010; Waters & Brooks, 2010). For ISs, this is more important than developing skills, broadening career options or aiding an international career (Findlay & King, 2010; King et al., 2011). Palmer (2002) describes these motivations as altruistic and self-centric.

1.4.1 Positive Impacts of International Study

Research highlights significant professional development amongst ISs, including presentation and/or academic skills (Dwyer, 2004; Findlay & King, 2010; Singh & Jack, 2018).

Additionally, ISs can develop skills, employability, cultural learning and communication skills (Dwyer & Peters, 2004). Cultural knowledge enhances language skills and influences

ISs to adopt a culturally diverse social network upon return home. Focussed on improvements of intercultural communication skills in a sample of ISs, Williams (2005) found intercultural communication included cultural empathy, flexibility/openness, and ability to deal with stress. Using the Cross-Cultural Adaptability Inventory (CCAI) and the Global Competency and Intercultural Sensitivity Index (ISI), they found that ISs developed greater intercultural communication skills than domestic students. They suggest that exposure to various cultures (friendships, religious services), not necessarily the act of studying internationally is what influences this development. Further benefits of international study include, transferable skills (Farrugia & Sanger, 2017), improved career prospects (Nilsson & Ripmeester, 2016; Potts, 2015), problem solving (Wu et al., 2015) and confidence (Tracy-Ventura et al., 2016). Amidst the positives, research also highlights negatives of international study.

1.4.2 Negative Impacts of International Study

Findings from a recent large-scale study highlight some of the key statistics relating to the mental health of students. The study showed that one-fifth of students had a mental health diagnosis, whilst one in three students reported “experiencing a serious psychological issue for which they felt they needed professional help” (The Insight Network, 2019, p. 6). Where there is risk of mental health related issues on campus already, transitioning internationally to study has additional pressures (Altinyelken et al., 2019). Compared to domestic students, research suggests that ISs often face greater psychological and adjustment difficulties (Güzel & Glazer, 2019; Poyrazli et al., 2004). As found by Güzel & Glazer (2019), ISs had more difficulty with sociocultural adaptation and struggled with social interaction in the host country. Considering these challenges, they further conclude that ISs may require more support from institutions. In addition to the social and academic pressures witnessed amongst domestic students, the transition to, living in and experiencing a new culture may cause

challenges for and further impact the mental health of ISs. In considering the stress factors faced by domestic and ISs, Güzel & Glazer (2019) identify several unique stressors faced by ISs, that domestic students may not. These unique stressors include language barriers, physical environment, cultural differences, and education system. These factors make ISs a particularly vulnerable population, perhaps more so than domestic students (Shen et al., 2017). Cross-culturally, there are similarities in experiences of ISs, often suffering from anxiety and/or depression (Ammigand et al., 2019; Forbes-Mewett & Sawyer, 2019; Raunic & Xenos, 2008; Saravanan et al., 2019; Sümer et al., 2008). They are at higher risk of developing mental health related issues than domestic students which could result from psychological distress experienced during sojourn (Khosravi et al., 2018). Prior research has found that ISs are less likely to report negative mental health related symptoms, such as anxiety, loneliness, or self-harm (The Insight Network, 2019). It is suggested that there is a variance amongst ISs in reporting mental health problems dependent on their home country. In particular, this study found that ISs from Asia were least likely to report mental health issues, compared to those from North America who were significantly more likely to do so. It is suggested that this variance in disclosure may be explained by stigmatisation of mental health and lacking mental health literacy in some countries in Asia, such as China. Additional research suggests that culture shock (Bevis, 2002; Taylor & Ali, 2017; Wang, 2018), social isolation (Yanhong Li & Kaye, 1998), loneliness (Hunley, 2010) and homesickness (Bathke & Kim, 2016) contribute to mental health issues. Loneliness combined with psychological distress may make it difficult for ISs to perform daily activities, form friendships or become involved with the culture. The experience of acculturation and acculturative stress/culture shock can explain why ISs often experience these feelings/emotions.

1.4.2.1 Culture Shock

ISs often struggle to adapt to a new culture, specifically lifestyle, academic environment and host language (Lam, 2017). Culture shock (CS) is a subjective experience that refers to adjustment to an unfamiliar cultural environment (Pedersen, 1994). The stages of CS encompass initial experience of the culture, initial adjustment to the culture, overcoming CS and acceptance of the cultural environment. These four stages are better known as honeymoon, hostile-aggressive, adjustment and recovery (Oberg, 1960). The descriptions and stages of CS from Oberg (1960) are dated and have several limitations. Dieudonné (2019) posits that developed cultural knowledge has contributed to more efficient ways of dealing with CS. Therefore, hostility may not be experienced by sojourners living in a new culture at present times. Similarly, the assumption that individuals leave the host country to avoid mental breakdown could be specific to the time in which the theory was developed and is not widely generalisable. Despite this, the stages discussed highlight experiences, processes, and difficulties for those adapting to new cultures. CS may cause helplessness, anxiety, loss of identity, homesickness or depression (Pedersen, 1994; Zhongjun, 2020). Where Oberg (1960) considers culture shock to be a negative and passive experience, Ward et al. (2001) proposes a model which recognises culture shock as an active process of dealing with change. The model includes three factors, each linked to specific theoretical frameworks; Affect, Behaviour and Cognitions, “how people feel, behave, think and perceive when exposed to second-culture influences” (p.267). The affective component reflects some of the adverse experiences of sojourners (confusion, anxiety, grief/loss), as depicted by Oberg (1960), but also considers factors which may reduce distress for sojourners in the new cultural environment. Such coping factors, as demonstrated by Lazarus & Folkman (1984) include personal resources such as emotional resilience and self-efficacy and interpersonal resources like social support. In order to increase the likelihood of a smooth transition/adaptation, they

suggest that personal resources could be considered prior to sojourn, in the recruitment of sojourners. Furthermore, in order to facilitate social support and increase coping amongst sojourners, interventions may include peer or mentoring programmes. The behavioural component based on Argyle's (1994) model of interpersonal behaviour refers to the concept of culture learning of sojourners. In particular, the reliance individuals have for social support in the form of both verbal and non-verbal communication, and the variance of this across cultures. This component suggests that individuals who lack cultural communication skills and knowledge of the country of sojourn may struggle to communicate effectively in the host country. This could result in inappropriate behaviours or unawareness of how best to interact/communicate in the new culture which may hinder both the personal and professional life of sojourners. For example, they may struggle to form meaningful relationships with host individuals, or for ISs specifically, may struggle to achieve academically. In response to this, Ward et al. (2001) suggest mentoring, cultural learning/training and developing social skills specific to the culture/country of sojourn, including developing strategies to mitigate the potential negative impacts of experiencing 'culture shock'. The final component, cognitive, refers to the difference across cultures in the interpretation of events, interactions, beliefs. This is illustrated with the example of the conflicts that arise when individuals moving from a male-dominated culture to a culture in which gender equality is practiced. This component is partly based on Berry's (1997) model of acculturation and how one will cope with their own cultural identity and the views, beliefs, or practices in the country of sojourn. Sojourners may question their own beliefs/values, or the values of the host country. Similar to Berry's model of acculturation, Ward et al (2001) recognises that sojourners may maintain their own beliefs or assimilate to the new culture, perhaps rejecting their own culture/cultural values. Others may maintain values from their own culture whilst also adopting some values of the new culture. Some sojourners, however, may reject both their own culture and the new culture.

Interventions for the cognitive component include cultural sensitivity/awareness training to increase understanding of cultural diversity and openness to understanding new and/or different cultures.

In their model of cultural transition (Figure 1 – see below), Sussman (2000) first suggests that an individual’s cultural identity will become salient during a cultural transition, or sojourn.

Cultural identity refers to “the degree to which an individual identifies with the home country and the host country” (Sussman, 2002, p. 392) and can influence the cultural adjustment of sojourners.

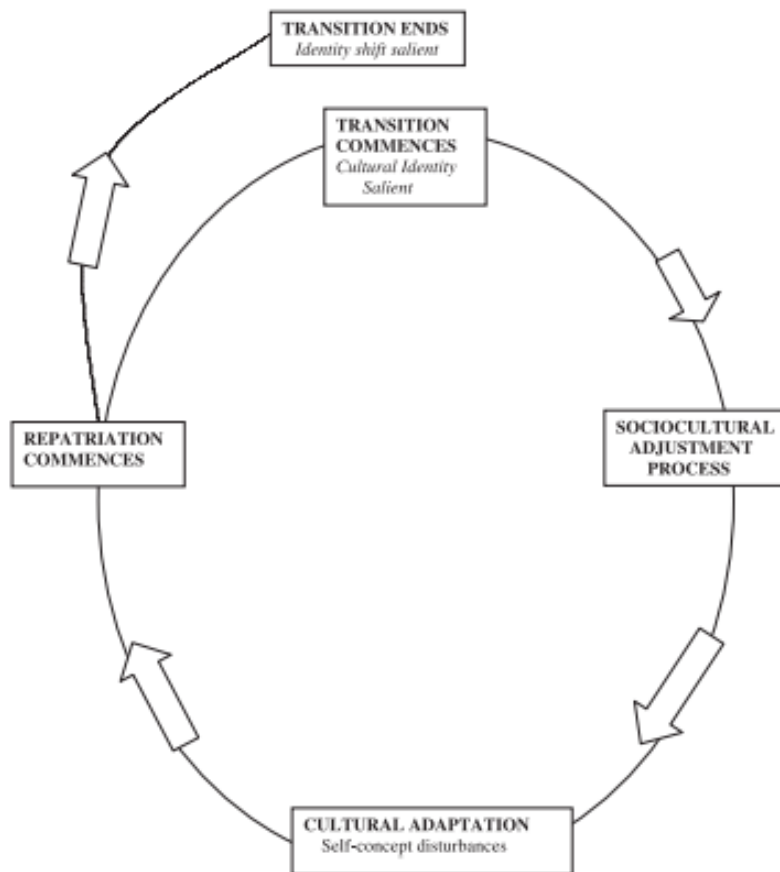


Figure 1: Model of Cultural Transition (taken from Sussman, 2000)

Being exposed to a new cultural environment, with different values and beliefs can increase the sojourners awareness of their own cultural identity and the impact this has on their

behaviours. During sociocultural adjustment process, sojourners may start to recognise the differences between their cultural identity, and the new culture. This discrepancy may lead individuals to modify their own cultural identity, for instance, their behaviours, values, or cognitions. It is suggested that this stage potentially causes the most psychological stress for sojourners, as they are challenged/conflicted to adopt or modify their behaviours to some extent in order to fit in with the new cultural context. The changes in cultural identity become apparent upon repatriation, or re-entry, as the sojourner who has previously adopted behaviours, cognitions, or understandings to fit in with the host culture, may feel as though they no longer 'fit in' upon re-entry to their home culture.

Fitzpatrick (2017) challenges some initial concepts of CS, suggesting that it is necessary to move on from the idea that culture is what causes 'shock' and instead consider the role of the sojourner in dealing with new situations/challenges. Individuals may encounter unfamiliar environments during transition to university, or study internationally. Either transition may cause 'shock' for the individual due to new encounters and adjustment difficulties. Thus, the original concept of CS is applicable to any new and unfamiliar environment. Therefore, focussing on an individual's ability to cope and adapt in a range of settings is key to addressing CS.

1.4.2.2 Reverse Culture Shock

Reverse culture shock (RCS) refers to experiences of CS upon the sojourners return home. Long and difficult sojourns can result in more severe RCS, which can be an involuntary and unanticipated experience (Zukauskas, 2018). This can occur even after a positive experience. RCS can cause loneliness, isolation, anxiety, depression and alienation (Gaw, 2000; Kartoshkina, 2015) as well as feelings of loss relating to the host country (Tomlin et al., 2014). In a cohort of returned American ISs (aged 18-25), those with high levels of RCS were

less likely than those with low levels to access support services (Gaw, 2000). This highlights the importance of implementing support for students pre-, during and post-sojourn, thereby increasing the likelihood of a positive transition both internationally and at home. Sussman (2002) argues that the relationship between cultural adaptation and cultural repatriation of sojourners is complex. That we cannot predict whether sojourners who have strong and positive cultural adaptations will have either a positive, or distressing repatriation. However, their findings highlight the significance of cultural identity, suggesting that amongst their sample of American sojourners (“alumni” of the Japanese English teachers’ (JET) program), those who experienced higher repatriation distress had a weaker cultural identity.

Comparatively, those with strong cultural identity experienced lower repatriation stress. This highlights the influence cultural identity can have on the re-entry experiences of sojourners, in particular, whether this experience is a positive or negative one. Additionally, sojourners who felt a sense of belonging to Japan, were less prepared to return to the US, and subsequently experienced higher repatriation distress. Sussman (2002) concludes that explaining repatriation experiences through strength of cultural identity post-sojourn is more effective than simply measuring the relationship with levels of cultural adaptation.

1.4.2.3 Acculturation and Acculturative Stress

Acculturation is the cultural and psychological adaptation that occurs when two cultures come together. This is the process of adapting to the dominant culture, and includes learning and adopting behaviours to fit in. Berry (1997) proposed four acculturation strategies. Firstly, during integration, an individual maintains their own cultural identity whilst embracing/identifying with the host culture. Next, the assimilation strategy occurs when the individual is immersed in the new culture and becomes distant from their own cultural identity. Comparatively, the separation strategy is when the individual maintains their cultural identity but rejects interaction and learning of the host culture. Finally,

marginalisation is lacking association with both their own culture, and the host culture. This can be due to them losing their cultural identity or experiencing discrimination, making it difficult to identify with either culture. Although research concerning ISs adopts this model, critics have suggested it may be inapplicable to the sample, as it considers a permanent move, such as immigration (Chirkov et al., 2007). The transition (Mesidor & Sly, 2016) to a culture can be difficult (Stowe, 2003) and may cause acculturative stress. Most research prefers the term acculturative stress rather than CS in reference to the negative psychological impact of adjustment new cultures (López-Rocha, 2014). Smith & Khawaja (2011) identified language barriers, educational/environment stressors, lack of social support networks, financial pressures, discrimination and feeling inferior to host individuals as acculturative stressors. In young adults, persistent stress is damaging for mental health, resulting in mental health symptoms (Lee et al., 2004; Sirin et al., 2013). Levels of acculturative stress in ISs is often high (Bai, 2016) and has been associated with depression (Bevis, 2002; Constantine et al., 2004) and anxiety (Mahihu, 2020).

1.4.2.4 Social Support and Language Skill

Social support and host language have been found to moderate impacts of acculturative stress. Sümer et al. (2008) found that ISs with less social support reported higher levels of depression and anxiety. Dieudonné (2019) states the frustration and hostile stage of CS makes it difficult for individuals to form relationships with host community members. A host member may sense hostility or negative attitudes towards them, thus will be less inclined to nurture a relationship with the individual. This highlights the importance of developing resilience to CS to increase the likelihood of forming relationships with host members and avoiding breakdown of such relationships. Higher levels of acculturative stress combined with little social support was highly predictive of depression (Jackson et al., 2019). This could be attributed to a language barrier (LB). Social support alongside language proficiency

have been associated with lower levels of acculturative stress (Poyrazli et al., 2004). This suggests that ISs who speak the host language, more effectively communicate with host individuals, including students or host community members (Mizuno, 2012), and thus can develop a stronger social support network. Conversely, those who are less skilled in speaking the host language, may be less inclined to seek out social support due to the LB. These individuals may experience depression (Constantine et al., 2004), isolation and homesickness (Hannigan, 2007) and experience anxiety due to the stress of communicating in the host language (Brown & Holloway, 2008). Poyrazli et al. (2004) found that ISs who only socialised with non-host individuals experienced higher levels of acculturative stress. (Waters & Brooks, 2011) specify that although international study involves experiencing a different culture, students do not always fully embrace this culture, often associating mostly with fellow ISs. Schartner & Young (2016) highlight the role of interaction with host nationals and other ISs for academic, psychological and sociocultural adaptation. Evidence suggests that for ISs, communication with national peers is challenging (Robinson, 2020). Despite this, meaningful relationships between ISs and host students has occurred (Waters & Brooks, 2011). Furthermore, Sullivan & Kashubeck-West (2015) identified that a positive acculturation experience, accompanied with low levels of acculturative stress is highly influenced by social support, particularly when relationships are formed with both host students and fellow ISs. ISs with a diverse support system are less likely to experience high levels of acculturative stress. ISs can relate to and form relationships with fellow ISs from the same cultural background, who have common grounds and can support each other. In addition, relationships with host students provides cultural knowledge and support, which aids psychological adaptation (Kashima & Loh, 2006). Rajapaksa & Dundes (2002) suggested that ISs who were more satisfied with their social network were less likely to experience loneliness, which is a risk factor for mental ill-health.

Social support and language skill can mediate negative mental health related symptoms amongst ISs during the acculturation process. In response to this, research has identified ways in which universities can provide support to ISs to increase their chance of positive acculturation experiences. The following comprises suggestions for support before, during and after international study.

1.4.3 Support for International Students

1.4.3.1 Support Before International Study

1.4.3.1.1 Cultural Intelligence and Emotional Intelligence

International students (ISs) can be supported/prepared prior to studying internationally. Yu et al. (2014) suggests that programmes targeting acculturative stress should focus on preparing ISs for their sojourn. Developing cultural intelligence (CQ), defined as “a person’s capability for successful adaptation to new cultural settings” (Earley & Ang, 2003, p. 9) can improve psychological adaptation by mediating negative impacts of CS (Presbitero, 2016). Figure 2 highlights the four sources of CQ:

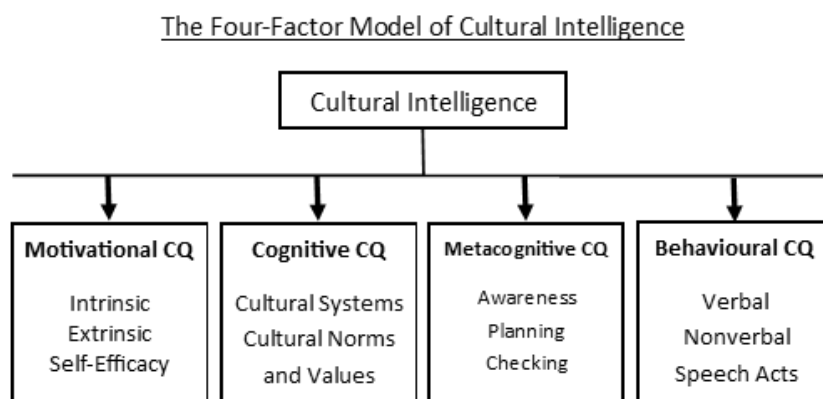


Figure 2: The Four-Factor Model of Cultural Intelligence
(taken from Van Dyne et al., 2012)

The sources of CQ are firstly, ‘metacognitive’, which is the understanding, awareness and control an individual has when interacting in the new cultural environment and ‘cognitive’, the knowledge an individual has of the new cultural environment. Second, ‘motivational’

refers to the individuals motivation to understand the new culture and 'behavioural' which is behaviours shown during adaptation to the culture (Ang & Van Dyne, 2015; Earley & Ang, 2003; Earley & Mosakowski, 2004). Gooden et al. (2017) found that metacognitive, cognitive, and motivational CQ were highly indicative of behavioural CQ. Motivational CQ influenced the development of metacognitive/cognitive CQ, demonstrating that an individual is likely to learn about and adapt to a new culture if they are motivated to do so. CQ may not have a direct impact upon behavioural CQ because although an individual has knowledge and understanding of cultural differences, they may not choose to adjust their behaviour accordingly. This suggests that knowledge/awareness alone are insufficient to influence behavioural CQ, thus demonstrating the importance of all three elements of CQ to influence behavioural CQ. Applying this to ISs, the development of CQ pre-sojourn is valuable preparation for change in cultural environment.

Alongside providing cultural knowledge/information pre-sojourn, it would be beneficial to measure levels of motivational CQ to determine the likelihood of ISs incorporating their cultural knowledge in the host country. Knowledge of the host culture prior to international study has been associated with sociocultural adaptation, an individual's ability to adjust to social life in a new culture (Schartner & Young, 2016). Research concerning levels of CQ amongst ISs demonstrates the link between the four concepts in terms of the acculturation process. High levels of metacognitive, cognitive and motivational CQ can encourage smoother psychological or cross-cultural adaptation (Lin et al., 2012). Considering levels of CQ prior to international study would give opportunity to increase cultural knowledge, or to remove/discourage people who have incompatible motivational CQ from international study programmes. In summary, individuals with little desire to learn and adapt to the new culture, would likely experience more stress during the acculturation process regardless of cognitive CQ.

Further research demonstrates that emotional intelligence (EI), “the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions effectively in ourselves and others” (Hay Group, 2005, p. 2) moderated CQ and cross-cultural adaptation amongst ISs (Lin et al., 2012). The study recruited a sample of 295 ISs studying in universities in Taiwan, 86% of the sample was from Asian countries, the other 14% was from Europe, America, and Africa. ISs completed adapted scales for CQ, EI and cross-cultural adjustment. Alongside supporting the positive impact of cognitive, motivational, and behavioural CQ on cross-cultural adjustment, Lin et al (2012) concluded that ISs with higher levels of EI were more capable of dealing with emotions and communicating well with host individuals. This minimised some symptoms of CS (including stress) and eased adaptation. Further research confirms that higher levels of EI can prevent/buffer acculturative stress which can aid adaptation (Vergara et al., 2010). Like CQ, EI can be developed prior to sojourn. Training workshops such as Mastering Emotional Intelligence (MEI) have shown an improvement in EI (Hay Group, 2005) and could be used for ISs pre-sojourn, to reduce acculturative stress.

1.4.3.1.2 Resilience and Mental Toughness as Protective Factors

Resilience is defined as “positive adaptation in the context of significant challenges, variously referring to the capacity for, processes of, or outcomes of successful life-course development during or following exposure to potentially life-altering experiences” (Masten & Reed, 2002, p. 119). It can mediate acculturative stress (Mesidor & Sly, 2016) and help ISs overcome challenges and adapt to cultural environments (Sabouripour & Roslan, 2015). Wang (2009) suggests universities should encourage ISs to take the personal resilience questionnaire pre-sojourn so plans can be made to develop their resilience accordingly. ISs could attend pre-sojourn resilience interventions to minimise adjustment challenges during

sojourn. Furthermore, resilience can be developed through self-preparation, including improving language proficiency and developing understanding of adjustment.

Whilst resilience is the ability to get through a stressful incident, mental toughness (MT) is the ability to cope well under pressure, remaining focussed, calm and confident despite stress (Thelwell et al., 2005). Amongst 168 UK undergraduate students, Stamp et al. (2015) found that MT was a significant positive predictor of psychological well-being. They conclude that using the Mental Toughness Questionnaire-48 (MTQ48) amongst students would identify those who require more support during study. Specifically, factors of the MTQ48 including self-acceptance, personal growth, and relationships were moderate to strong predictors of better psychological well-being. Students with lower MT could be provided with support to cope with academic and other higher education pressures. Haghghi & Gerber (2019) conclude that students with high levels of MT experiencing stress reported less mental health issues than those with lower MT, suggesting that MT is a significant moderator of stress related mental health issues.

Research concerning resilience and MT highlight the value of mental preparation for students. Measures of both could help facilitate strategies to develop these characteristics and aid psychological adaptation of ISs.

1.4.3.1.3 Motivation to Study Internationally

Chirkov et al. (2008) found that students who were self-motivated to study internationally for academic or educational purposes were likely to have fewer adjustment issues, compared to those who were forced into IS by others. Furthermore, Yu (2010) found that integrative motivation, defined as the motivation to adapt to and learn language of the dominant culture, contributed to the sociocultural adaption of ISs. Evidently, motivations to sojourn may also impact adaptation and should be considered during application processes of ISs.

1.4.3.2 Support During International Study

1.4.3.2.1 Social Support

Similarly to domestic students, ISs often do not seek professional help for issues they face (Becker et al., 2018; Johnson et al., 2018). Dipeolu et al. (2007) had little response from ISs after advertising support groups through leafletting on campus. This was also the case when leaflets were translated into ISs languages. They concluded that this was due to indirectness, as ISs were required to actively initiate contact with support services. Surveys emailed directly to students increased referrals to the support group. Universities should consider the types of support they provide and how these are best advertised for ISs. A more direct/personalised approach may aid ISs in accessing support. Higher perceived support from university is associated with lower levels of acculturative stress (Bai, 2016). This demonstrates the importance of implementation/provision of support from universities for ISs, and how, without such support, the mental health of ISs can be negatively impacted. If ISs have access to sufficient support/coping mechanisms targeting acculturative stressors, then acculturative stress and consequent mental health issues can be mitigated (Smith & Khawaja, 2011). To achieve low levels of acculturative stress and improve adaptation, universities can encourage social networking between national and ISs (Sullivan & Kashubeck-West, 2015; Zhai, 2002). This can be done through peer mentoring, which “is a way to help guide and form valuable relationships between two or more students and plays an important role in the success, both academically and socially, of students” (Murray, 2017, p. 3). Peer mentor programmes pair ISs with host students to initiate communication. The host student can provide help, advice, and cultural information. The International Peer Mentoring Programme (IPMP) developed by Murray (2017) focussed on the integration of ISs with host students, with emphasis on communication to form strong relationships and support for academic/social situations. Peer mentors were experienced students, had leadership

experience, team player qualities and were involved in academic/social environments. They were trained in communication, knowledge, diversity, and guidance. Communication, meetings, and activities were recorded in monthly calendars which were available for all teams to view. Team meetings addressed concerns and included training programmes to encourage involvement and inclusiveness. Mentors and mentees were given independence to decide what form of communication and activities worked best for them. They met face-to-face at least once a week, completed 2-4 hours of involvement and planned activities for both social and academic benefit. The university provided additional support, advice, meetings and activities to further support mentors and mentees. The peer mentors were recruited to provide emotional support for ISs, but the institution still implemented strategies to ensure mentors and mentees alike were supported. Findings illustrate that such programmes provide social support for ISs, which helped their transition to the host country, particularly overcoming loneliness (Menziez et al., 2015). They can also mitigate depression (Pfeiffer et al., 2011) and help social adjustment and sense of belonging (Abe et al., 1998). As previously discussed, strong social networks are essential for the protection of ISs mental health and well-being. Universities have the opportunity and power to encourage development of social networks/relationships of ISs with host or other ISs and so the implementation of peer programmes/strategies by universities are essential to support and protect ISs mental health.

1.4.3.2.2 Counselling and Support Programmes

Universities can provide counselling to support ISs, who have a higher need for counselling services in comparison to domestic students (Shen et al., 2017). Carr et al. (2003) designed a support programme for ISs, which addresses homesickness, provides coping strategies, facilitates cultural adjustment, and offers culturally sensitive counselling. This program allowed communication between ISs in a safe environment, sharing their feelings and experiences. Dipeolu et al. (2007) designed a support group for female ISs, to provide social

support and initiate discussion regarding adjustment. They suggest that group settings contribute to well-being of ISs, equipping them with coping strategies through shared experiences of stress or significant life changes with fellow ISs. Counselling can also improve cultural adjustment (Linkes et al., 2018). Support from counsellors can help ISs develop cross-cultural learning and knowledge (Arthur, 2017), which can aid acculturation. Altinyelken et al. (2019) found that anxiety reducing techniques such as mindfulness contributed to improved mental health and well-being, increased emotional regulation, improved relationships, including compassion towards themselves/others and self-awareness. However, counselling services are often underused (Russell et al., 2008). This is often due to anxiety in seeking counselling (Arthur, 1997). Forbes-Mewett & Sawyer (2019) suggest that ISs are more likely to seek help for physical illnesses compared to mental health related problems. This may be explained by lower mental health literacy and poor attitudes towards seeking mental health support, contributing to the stigma surrounding mental health and available support (Clough et al., 2019).

Often, ISs must communicate in a second language, making it difficult for them to explain and articulate their experiences/feelings (Ang & Liamputtong, 2008; Arthur, 1997).

Comparatively, counsellors may have difficulty relating to ISs cultural values and addressing their needs (Arthur, 1997; Bradley, 2000). Universities should promote and ensure accessibility of support for ISs and implement relevant training for counsellors in order to meet the needs of ISs. Russell et al. (2008) found that ISs were unaware of how to access counselling due to lacking advertisement of such services from the institution. Additionally, ISs trivialised their problems, which caused them not to access counselling services. This highlights the universities role in providing reassurance/provision of support services for ISs and the importance of removing barriers to encourage help-seeking. Ensuring that ISs are aware of support, regardless of the severity of the issue they face and know how to contact

relevant services could increase help-seeking. When conducted in a manner that considers and empathises with experiences specific to cultural adjustment, it is evident that counselling benefits the mental well-being of ISs.

Figure 3 depicts factors that influence adaptation of ISs before and during sojourn including host language ability, social support, motivation to sojourn, cultural knowledge. The model suggests that socialising with host students and other ISs during international study are essential for ISs adjustment. This highlights the importance of social networks/support in creating a positive acculturation experience. Future research could develop this model, by considering the support conducive to successful re-entry and readaptation.

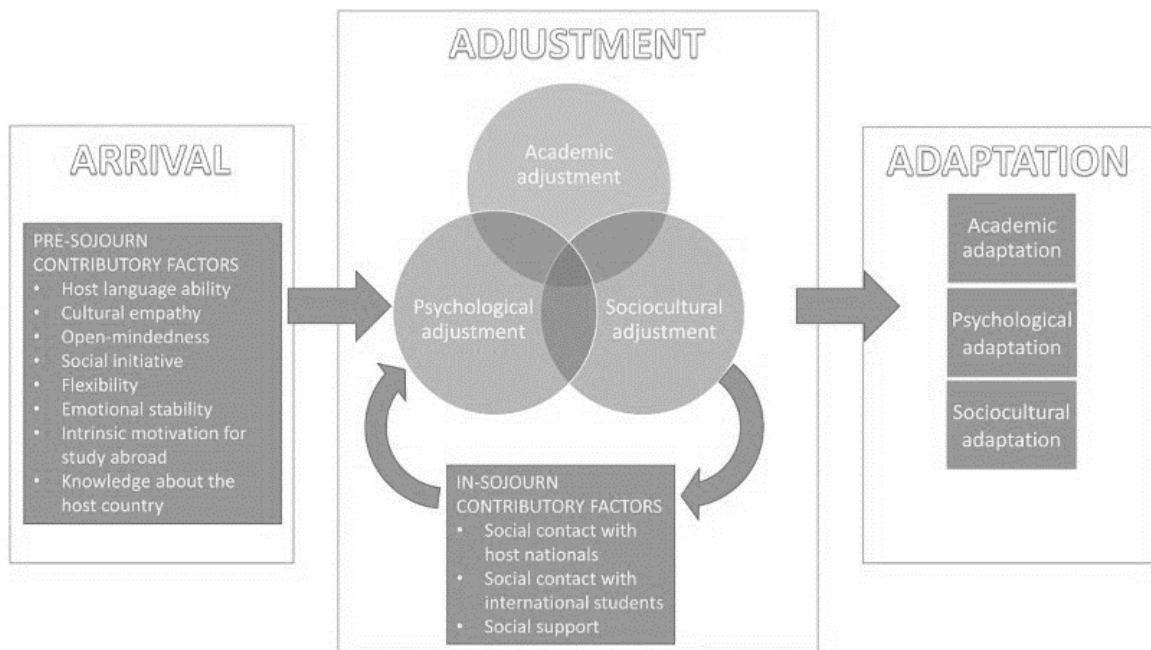


Figure 3: A conceptual model of international student adjustment and adaptation (taken from Schartner & Young, 2016)

1.4.3.3 Support After International Study

1.4.3.3.1 Debriefing Strategies

Arthur (2003) stated that research is concerned with the adjustment of ISs beginning sojourn more so than their return home. There is significant emphasis on providing support, specifically for culture shock (CS), which can greatly impact upon an ISs experience/well-being (Presbitero, 2016; Tiessen & Kumar, 2013). However, research identifies concerns and strategies specifically related to ISs mental well-being specific to reverse culture shock (RCS). In their sample of American students returning from international study, Gaw (2000) used the Reverse Shock Scale (RSS) and Personal Problems Inventory (PPI) to measure severity of RCS. Those with higher levels of RCS, were likely to have trouble in personal adjustment, experiencing loneliness, anxiety, depression and struggling to make friends. Furthermore, those with high levels of RCS were less likely to access student support. To manage RCS and related symptoms, support strategies can be implemented during re-entry (Allison et al., 2012). Epprecht (2004) considers the ethical issues surrounding leaving ISs without debriefing upon re-entry:

'How ethical is it to leave our students without a formal, structured opportunity to reflect honestly upon such alienation as they have experienced in the field?' (Epprecht, 2004, p. 722)

Such support would give opportunities for sharing experiences, allowing ISs to cope with, understand their experiences/emotions and could mitigate RCS. Because of the distress such an experience can cause (Johnson et al., 2018; Wilton & Constantine, 2003), there should be accessible resources or services for returned ISs (Becker et al., 2018; Gaw, 2000). Although universities offer mental health support for domestic and ISs, it is necessary to develop tailored strategies incorporating additional factors, such as acculturative stress that apply to those who have spent time studying internationally (Mesidor & Sly, 2016). This emphasises

that, whilst university students are already a vulnerable population and may require counselling, there are certain triggers resultant of sojourn that can further impact mental health. Thus, it is imperative that the strategies and services already in place are adapted to suit experiences of ISs, specifically relating to acculturation. Arthur (2003) outlines the content of a psychoeducational workshop to aid re-entry of ISs. The key focus is on critical incidents occurring during transition (i.e. significant events experienced) which may be elucidated through discussion or structured into the workshop based on prior sojourn experiences. Using critical incidents in workshops can encourage ISs to reflect and discuss experiences, uncovering worries/concerns. Such methods help ISs to develop coping strategies and incorporate learning from their sojourn to life at home. Wang (1997) suggests that RCS is most intense immediately after re-entry but can manifest over time. It is possible that ISs may develop symptoms of RCS in the long-term if they have not sufficiently reflected on their experience. Regardless of the timeframe associated with RCS, research recommends support for returned sojourners, which should include increasing awareness of RCS, encouragement of reflection of personal/home changes and using reflection/discussion to increase emotional growth from the experience. Therefore, relevant support strategies should be implemented to protect the mental health and well-being of ISs.

1.5 Mental Health and Well-Being of International Volunteers

Young adults may volunteer internationally during a gap year (Mangold, 2012). Self-centric motivations include wanting to explore or experience a new culture compared to altruistic motivations which are often to help developing communities (Mangold, 2012; Palmer, 2002). Researching young adults, Rehberg (2005) found three main categories in motivations to volunteer internationally, “Achieving something positive for others”, “Quest for the new” and “Quest for oneself”. However, Sin (2009) and Tiessen (2012) suggest that international

volunteers (IVs) are self-centrally rather than altruistically motivated to volunteer internationally.

King (2019) defines three types of volunteering abroad: international volunteering (IV), volunteer tourism and international service learning. IV often involves individuals volunteering in developing/low income countries and includes teaching in schools/villages, wildlife conservation, building (i.e. schools), providing medical services. Comparatively, volunteer tourism occurs when an individual travelling/holidaying abroad becomes involved with volunteering during this time (Sin, 2009; Stein, 2017). During international service learning, which is normally more tightly co-ordinated than the previous two, individuals usually volunteer through school or during international study for education purposes (Crabtree, 2008). King (2019) however, refers to IV, volunteer tourism and international service learning interchangeably, due to their goal of travelling internationally to help a community in a developing/less privileged country. Over the three types of volunteering, sojourners share experiences like living in/adjusting to a new culture, carrying out volunteer roles and forming relationships with host community members. Scant research relating specifically to IVs, to the knowledge of the researcher, makes it difficult to develop a broad understanding of the mental health of IVs using only this literature. Therefore, research concerning the three types of IV will be discussed to highlight a range of positive and negative outcomes of IV relating to mental well-being, as well as risk factors and means of support for IVs across this population.

1.5.1 Positive Impacts of International Volunteering

Francis & Yasué (2019) highlight the importance of volunteering projects that focus on benefitting host communities. These positive impacts are often economic or social.

Hernandez-Maskivker et al. (2018, p. 654) suggests positive social impacts include

“strengthening of the community, enhancing education, or improving the quality of life of residents”.

Alongside benefiting host communities, research shows many positive impacts of IV on IVs. Gaines-Hanks & Grayman (2009) identified areas of personal change for IVs, including, increased awareness of themselves/others, recognition of ways to change/develop and professional growth (skill development, increased gratitude). The following positive impacts are consistent with these areas of personal change which suggests consistency of impacts of IV across programme types and samples. For instance, IVs develop cultural knowledge (Hudson & Inkson, 2006; Wearing, 2001). Zahra & McIntosh (2007, p. 118) found that IVs reported seeing things “in a completely different light” because of volunteering. Those located in poorer communities developed values/behaviours through learning directly from those experiencing poverty or communicating with host members about the cultural/religious issues they were facing. This influenced sojourners perspectives on materialistic goods and possessions. Hudson & Inkson (2006) support the notion of development of values and self-identity amongst IVs, including the development of cultural adaptability and skills (Tiessen, 2017). Miller & Gonzalez (2010) identify improved career related skills and developed teaching skills. Research indicates that IV leads to improved self-esteem/confidence (Wearing, 2001).

1.5.2 Negative Impacts of International Volunteering

1.5.2.1 Impact on Host Communities

Guttentag (2009) researched negative aspects of IV, focussing on sustainability of or damaging impacts of volunteering on host communities. They found that IV caused economic issues and disruption of work processes in host communities as well as unsatisfactory completion of work. Additionally, Sin (2009, 2010) suggests that although relationships can

form between host members and IVs, entering a developing country to help as a 'privileged' individual can reinforce social hierarchies between the 'rich' from developed countries and the 'poor' from developing countries. Lough et al. (2011) considers the impact of language barrier (LB) on the effectiveness of IVs, suggesting that a LB makes intercultural understanding difficult, impacting upon communication between hosts and IVs as well as completion of tasks. Further research found that a LB meant services provided by IVs were less effective than if language proficiency was better and could cause confusion rather than positive impacts.

1.5.2.2 Impact on International Volunteers

Research tends to emphasise negative impacts of IV on the host community, more so than the mental health and well-being of IVs. Mangold (2012) suggests that young adults experience in-betweenness; a stage in life where they are both adolescents and adults. During this time, they experience challenges finding their position and 'doing the right thing'. They may struggle to choose appropriate behaviour, interact with others and understand themselves and others. It is suggested that the struggles of making decisions and adapting behaviour "are magnified in international volunteering" (Mangold, 2012, para. 12). This is because IVs find themselves in a new environment (cultural, social and otherwise) and must make decisions and adapt behaviours in this new environment. Thus, IV becomes an intense experience (Meneghini, 2016). There is scant research explicitly targeting the negative impacts of such sojourns in relation to mental well-being. Palmer (2002) suggests that benefits of IV are often promoted by 'glossing' over the cons, which could explain the lack of insight into negative experiences and impacts of IV on sojourners in existing research. They also consider the negative impacts on mental health arising during IV, including stress, isolation and frustration. It is suggested that isolation can arise from being distant from family but also from family/friends at home being unable to relate to the volunteer's feelings and

experiences. Volunteering internationally can result in young adults feeling detached due to living in a different culture (Kolkin, 2018), contributing to CS, homesickness, stress, loneliness and self-consciousness (Bathke & Kim, 2016). Meneghini (2016, p. 1218) suggests that for IVs, 'the gap between their own culture and that of the host country might exacerbate any stress perceived'. Their study considered motivations to volunteer across a sample of 77 Italian IVs. Destinations of sojourn included Africa, South America, and Asia. Key volunteer motivations relate to learning about other cultures and escaping from their current lifestyle. Interestingly, those with a high desire to escape from their current lifestyle, were less motivated to learn about other cultures and instead, were motivated by the opportunity for adventure and exploration. Meneghini (2016) suggests a limitation of their research, is that it does not consider the impact motivations may have on the sojourn experience (i.e. whether it is a positive or negative experience). They suggest that future research should consider a longitudinal approach in order to gain insight into the relationship between motivation and experiences during sojourn.

Previous research explored instances where sojourners returned home because of CS (Mumford, 2000). Of 12 who did not complete their sojourn, five completed the research questionnaires which showed significantly high culture shock scores, some of the highest levels of CS in the sample. This demonstrates the intensity and stress attributed to adapting to a new culture. For their study, a measure of CS was developed, and completed by 380 British volunteers (aged 17-19) working in 27 countries, including South/East Asia, North/South America and Europe. Questionnaires were completed 3 weeks into placement and included the Cultural Distance Index, the Culture Shock Questionnaire, and questions relating to living circumstances, the volunteer's role, relationships with other IVs and mental health/well-being. Response options in the final multiple choice questionnaire include; most of the time, occasionally, not at all OR many things, a few things, none. Questions include "have you

been missing family and friends back home?”, “Have you found things in your new environment shocking or disgusting?” and “Do you ever feel helpless or powerless when trying to cope with the new culture?”. Interestingly, having a fellow volunteer on placement, and stating ‘getting along’ with this individual did not impact upon culture shock scores. Comparatively less pleasant food and surroundings during sojourn were associated with higher CS. Mumford also found lower CS in those volunteering in Tibetan refugee villages in India compared to other sojourners in India or Nepal. They highlight the influence of cultural distance in this example, that the Tibetan refugee villages adopted westerns dress, food and even had access to some electrical appliances. This was unlike the experiences of sojourners in Nepal/India, who sojourned in remote and rural communities. Those IVs with a larger cultural distance experienced higher CS. Despite these findings, it is suggested that ‘problems at work’ are the key risk factor for culture shock compared to cultural distance. For instance, reports of a less worthwhile work placement, less helpful employer, and lacking preparation of employer for the volunteer’s arrival resulted in higher CS scores. Thus, Mumford highlights the importance of the organisation to make worthwhile and satisfactory placements for IVs, and any that do not meet these requirements need to be improved. They highlight the need for future research to consider culture training programmes and peer support to reduce CS and associated negative symptoms. In terms of limitations, this research only gathered data at three weeks into placement, not throughout sojourn or at different stages (e.g. during entry and/or re-entry). Resultantly, measures of CS and other factors only reflect this period, and not prior to or after this time. Although participants were asked retrospectively about their sojourn, and stated that after their initial experience of CS, experiences of CS lessened significantly by the end of sojourn, knowledge of IVs may further benefit from a longitudinal approach. Furthermore, the authors fail to report how long after sojourn the IVs were asked about CS, thus demonstrating a potential limitation for this research.

Although there is research around the negative impact of LB on host community, little research considered the impact of a LB on IVs. Whilst a key motivation is to gain language skills, a LB amongst IVs is often reported as a cause of frustration (Palacios, 2010) and misunderstandings/conflicts (Lough, 2009). Research concerning international students (ISs) considers the consequences of LB on social support networks (Milian et al., 2015; Yeh & Inose, 2003). Language proficiency is a significant moderating factor in the acculturation of ISs but is yet to be explored in more depth regarding IVs.

Through interview, Grabowski (2013) identified difficulties in psychological adjustment of a returned volunteer tourist. In this case study, the volunteer experienced stress and depressive symptoms during re-adjustment to home life, specifically during the first six months. Stress resulted from attempts to adapt to social situations. Concerns/unhappiness regarding career and personal goals was also identified, as the participant was unable to achieve their goals upon re-entry. Again, this contributed to increased stress levels. Additionally, Barrett et al. (2017) interviewed 27 Australian IVs from several international aid and development organisations (IADS) and found that IVs experienced friendship losses upon return home. This study has implications relating to sojourners adjustment both during expatriation and repatriation, demonstrating the importance of the role of the organisation in facilitating support between sojourners. In particular, IVs highlighted the need for emotional and psychological support during re-entry, but also when faced with distressing events during sojourn. For example, experiencing situations of suffering amongst host nationals who cannot access medical care.

Considering the negative impacts of sojourn on IVs, research around support and mediation of such impacts is now considered.

1.5.3 Support for International Volunteers

1.5.3.1 Support Before International Volunteering

IVs may face physical or psychological issues during sojourn. Bhatta et al. (2009), found IVs often experience sickness/illness, skin problems and physical injury. They recommend that IVs should be taught about/prepared for health risks prior to IV and have sufficient medical care and information during and post-sojourn. This study discusses support relating to physical health, but it could be argued that physical and psychological health, can be addressed in a similar manner, by providing knowledge and provision of health care, physical and psychological for IVs throughout placement. As witnessed in ISs research, development of cultural/emotional intelligence, resilience and mental toughness may improve adaptation. Within their sample of short and long-term Australian IVs, Barret et al. (2017) explored the IVs reaction to a breach of psychological contract (PC). A PC refers to mutual expectations of employer and employee. Breaching the PC occurs when either party thinks the other has not fulfilled their responsibilities. They found that throughout sojourn, there was scant formal training and IVs had minimal contact with the organisation management. Rather than being supported by the organisation, IVs relied on discussion with peers with prior experience to help prepare for sojourn. During sojourn, IVs learned of their inaccurate expectations of life in the host country and the limited support provided by the organisation. Rather than perceiving this as a breach of PC from the organisation, IVs blamed themselves, describing their expectations as naive. This demonstrates how IVs took responsibility for the organisations' faults. It is recommended that organisations facilitate discussion through communication between IVs to aid preparation, entry, and adjustment.

1.5.3.2 Support During International Volunteering

If IVs cope effectively with the gap between their home and host culture (e.g. beliefs, living conditions or poverty), they can reduce stress levels and encourage transformative experiences (Meneghini, 2016). This can be done during IV, through reflection of encounters and also prior assumptions (Lough, 2011). Barrett et al. (2017) credit a lack of support from the organisation with forcing IVs to rely on peers to manage difficulties such as homesickness. IVs highlighted the need for psychological support after witnessing distressing events, but minimal support was provided by the organisation. Again, IVs did not consider this lack of support as a breach of PC, but instead, adjusted their own PC accordingly (i.e. reducing expectations from organisation relating to support during placement). They recommend that organisations should facilitate emotional support from significant individuals in the IVs life (peers and family members at home) to aid adjustment. Observing ways in which IVs support each other, through communication, debriefing, discussion, and information, could aid adjustment/readjustment of IVs.

1.5.3.3 Support After International Volunteering

Regarding a sample of IV students, Tiessen & Kumar (2013) identified that on return home, most IVs did not receive a debrief. They suggested that as debriefing is the most important support strategy for IVs, they should have access to debriefing courses upon re-entry. This gives opportunity for IVs to reflect upon the contribution they made in communities (Holmes, 2004). Jones (2010) suggested that IVs may reflect at different times after sojourn, and that 're-entry interviews' giving opportunity to discuss experiences can be useful for this reflection period. Barrett et al. (2017) also found limited provision of re-entry support and cites lack of resources, lack of understanding of challenges, and assumptions from the organisation that short term IV would not cause re-entry challenges as possible reasons. They

found newsletters and meet-ups supported IVs and suggest organisations should facilitate this during re-entry. Additionally, they recommend facilitation of sharing experiences with future volunteers to fulfil IVs psychological contracts.

Comhlámh, the Irish Association of Volunteers and Development Workers provides support for mental well-being of returned volunteers. The handbook details impacts of sojourn on reverse culture shock (RCS) as well as detailing necessary support such as debriefing and counselling (Comhlámh, 2014). It highlights potential negative impacts on IVs and suggests interventions for sojourners, including debriefing, mindfulness, meditation, or counselling. Additionally, it suggests that re-entry should be effectively supported to avoid worsening negative impacts. Comhlámh illustrates that resources, support and advice for returned volunteers can be made easily accessible for IVs.

1.6 International Study Versus International Volunteering

This literature review compared mental health/well-being, experiences, and support of both international students (ISs) and international volunteers (IVs). It has highlighted a lack of research relating to international volunteering (IV) experiences and the provision of support. A key difference between these sojourn experiences, are the roles of the individual during sojourn. As previously discussed, ISs have academic pressures and stress associated with international study (Smith & Khawaja, 2011). Whilst IVs do not have academic pressures, they may have other roles such as teaching, planning events, providing medical aid and thus will have different experiences to ISs. Further knowledge is required of IV experiences to determine which might impact upon IVs acculturation, mental health and well-being.

Conversely, research considers psychological well-being of individuals volunteering in their home country (Borgonovi, 2008; Morrow-Howell et al., 2003; Salt et al., 2017). Findings show that volunteers have improved psychological well-being (increased happiness, empathic

and higher levels of well-being) and reduced depressive symptoms. However, research considering voluntary work in home countries identifies negative impacts like stress and frustration (Howard, 2015; Talbot, 2015). Thus, the current research will provide insight into experiences of IVs during sojourn.

There are similarities between ISs and IVs. In the research discussed, ISs and IVs are young adults (18-25) known to be the most vulnerable population for developing mental health and well-being disorders (Patel et al., 2007; Staples et al., 2019). They share motivations to sojourn and both experience life in a new culture. These similarities make it possible to apply aspects of research surrounding ISs to the current research concerning IVs. In comparing ISs and IVs, there are shared positive impacts including:

- Personal Development or Transformation
- Skill Development
- Development of Cultural Knowledge
- Improved Self-Esteem/Confidence
- Improved Career Prospects

Having observed the overlap in benefits for ISs and IVs, the potential negative impacts, specifically relating to mental health and well-being was considered. For both groups the following negative impacts on mental health and well-being have been found:

- Depression
- Anxiety
- Homesickness
- Loneliness
- Isolation
- Stress

A thorough review of the literature found plentiful evidence of negative impacts of international study on students. However, for IVs, research was scant, and often focussed on the negatives impacting host communities, the positive impacts of IV or focus on physical impacts. Although, there is much research identifying moderating factors influencing acculturation and mental health amongst ISs, there is little regarding IVs. Whilst social support and language skill are the most discussed, other moderating factors include cultural or emotional intelligence and resilience. These are barely considered in existing literature. In the literature concerning ISs there is an identifiable process; (1) identification of negative impacts on mental health/well-being, (2) identification of moderating factors influencing these impacts (3) support that can be instigated prior to, during and post sojourn. At present, support for IVs considers reflection or debrief, with minimal consideration of other support strategies prior to or during IV. This lack of research surrounding support for mental health/well-being of IVs may result from lack of consideration of the negative impacts of IV. Without understanding how IVs are negatively impacted, and potential risk factors for this, it would be difficult to develop and implement support strategies. For example, in the case of an individual with a weak social network feeling isolated, the implementation of a peer programme may improve cultural integration and prevent symptoms worsening. In response, the current research aims to gain understanding of the issues (impacts, experiences, and support) through accounts from IVs. In relation to the impact IV can have on factors other than the volunteer (e.g. economic or sustainability impacts on host countries), Devereux (2008) states:

“The lack of... discussion about the pros and cons of international volunteers in academic or other development writings is unfortunate as it would provide an opportunity for the ambiguities of benefits and shortcomings to be systematically considered and accepted or rebutted” (Devereux, 2008, p. 7)

Although this does not refer specifically to research concerning mental health/well-being of IVs, it suggests that there has been a significant gap in this research area. Considering the content of this literature review, it is fair to apply this quote to *The Mental Health and Well-Being of International Volunteers*. Since this statement, and more recently the research base for the external impacts (host community) of IV has expanded. However, the research is not representative or conclusive regarding the impact of IV on the mental health and well-being of young adults. Therefore, the current research aims to:

1. Explore the impacts IV may have on the mental health and well-being of IVs.
2. Explore experiences that may influence these impacts.
3. Explore support that is provided to IVs.

Having reviewed the existing literature relating to both ISs and IVs, the following will highlight the contribution the current research aims to make to this field. It is necessary to understand and consider both how the experiences of IVs are similar to other sojourners (e.g. international students), but also how they vary. It is evident that sojourning can cause challenges, often relating to cultural differences, described as culture shock. Like other sojourners, including IVs, ISs may experience challenges relating to cultural knowledge, language skills and loneliness, but challenges subjective to ISs include academic challenges and challenges associated with transition to a new university (Furnham & Bochner, 1986, as seen in Ward et al., 2001). Unlike ISs, IVs do not face academic pressures, but through review of existing literature, several characteristics subjective to international volunteering, which may have adverse impacts on the mental health and well-being of IVs were found. ISs are likely to live and work in urban locations, such as cities, to attend university.

Comparatively, given the nature of international volunteering (i.e., providing medical care, working/teaching in developing communities), British IVs may find themselves in locations that are not 'westernised'. As found by Mumford (2000), living and volunteering in such

rural/remote communities can cause a large cultural distance and thus increased culture shock amongst IVs. Even though IVs may live in and experience more rural, or developing communities compared to ISs during their sojourn, existing research demonstrates that distress is still experienced by ISs when entering a new cultural environment (Güzel & Glazer, 2019; Khosravi et al., 2018). Considering the likelihood of IVs living in more challenging or culturally distant environments than other sojourner populations, it is imperative to increase knowledge of the experiences of this population. This will elucidate the challenges and risks associated with IV, and whether these experiences are heightened in this population. Hence, the current, exploratory approach aims to uncover detailed accounts of such experiences and potential impacts relating to mental health and well-being.

Additionally, as the academic environment can vary across cultures for ISs (Ward et al., 2001), this concept may also be applied to the experiences of IVs, both during their voluntary work, but also during day-to-day life during sojourn. The need of ISs to engage with aspects of ‘culture learning’ is highlighted, for example, developing knowledge of cultural differences in lecturers’ expectations as well as understanding how teaching, learning and communication is carried out in the new culture. Considering IVs specifically, Barrett et al. (2017) found experiences of distress when they witnessed suffering of host nationals in the community who could not access necessary medical care. This type of experience may be unique to IVs, who volunteer in more rural or ‘developing’ communities. Similar experiences may occur in the current sample, either in IVs completing placements in medical settings, or those who teach in schools, or provide aid/resources in communities. The current research will address this gap in the literature, with potential to shed light on ‘culture learning’ relating specifically to international volunteering placements, rather than academic settings as discussed in prior research regarding ISs.

In terms of the roles of IVs, Mumford (2000), found those reporting a less worthwhile placement, less helpful employer, and lack of preparation by the employer for volunteers' arrival on placement to contribute to higher culture shock scores. Barrett et al. (2017) highlighted the need for IVs to be supported both psychologically and emotionally during sojourn and upon re-entry. If the volunteering organisation influences the satisfaction and culture shock experiences of IVs (Mumford, 2000), the current research aims to gain insight into whether the organisation provides well-organised, fulfilling placements, and whether necessary support is provided to IVs.

To summarise, despite their similarities, there are unique stressors/experiences pertaining only to IVs or ISs. Unlike ISs, IVs will not experience academic related pressures. Instead, IVs may face challenges living in rural/remote communities and distressing experiences/encounters in these communities as well as during their volunteering work. These factors/pressures which are not found in ISs populations have been overlooked in previous research concerning IVs, therefore the current study aims to shed light on this.

1.7 The Importance of the Qualitative Approach

Much of the discussed research is quantitative in nature. Such studies investigate frequency, severity/duration of depression, anxiety or homesickness amongst ISs (Ammigand et al., 2019; Bathke & Kim, 2016; Hunley, 2010; Sümer et al., 2008). These studies required participants to complete online original and/or modified questionnaires using measures such as the Center for Epidemiological Studies-Depression Scale (CES-D), The Beck Anxiety Inventory (BAI), The Acculturative Stress Scale for International Students (ASSIS), Functioning of Students Abroad Questionnaire (FOSA), The Depression Adjective Checklist (DACL), The Behavioural Health Measure-20 (BHM-20), The Goldberg Depression Scale (GDS), The State Anxiety Scale (STAI), The Hamilton Depression Scale (HAM-D) and The

Social Provisions Scale (SPS). Whilst these measures grasp frequency and formulate links between mental health related issues as a result of sojourn, they do not uncover specific experiences and accounts. The current qualitative research gains insight into the experiences of UK young adult IVs through an exploratory approach. Specifically, this research identifies key themes of potential concern for the mental health and well-being of IVs. This research has the potential to inform and direct future research focussing on the mental health and well-being of IVs. Continued research in this field may influence the support offered to young IVs, considering the huge vulnerability of this age group.

The ontology and epistemology identified at the beginning of the research influenced the research design, specifically the qualitative approach and methods in the research. Ontology “is the science of what is, the kinds and structures of objects, properties, events, processes, and relations in every area of reality” (Welty, 2003, p. 11). Alternatively, ontology can be described as beliefs about reality or perceptions of truth. The current research is based on a relativist ontology, the belief that there are multiple versions of reality, and that reality can change with experiences. This belief influenced the decision-making processes throughout the research, including methodologies, methods, and analysis. Ontological beliefs influence epistemological beliefs, which refers to the researcher’s relationship with the research and how knowledge will be gained (Killam, 2013). Due to the relativist ontology, the current research adopts an emic epistemology, meaning the researcher adopts a subjective approach, through which they are able to gain knowledge through direct interaction with participants to gain knowledge of truth. Such interaction allows the researcher to gain in-depth knowledge and understanding in order to uncover a range of experiences, which allows interpretation and identifying patterns across the data. Both the relativist ontology and emic epistemology influence the research methodology, namely the exploratory and qualitative approach, and thus influence the chosen data gathering method of interview. The potential influence of the

researcher on the research, data and consequent findings is acknowledged, and a reflexive approach is also considered (p.52).

2. Method

2.1 Research Design

The current research employed a qualitative approach by conducting one to one interviews with participants to identify relevant themes. Using semi-structured interviews allowed discussion and expansion of key points. The interviews lasted between 26-54 minutes. Questions aimed to uncover rich description and details of participant's experiences, emotions, and feelings during and after sojourn and how their mental health was affected. Areas covered include pre-, during and post-sojourn. This manner of data collection allowed for in-depth thematic analysis (Braun & Clarke, 2006). The study was approved by Leeds Trinity University School of Social and Health Science Ethics Committee with a subsequent amendment to allow Skype interviews in response to the covid-19 lockdown (SSHS/2018/048).

2.2 Participants

In line with the recommendation of 6-10 participants for small scales studies involving interviews (Braun & Clarke, 2013), eight participants were recruited. Recruitment used online (social media advertisement – Appendix A) and poster advertisements (Appendix B) at Leeds Trinity University. Through a process of snowball sampling, further eligible individuals learned or were recommended for the research through their social network. Social media platforms included Twitter and Facebook.

The inclusion criteria (iterated on the information sheet – Appendix C) stated that participants must be aged between 18-25, residing in the UK, completed a minimum of three months IV and completed this volunteering within the past year. Individuals residing in the UK were targeted to ensure that their placement was with an organisation or university in the UK. An individual who currently resides in the UK but completed sojourn with an organisation whilst

living in Spain was ineligible. Equally, participants completing placements in the UK were ineligible as the research focussed on IV in countries abroad. Participants voluntarily completed the study without incentives. No further information was required from participants (e.g. gender, ethnicity). In order to maintain the exploratory nature of the research, additional demographic characteristics were not collated. Factors that were stated in the inclusion criteria, and most important to the research question include the age at which sojourn was completed (between 18-25) the length of sojourn (a minimum of three months) and when sojourn was completed (within the last year). Gender was not related to the current research question, and asking participants about their gender may have caused ethical complications, considering the complexity of gender identification, and the understanding that gender is both biologically and socially conceptualised (Lindqvist et al., 2021). Considering the scant research relating to young adult volunteers, choosing not to collate further demographic characteristics of participants was done to allow the researcher to gain an initial, in-depth understanding of the experiences of this population. Considering additional factors at this stage may have been counterproductive for this exploratory research. It was recognised that the knowledge gained in the current research may help to inform future research which could then start to consider and incorporate specific individual factors.

2.3 Apparatus and Materials

The advertising material used in the recruitment process included an online and paper advertising poster. Both advertising materials included a description of the research and the researchers contact details. The information sheet included more in-depth information about the research; purpose of the research, information regarding participation, withdrawal information, data anonymity, contact email of researcher as well as the Chair of SSHS Ethics Committee and inclusion criteria.

Before the commencement of interview, participants were required to read and sign the consent form (Appendix D). The form listed statements as tick boxes, detailing requirements of participants, their understanding of the research, anonymity/confidentiality, data protection and right to withdraw. After interview, a debrief (Appendix E) was provided which included the aims of the research, details of acquiring a copy of the transcript and contact details of the researcher, supervisor and Chair of SSHS Ethics Committee. A separate support sheet (Appendix F) was provided to all participants. Considering the mental health related nature of the study, and potentially difficult matters that may arise during interview, it was important to provide participants with contact details of mental health charities/services. The researchers contact email was provided for participants with further questions or concerns.

The semi-structured interview (Appendix G) focused on three areas, pre, during and post IV. Each question included prompts which were used when participants required clarification. The questions were developed based on information from existing research concerning ISs, and included the following:

- **Pre-IV** preparation for placement and support provided to volunteers by the volunteering organisation (charity/university).
- **During IV** support provided by the organisation, experience of a new culture, well-being during placement and positive, negative or challenging experiences.
- **Post IV** debriefing, readjustment, personal development and support from volunteering organisation.

Interviews were audio recorded using an Olympus VN-711PC Dictaphone. Questions were sensitive to the area of research, aiming to explore both positive and negative experiences. Balancing questions in this way was to avoid participants' distress during interview.

2.4 Procedure

Participants were recruited via volunteer and snowball sampling using advertising material both online and on campus at Leeds Trinity University. Individuals interested in participating contacted the researcher via email. Information sheets were sent via email to clarify requirements of participants and their eligibility to participate. After ensuring participants understood the research and had opportunity to ask questions, the consent form was provided. Interviews were carried out in private, comfortable locations (e.g. a room on campus). The researcher followed the interview schedule and prompts. After each interview, the audio recording was removed from the Dictaphone and stored on a secure server at Leeds Trinity University in accordance with General Data Protection Regulation (GDPR) guidelines (GDPR, 2018). Several interviews were carried out via Skype in response to the Covid 19 lockdown. In these cases, the same procedure using a Dictaphone was used. A debrief form and support form, providing contact details for participants for mental health services were given to participants after participation. These were provided to mitigate any risk of potential distress participants experienced when disclosing information about their experiences.

Once all interviews were completed the researcher began transcription. All interviews were listened to several times to ensure accurate transcription. After initial transcriptions were completed, fine tuning of the transcripts was carried out, for example, the removal of repetition and fillers (e.g. um, erm, like). Once transcriptions were complete, analysis could begin.

2.5 Analysis

This exploratory research used a relativist ontology and emic epistemology (Çelik & Köksal, 2019). Methodology was based on the understanding that experiences are subjective and will vary amongst international volunteers (IVs). Which is the reason for choosing interviews to

explore participants' experiences in depth. The researcher has first-hand experience of challenges IVs may experience both during and after sojourn, and it was from this experience the current study was derived. It was acknowledged that the researcher's prior sojourn experience may influence data interpretation. The researcher's negative experiences and the focus on negative impacts on IVs could potentially impact the researcher's ability to design and carry out the research open-mindedly. For instance, the researcher may overlook positive accounts, and actively search for and interpret participants' negative experiences, thus, creating bias in the research. In response, a reflexive approach was adopted and the researcher's role was considered in each research stage including design, interview, and thematic analysis. Haynes (2012, p. 72) defines reflexivity as "an awareness of the researcher's role in the practice of research and the way this is influenced by the object of the research, enabling the researcher to acknowledge the way in which he or she affects both the research processes and outcomes". Reflexivity is not only considered prior to carrying out research, but is a continuous process which requires recognition of how the subjectivities and understandings of the researcher/s may influence the research process (Binder et al., 2012). The researcher recognised and considered their stance and influence in the research, and how their prior volunteering experience, views, opinions and experiences have potential to influence the research process and findings. The following are steps which were taken to ensure a reflexive approach was maintained throughout the research. Firstly, the literature review helped to inform the researcher. Due to lack of extensive research regarding IVs, research relating to international students (ISs) was considered, due to similarities between IVs and ISs. Existing research considered positive and negative experiences of sojourn and informed the researcher of the subjectivity of such experiences. By exploring such findings, the current research was not based solely on the researchers' experience. When designing aspects of the research including the semi-structured interview, the researcher adopted a

reflexive approach in which they acknowledged their own experiences and opinions relating to the research topic, in order to increase the overall credibility of findings (Dodgson, 2019). The semi-structured interview was designed to encourage participants to reflect on both negative and positive experiences of international volunteering (IV). Using non-leading, open ended questions allowed participants control of their responses, thus giving a more accurate portrayal of their experiences and reducing researcher bias during interviews.

Similarly, experiences and opinions of the researcher regarding IV would likely influence thematic analysis. At times the researcher focussed on negative aspects of sojourn, overlooking the positives. The researcher was mindful during coding and code refinement to include all relevant data relating to mental health and well-being of participants, whether positive or negative. Several coding attempts were made to ensure that all relevant data was collated. During development of themes, the researcher continued to remind themselves of the subjectivity of IV and the exploratory nature of the research, attempting to remain in this mindset to avoid biases. Continued reflection and restructuring of themes meant that where applicable, accounts of positive experiences were included in themes and subsequent findings. This was done without detracting from the initial focus and aims of the research. To further minimise bias, the researcher had discussions with the research team regarding development of themes.

Although this research was derived from a challenging personal experience, the mental health and well-being of IVs is of genuine concern for the researcher, and they acknowledged the importance of a holistic and open-minded approach to help future IVs and inform future research and volunteering organisations.

Inductive thematic analysis was used, as a pre-existing framework was not being applied to the analysis. As derived by Braun & Clarke (2006), the stages of thematic analysis were

followed. Firstly, the researcher read through each transcription in order to familiarise themselves with the content. Initial coding was then completed and involved producing coded descriptions of the data relating to the research question. Several coding attempts were made, resulting in the refinement and production of final codes (codebook – see below).

Initial Codes		Refined Code	Description
Desire to share knowledge make positive impacts help others personal development meet new people gain cultural experience		Motivations to Volunteer	Self-centric and altruistic motivations to volunteer.
Underestimated challenges Expectation/Reality	Naïve/unprepared	Naivety & Inexperience	Unprepared for challenges/difficulties.
Practical Vs emotional readiness Informing allows emotional preparation Honest discussion from VO Prior experience Awareness of challenges Cultural knowledge Unprepared Self-preparation Inaccurate information		Informing & Preparing IVs	Need to emotionally prepare pre-placement. Being accurately informed of culture and potential challenges is essential.
Emphasis on practicality over mental health Lacking pre-support Admin related focus		Inadequate Preparation from VO	Lack of emotional preparation from VO pre-placement. Focus on practicality/admin related preparation.
Learning/conversation with past IVs Prior learning		First-Hand Accounts	Communication with ex-sojourners to gain accurate, honest accounts to increase preparedness.
Shock to the system Distressing transition CS Fluctuating mental health Worsen existing mental health Gradual adjustment		Acculturation Experiences	Process of acculturation. Including difficulties/mental health symptoms.
Mental health assessment Prior confidence/resilience Mental stability/vulnerability		Mental Health/well-being Stability	Considering mental health of IVs, intensity of IV, and risks for vulnerable individuals.
Missing home comforts	Family/friends Loneliness	Homesickness	Experiencing homesickness.
Harassment/Unsafe Outsider		Intruding in Host Community	Negative experiences in host community, feeling like outsider/intruder (harassment/threatening behaviours).
Conflicting beliefs Frustration Cultural divide	Respecting culture Shocking experiences	Cultural Differences	Challenges of cultural differences - conflicting beliefs, lack of understanding, ways of life, shocking experiences.
LB and isolation Communicating with host members Navigating LB		Challenges of LB	Negative impact of LB.

VO informed to an extent Cannot be prepared for everything Subjective experience		Can Never be Fully Prepared	Difficulties preparing for placement. Impossible to prepare for every eventuality.
Main Support TLs TLs stress Reliant on TLs		Team Leader Responsibility	TLs are main support. Roles/responsibilities/pressures of TLs.
Lack of care/support from VO Support could be improved Unsupported during distress		Lack of Support from VO	Lack of support implemented by VO.
Emergency contact number Unsupported during distress		Contact Provision	Usefulness of contact number, one of few support measures
Distress Upset/Frustration Dangerous encounters	Emotionally intense Feeling unsupported	Impact of Insufficient Support from VO	Lack of support from VO causes emotional challenges. Worsens distressing situations faced on placement.
Require a support figure Reassurance Direct port of call Steady communication One to one support Nobody to turn to		Support Figure	Lack of support figures from VO.
Struggle to seek help Burden	Problem is minor Not seeking help	Barriers to Help-Seeking	Barriers to help-seeking.
Knowledge from counterpart Social support Involvement		Benefits of Host Peers	Positive impact of relationships with host peers. Introduction to culture and involvement.
Cultural divide Difficulty forming relationships with host peers		Forming Connections	Difficulties socialising/forming relationships with host peers.
Sense of belonging with host family (HF) Support from HF		Support from Host Family	HF support, creating sense of belonging.
Lack of communication with HF	Loneliness within HF Uninvolved with HF	Difficulties with Host Family	Lack of relationship/support with HF causing difficulties.
Sense of belonging in community	Positive experience helped IV through placement	Interaction with Community Members	Positive experiences within community, contributes to optimism/motivation.
Seeking support from family/friends at home	Reliant on home for support	Support from Home	Family and friends from UK provide support/reassurance for IVs.
Reliant on peers Shared experiences Support system Debriefing/offloading with peers	Talking through troubles	Support from Fellow IVs	Reliance on support from fellow IVs. Sharing experiences/challenges.

Isolation/loneliness Feeling down	Breakdown of relationships	Absence of Social Support	Difficulties faced by absence of social support.
Intense readjustment RCS Extreme differences Changed pace		RCS	Returning home and challenging experiences of RCS.
Had to readjust quickly Readjustment takes time Staggered re-entry may be beneficial Processing /Reflection Prior travelling experience Easy readjustment		Processing & Readapting	Coping during re-entry and subjective factors to ease transition.
How to readjust home Discussion with lecturers Debrief opportunity Discussing experiences		Need for Debrief	Reflection, understanding challenges/experiences through debriefing.
No follow-up support from VO Duty of care Mental health follow-up Reassurance and feeling supported Support after to help mental health of IVs		Need for Continued Mental Well-Being Support	Lacking follow-up support from VO post-sojourn. Support necessary to address well-being of returnees.
Feeling guilty Selfish volunteering Helplessness		Questioning Benefits of Experience	IVs question volunteering motivations and whether they achieved goals.
Little impact on community Not fulfilling roles Wasted time Long-lasting impacts made		Reflecting on Impact Made	Reflection on impact on community.
Confidence Improved professionalism Overcoming fears		Skill Development	Skills developed during placement.
Mentally stronger Positive impact on well-being Resilience Independence		Personal Development	Developed mental stability, resilience and strength.
Gained cultural knowledge Cultural experience Cultural intelligence		Learning Opportunity	Developed cultural knowledge.

Coding was completed using the computer software NVivo 12. The researcher was then able to begin theme formation. Codes were grouped based on similarities and discarded where appropriate. Using the refined codes, thematic maps were produced during analysis, to aid the development of the final themes:

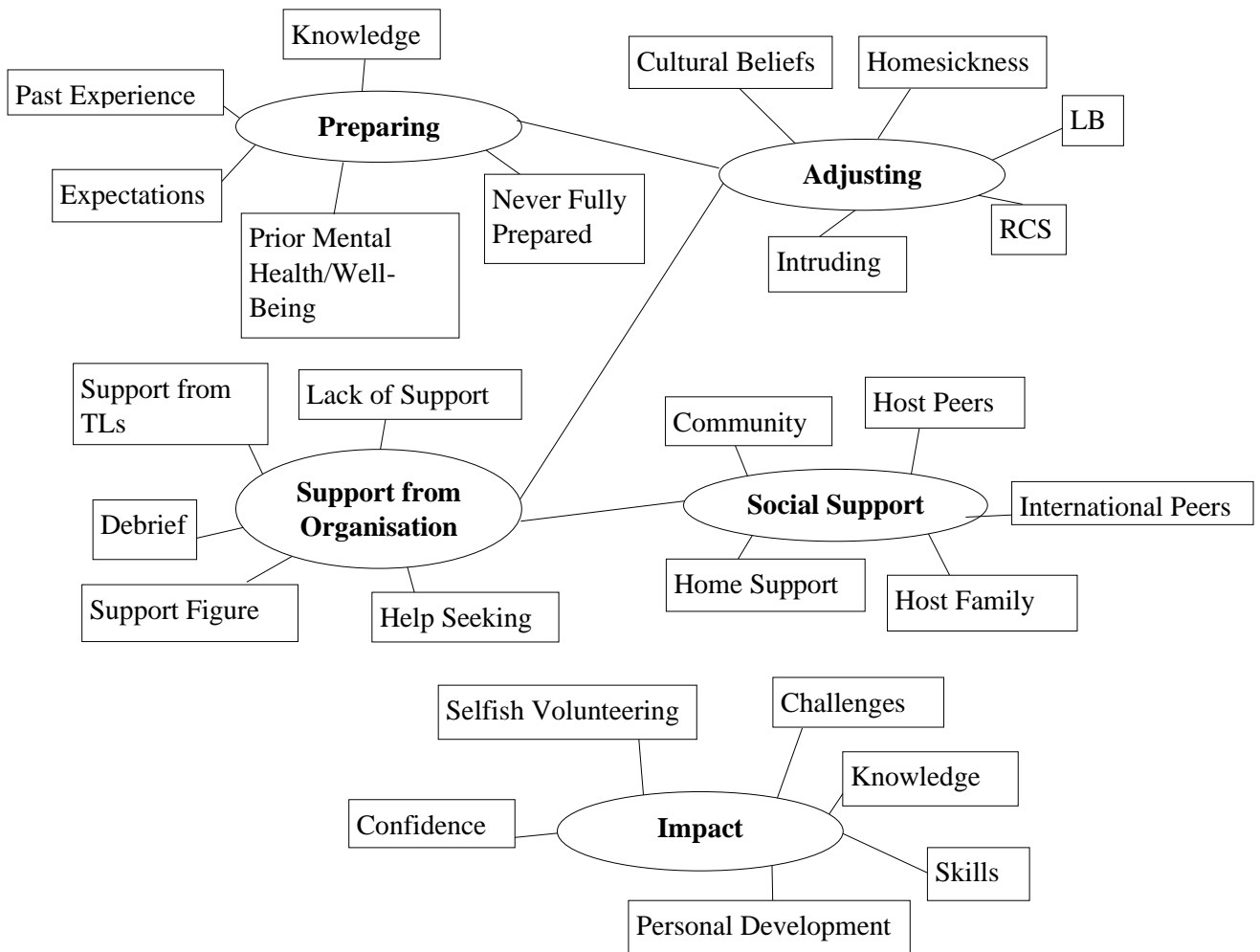


Figure 4: Initial Thematic Map

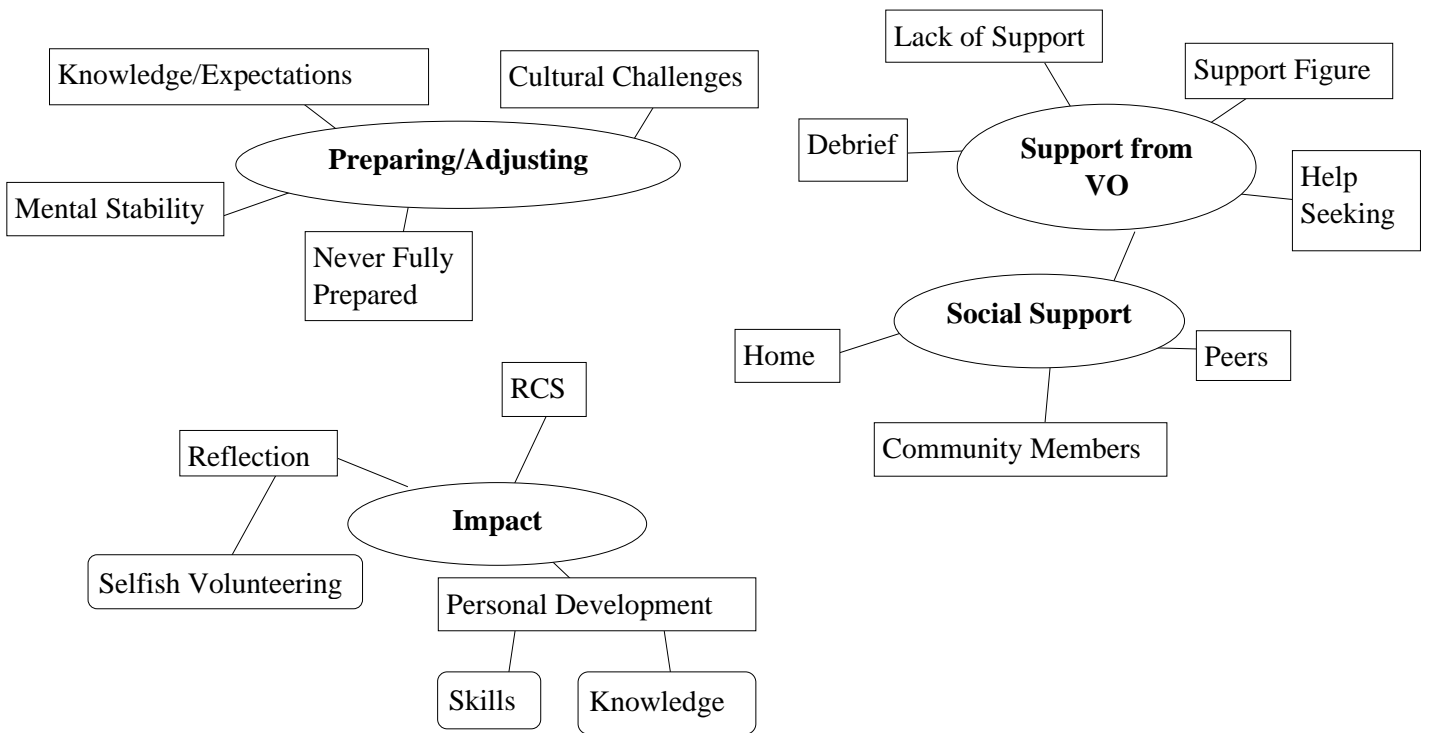


Figure 5: Developed Thematic Map

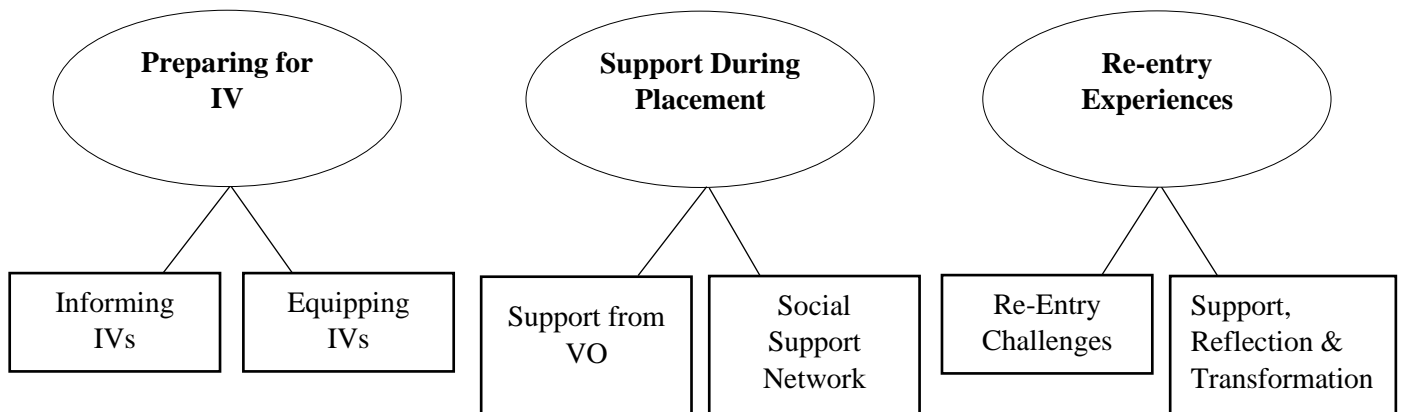


Figure 6: Final Thematic Map

3. Findings and Discussion

The following analysis addresses each theme, evidencing findings using extracts from interviews of the eight participants. Upon recruitment, each participant was given a participant number to maintain anonymity. The participants are referred to as P1, P2, P3, P4, P5, P6, P7 and P8.

3.1 Theme 1 - Preparing for International Volunteering

3.1.1 Introduction

The first theme details the entry experience of international volunteers (IVs). Specifically, experiences of acculturative stress/culture shock (CS), and the roles of preparing and informing in mediating some of these negative experiences. Sub-themes include *Informing IVs* and *Equipping IVs*.

3.1.2 Informing International Volunteers

There was a discrepancy between participants expectations and the reality of placement. Prior to placement, P5 was optimistic and believed their experience would be a wholly positive one. However, disappointment arose due to inaccurate expectations (Mesidor & Sly, 2016):

P5 I think we had set it too high in our hopes I feel like you imagined it to be 'oh it's the best thing ever, everything works out right' ...when it comes to it you've gotta be realistic and some things do go wrong and some things aren't happy all of the time when you're there

Prior research suggests that motivations to sojourn are often related to excitement and adventure (Findlay & King, 2010; Waters & Brooks, 2010), which may explain P5s high expectations. P5 described facing several unanticipated challenges, suggesting that their initial expectations may have been unrealistic/inaccurate. In their sample of US students completing a four-month study sojourn in France, Pitts (2009) found a gap in expectations and reality of sojourn (expectation gap), which impacted upon adjustment and caused stress

to sojourners, caused by inaccurate expectations and beliefs about how placement and the host country would be. Those with a bigger expectation gap experienced higher levels of stress in the host country. P6 was unsuspecting of challenges relating to living in a cultural environment so different to their own:

P6 I don't think I quite anticipated how challenging it was gonna be, cause it was the first time I'd ever been somewhere that was a culture so different to my own

P6 had not anticipated cultural differences, which influenced their challenging entry experience. Evidently, both participants found aspects of placement and the host country more difficult than they had imagined. For many IVs, it is their first experience of a transition and period away from home, similar to the transition to university or international study. This likely explains the inaccurate expectations and consequent adaptation challenges faced by participants (Gatwiri, 2015). In their research relating to psychological contracts, Barrett et al. (2017) found that IVs received little support from the volunteering organisation (VO) during placement. However, IVs did not consider this a breach of psychological contract by the organisation. Instead, they blamed themselves for having naïve expectations:

P8 I was also quite young... I like to think I'm quite mature but yeah young in myself and what I was expecting probably quite naïve about what was actually gonna happen

Additionally, Pitts (2009) suggested that sojourners did not anticipate CS because like the US, they viewed France as a 'western nation' and believed it would not be culturally dissimilar. However, they experienced cultural differences and subsequent CS. Thus, CS occurs in sojourn experiences between westernised cultures, whether anticipated or not. Applying this understanding to the current sample of IVs who volunteered in 'developing' countries, there may be increased intensity of CS. Thus, emphasis on informing IVs prior to placement may encourage accurate expectations, which can aid adaptation and reduce symptoms of CS or acculturative stress.

The initial and most apparent cultural differences experienced by participants relate to environment/living conditions (Ward et al., 2001) or food (Mingli, 2015; Rajasekar & Renand, 2013):

P8 It's just a massive shock to the system being somewhere new. You're in Uganda... in a completely different house setup and even the way you go to the toilet is different and schools are different, and the people are different

P6 It was really different cause we had a little mattresses on the floor and there was three of us in one bedroom and we had to use a squat and drop which was quite a shock to the system and the food was really different... rice, cabbage, beans

In these descriptions, participants described shock due to differences in environment. For P4, initial entry was overwhelming, and feelings of distress and upset arose, particularly at the beginning of placement:

P4 ...at the start it's oh my goodness what have I done...I cried the first night because I was like how am I going to do this for the next three months but I think you adapt to how they live so by the end I quite enjoyed not using a toilet, I quite enjoyed just showering with a bucket not having to worry about how I looked or having to wash my hair every other day

This experience is contradictory of the honeymoon stage of CS proposed by Oberg (1960), who suggests that initial weeks on placement are a period of euphoria. Instead, it supports research which identifies the initial stages of placement as the most stressful for sojourners (Brown & Holloway, 2008; Ward et al., 2001). Despite initial distress and upset experienced upon entry, as placement progressed P4 adapted to and embraced the new culture and way of life. This is much like Berry's (1997) proposed 'integration' strategy of acculturation, where sojourners begin to embrace the host culture whilst maintaining their own cultural identity. Comparatively, P3 described the initial weeks on placement as being focussed on adapting to and experiencing the new environment. Unlike P4, they began to struggle halfway through sojourn. Perhaps this example demonstrates an initial honeymoon period, followed by the frustration stage where individuals struggle to cope with the environment and experience homesickness or low mood (Oberg, 1960):

P3 Halfway through the experience which probably was the most natural low for everybody cause you have the first month where it's all quite adrenaline focussed and adapting, coping, you haven't really had that time to feel down or miss home because you're just adapting constantly, so around that half time mark everyone was starting to have a wee bit of a dip thinking about it's close to coming home

Where research identifies the start of sojourn as particularly challenging, accounts suggest that challenges continue throughout placement. P8 experienced intense and overwhelming periods at several points during placement:

P8 During I was very much like hold it together, I remember quite a lot of times just crying and being like "Woah this is so much to take in" but it's weird cause you do look back with fondness but at the same time be realistic, there were times when I wouldn't tell my family how bad it was because I didn't want to worry them. Not that it was awful...but I know for a fact there was times when I was miserable and probably did think about coming home but I was like it's just not an option, I'm sticking it out for three months

P8 experienced low mood throughout their placement, due to the change in environment and culture. At times, these feelings were so intense they considered returning home. Where participants adapted to living and environmental factors quite quickly (as seen for P4), there are additional stress and upset factors as placement progressed. This highlights the need for preparation, as well as continued support throughout placement.

As suggested by Mori (2000), ISs have the additional challenge of experiencing new cultural values and beliefs. Research considers the issues this causes for academic and social integration, which can contribute to further mental health symptoms (Gu et al., 2010). P1, who completed a midwifery placement in Sri Lanka, described differences in care they witnessed:

P1 I found the most challenging thing being that I had to respect their culture of doing that to women by not giving them informed choices...for me the hardest thing was standing back and watching it happen and having to respect it and not question or judge why they were doing them things cause that is their culture and that is how they are raised to give birth to their children so the hardest thing for me was definitely sitting back and not judging and just trying to respect their completely different dynamic of midwifery and it's context

P1 was shocked and upset by the attitudes to medical care that they witnessed. They described difficulty accepting and respecting such extreme differences of care that they witnessed in Sri Lankan hospitals. Relating to life in the host community and with the host family, P8 too experienced notable differences:

P8 ...you dress differently and the women would have to wear a skirt and I remember making a list of all the things that were slightly different...and things like the women having to kneel for the husbands or the males in the family I found that really bizarre and things like that you'd never witness or if you did you'd be absolute appalled in England and it was just something that happened there and you were almost not given time to process that because it'd just be like OK that's happened, move on and I remember a family member whacking with a stick, her child and me being like "Oh my god" should I intervene, this is ridiculous and you couldn't because it's their family that's how they do things, who am I to go over there and say hold up a second that's not how we do things, that's not the kind of person I am, you wouldn't want someone going in there, they take you under their wings, these families they literally housed you for three months

P8s account demonstrates two extremes, from differences in cultural mannerisms to more shocking incidents such as physical punishment within families. Due to vast cultural differences, P8 had little time to process and understand aspects of the way of life in Uganda. As suggested by Pyvis & Chapman (2005), sojourners may not expect such conflicting values in the host country, and experiencing this is disorientating. Adaptation difficulties and alienation may arise because of exposure to behaviours in the host community, and the sojourners lack of understanding of these behaviours (Xia, 2009). As well as mannerisms and behaviours of host nationals, P3 found opinions and beliefs regarding certain topics of conversation challenging:

P3 the culture was so different it was almost a bit of a shock every time that we would talk about something that you felt was very important and even discussing gay marriage or just gay people in general or, progressive thoughts were always quite culturally challenging even with the Ugandan volunteers who weren't necessarily in the same place as you were

Many countries in Africa, including Uganda, have anti-LGBT laws, and same-sex relations are illegal and punishable. P3 suggested that some beliefs of their counterparts were not as

progressive as the beliefs of the IVs. These conversations were often difficult and uncomfortable and impacted upon developing relationships with nationals. Research highlights the impact lack of support from host nationals has on sojourners adaptation and experiences of acculturative stress (Hannigan, 2007; Poyrazli et al., 2004; Schartner & Young, 2016). Impacts may include loneliness, alienation, depression and anxiety. In recognising the subjective nature of sojourn amongst ISs, Ward et al (2001) highlights the influence of cultural distance, the extent of difference between the home culture/country and the country of sojourn, on sojourners experiences of and ability to cope with CS. For instance, they suggest that greater cultural distance can causes difficulty for sojourners in interacting and communicating with host nationals. Their ABC model of acculturation suggests that to minimise the stress of communication and increase effective cross-cultural interaction and the formation of social support/relationships, interventions could consider ethnic identity (identification with their own/the new culture), self-references and cultural attitudes/values, which may include language development, knowledge about the culture/country of sojourn and perceptions of the culture. To further address differences in cultural values/beliefs, Sherry et al. (2010) highlights the need for intensive orientation into new cultures. Winkelman (1994) suggests that developing knowledge of CS and cultural values may also increase awareness and preparedness. Alongside this, similar information regarding acculturation and host country could be provided via websites (Brown & Holloway, 2008). Additionally, P4 explained how experiences of harassment made them feel like an intruder in the host community:

P4 I don't think I quite prepared myself for the harassment side of things and how it felt like we were intruding in their village and some of the locals really didn't like that, some of them were really lovely and they really appreciated us being there. I don't think I'd prepared myself mentally for that

Harassment on placement made P4 feel as though they were unwelcome in the host community. Murphy et al. (2002) suggested that sometimes sojourners are not psychologically or emotionally prepared for being a minority in the host community. P6 experienced similar encounters with host community members:

P6 towards the end I started to really struggle with being the only white people in a really rural village cause we'd get pointed at and shouted at a lot and it was fine at the start and you'd play with all the kids and it'd be really cute and it was really enjoyable but towards the end it got a bit draining and I really struggled with the grown men pointing you out basically, I did struggle with that quite a lot but I don't think at the time I realised I was just like oh god just get me out of here now but now I look back I'm like that's why, it was because of that

At the beginning of placement, P6 enjoyed spending time in the host community, but this changed over time. Some encounters became uncomfortable for P6, particularly towards the end of placement. This highlights that even seemingly harmless or non-threatening behaviours (e.g. attention from children) can be challenging for IVs and contribute to stress/upset. The extent of other behaviours demonstrated by 'grown adults' on placement is unclear, and more detail is needed of these encounters. As suggested by Poyrazli & Lopez (2007), host national students may be unaware of the discriminatory nature of their actions towards international students (ISs). Thus, recommends educating host students and campus faculties of their potential discriminatory behaviours towards ISs. However, applying this to IVs would be difficult as the volunteering organisation (VO) cannot control host national's behaviour. Alternatively, host counterparts could be trained regarding such behaviours, which could lend support to IVs facing these situations. The differences across sojourner samples, research consistently describes the academic pressures associated with international study. Ward et al. (2001) recognises the differences in academic environments across cultures, including communication within higher education institutions/universities and the way in which teaching/learning is carried out. They suggest that ISs need to engage with 'culture learning' to help navigate the new academic environment, this may include gaining

understanding of cultural differences in expectations from lecturers/teachers, communication/interaction in the classroom and perceptions of intelligence. Perhaps this method of culture learning can also be incorporated in the following regarding IVs. Unlike ISs, IVs do not experience academic pressures, and the current research has highlighted some of the challenges that are specific to IVs. As discussed, after the initial experience of culture shock, the current research found two key types of experiences to cause distress to IVs; (1) perceived discrimination/harassment (being followed, shouted/pointed at) and (2) culturally different experiences, behaviours, or values (punishment in families/schools, extreme differences in medical care). Despite not experiencing academic pressures, the findings of the current research identify how experiences in the above two groups were among the main sources of stress beyond initial culture shock experiences of the IVs. Thus, equipping IVs with coping strategies for discrimination and being a minority in the host country may help to counter negative impacts.

P2 suggested that provision of information regarding distressing experiences on placement may help IVs emotionally prepare:

P2 They touched on things like slaughtering animals and, another key thing would be capital punishment or punishments in schools that still does go on in some countries that we were going to like Zimbabwe, so they did touch on issues that you might not have even thought about so again that helps you to prepare maybe emotionally for them

In this example, the VO discussed specific examples of situations IVs may encounter. Extent of this discussion is unclear, but P2 does suggest that awareness and preparation may help IVs to emotionally prepare for such changes in culture (Arthur, 2003; Locke & Feinsod, 1982). Comparatively, as previously discussed, P1 was unprepared for differences in medical care in Sri Lanka compared to the UK. Perhaps the expectation gap and their unawareness contributed to P1s stress and upset relating to these experiences. P1 highlighted the necessity of informing IVs not only prior to placement, but prior to applying for such placements:

P1 I think before going on the placement or before even applying to go on an elective placement they should discuss with people that the cultures are gonna be very different and discuss the things that they've seen as lecturers when they went on their elective placement instead of waiting till we came home, because I think people should be prepared

P1 stressed the importance of informing IVs of cultural differences through discussion with individuals with prior sojourn experience. P1s lecturers previously completed similar placements and could have shared knowledge with the cohort, to ensure accurate expectations of placement and preparedness. Discussion with experienced individuals would be one way to prepare future IVs with placement specific information and knowledge. Gaining knowledge need not be through members of the VO (i.e. lecturers), but through other ex-sojourners:

P8 The most helpful conversation I had with anyone before I left was actually with a family member who had been to the country...and been like this could happen, this might happen, yeah she didn't do my actual project but she went to the place so she knew about the people and the etiquette, so actually it didn't even come from the project it came from elsewhere the help that I got

Discussion with a family member who had first-hand experience of volunteering in Uganda provided P8 with specific host country knowledge. This conversation was beneficial for P8 in gaining a true and realistic understanding of the culture. Any knowledge that IVs gain prior to placement, whether relating to intense experiences or more subtle cultural differences can increase preparedness, and adaptation (Rozaimie et al., 2017). Although discussion with ex-sojourners may be beneficial, not all IVs have access to such support pre-sojourn. In both cases, P1 and P8 received inadequate information from their VO. Perhaps VOs should consider pre-training methods including education of CS and coping with it (Locke & Feinsod, 1982; Rozaimie et al., 2017), preparation for adjustment (Lewthwaite, 1996), cross-cultural training (Littrell et al., 2006) and acculturative stress prevention programs (Yu et al., 2014) which may prove useful in adaptation and thus protective of mental health.

3.1.3 Equipping International Volunteers

All participants, reported homesickness which is often accompanied with feelings of loneliness (Patron, 2014; Rajapaksa & Dundes, 2002; Saravanan et al., 2019; Stroebe et al., 2002):

P1 I found the first week or so the most difficult, mainly adapting to the new culture, missing family, feeling quite alone at points even though there was six of which did really help that there was six of us in exactly the same position but I did feel quite alone because I wasn't able to contact anyone from back home so that really effected my mental well-being especially in the first week

P8 I think it was mostly being away from home and you'd miss out on the norms of... family life it's just really different and you're with a whole new family and because you're with a family they do take you under their wing, most people were very accommodating but still they're not your people they're not your very best friend or your mum or dad, I think it's just hard in that sense

As well as informing IVs of potential encounters and experiences, discussions prior to placement regarding emotional and psychological well-being may help to prepare IVs for and normalise such experiences on placement (homesickness, isolation):

P6 ...just to say that it's OK that you probably are gonna struggle...to have told us that it is quite common to feel homesick or miss the home comforts and also to question if what you're doing actually helps sometimes I think a bit more preparation to be like it is OK to feel like that and if you do, this is what you can do or who you can talk to maybe

P7 There could've been a frank discussion, you're gonna be completely isolated at times from your family you won't have phone signal and in poor conditions so, the strongest of people would struggle with that mentally...could've been more emphasis on we're here for you and checking in with the team leaders

Both participants wanted an accurate portrayal of negative emotions they may face on placement, such as homesickness, isolation, upset, stress. Having this understanding could have provided reassurance that this is a normal response to transition abroad and reinforce that even the 'strongest' people may struggle. Also, the VO could have considered strategies to mediate such symptoms. For example, those travelling abroad with low host language proficiency will experience a language barrier (LB), which can contribute to adaptation

difficulties and acculturative stress (Constantine et al., 2004; Lam, 2017; Sherry et al., 2010; Smith & Khawaja, 2011; Wu et al., 2015):

P5 I've said about the LB quite a lot but it is quite tricky when you're there because there's no way that you can overcome it unless you're good at learning the language fast, so that's a bit of a struggle

For P5, the LB caused difficulties in communicating with host nationals. Mizuno (2012) found the most anxiety experienced in their sample of Japanese ISs was due to lack of confidence in their language ability. Notably, this was regardless of the amount of language development or learning they did prior to sojourn. P5 may have found the LB difficult as they lacked confidence in their language ability/skills. Therefore, development of confidence as well as language skill may be most beneficial in minimising the LB (Yu & Wright, 2016). Due to the LB, P4 was unable to integrate and form relationships with host nationals/local Tanzanians (Yu & Wright, 2016). Consequently, this may contribute to upset, sense of loss, and loneliness (Gatwiri, 2015; Pot et al., 2020; Sawir et al., 2008; Sherry et al., 2010; Trice, 2007):

P4 ...it does at times get really lonely out there. It was only about 8 or 10 of us from the UK and the same with the Tanzanians so there wasn't that many of us and cause we don't speak Tanzanian, we don't speak Swahili it was really quite difficult to communicate between people sometimes. We did learn quite a bit which was amazing but it was very tough at times

The LB on placement meant that P4 was restricted to few people with whom they could communicate/socialise with. Without a LB there could have been more opportunity for P4 to socialise with people outside the organisation and develop an additional support network. This may have helped to alleviate loneliness (Rajapaksa & Dundes, 2002). Additionally, P6 was not confident being in the host community alone, without team members:

P6 I was a bit anxious...and a couple of times I didn't like being on my own I always made sure I was with one of the other volunteers but I did end up on my own a couple of times and I didn't particularly like it but I think that was just the LB because then you're sort of isolated it's a bit harder

Being unable to communicate in the local language, particularly when alone in the community resulted in P6 feeling anxious and isolated (Brown & Holloway, 2008; Hannigan, 2007). A LB can cause difficulties for IVs, but support strategies and development of language skills prior to and during placement may address the LB, thus minimising related symptoms. For example, language workshops or language programs to encourage communication between host and international individuals (Milian et al., 2015). Such strategies may help IVs navigate through the socio-cultural adaptation process and minimise symptoms of acculturative stress/CS.

Furthermore, mental readiness of IVs may aid the acculturation process. Locke & Feinsod (1982), suggest that the sojourners ability to adapt and cope with stress in the new environment should be considered pre-sojourn. Previous research considers individual factors and coping mechanisms that may influence the acculturation experience of sojourners (Lin et al., 2012; Mesidor & Sly, 2016; Presbitero, 2016; Sabouripour & Roslan, 2015; Vergara et al., 2010; Wang, 2009; Yakunina et al., 2013). These may include resilience, mental toughness and cultural or emotional intelligence (CQ and EI). Higher levels of resilience, mental toughness, CQ and EI pre-sojourn have been associated with lower levels of CS and can aid adaptation. Where research recommends a focus on both psychological and physical (general health, vaccinations, malaria) preparation of sojourners (Locke & Feinsod, 1982), P6 suggests that their VO focussed on the latter:

P6 we covered what the dangers are of being in another culture practically like malaria and pickpocketing and maybe political unrest but I think there could have been a bit more about the resilience you need as a person, how to help each other out with it, I don't think that was covered really

P6 was not informed of the resilience that is required of IVs. Higher levels of resilience amongst sojourners can mediate acculturative stress (Mesidor & Sly, 2016) and can help IVs adapt to the host culture (Sabouripour & Roslan, 2015). Prior to sojourn, Wang (2009)

suggests resilience can be increased through self-preparation, including increasing language proficiency, and gaining knowledge of acculturation. It would be appropriate therefore, for VO's to consider such factors in pre-departure programmes. Additionally, P5 suggested that without confidence, IVs may struggle to cope in the new cultural environment:

P5 It would depend on the kind of person they were, if I thought they would really struggle in that new environment, if they didn't have a bit of confidence already then I wouldn't recommend it because I think when you go into that kind of thing it can either make you or it can make you a bit more fragile

P5 previously recalled their feelings of unpreparedness for sojourn, resulting in a lack of confidence and struggles on placement. In the above extract, they suggest that without confidence, IVs may be more vulnerable and likely to struggle. Hechanova-Alampay et al (2002) found less stress and better adaptation was found in ISs with higher confidence or self-efficacy in their abilities in the host country. Perhaps through developing CQ, P5 would have been prepared for the change in cultural environment, and psychological or cross-cultural adaptation would have improved (Lin et al., 2012; Presbitero, 2016). Consequently, developing CQ may have increased confidence in their ability to cope with situations, adapt in the new environment and interact with host individuals (Earley et al., 2006; Earley & Mosakowski, 2004; Kurpis & Hunter, 2017; Shaffer & Miller, 2008; Thomas, 2008; Van Dyne et al., 2010). The use of cultural awareness/CQ and adaptation workshops prior to placement could address this. P1 considered the mental health history and stability of IVs pre-sojourn:

P1 I think they [Lecturers] should also discuss with anyone who currently has mental health problems to be more aware that it could affect them even more

This highlights the vulnerabilities of IVs with existing mental health and well-being issues.

P1 expressed the need to inform IVs, pre-sojourn, of potential risks to their mental health.

Increased awareness gives opportunity for the VO to implement measures both prior to (CQ, resilience) and during placement to mediate further risks to IVs mental health.

Where pre-sojourn preparation is key, participants highlighted the need for continued support during placement. Even those who felt suitably prepared by their VO considered the difficulties in fully preparing sojourners:

P2 I don't think that they could prepare you for every single situation that you are going to face so I feel like the baseline preparation that they did was good on a level that it prepared you for so much and then I think that's where the teams come into place cause you do have your nationals with you so if you're not prepared for something or something comes up it is their country too they may have already had experience with that so that you do have that support around you

3.2 Theme 2 - Support During Placement

3.2.1 Introduction

As stressed by Mesidor & Sly (2016, p. 276), 'No single factor determines healthy or unhealthy/maladaptive adjustment'. There are several factors which have the potential to influence adjustment and mental health of international volunteers (IVs). Having discussed strategies to prepare, train and develop IVs prior to placement (knowledge, CQ, resilience), it is vital to explore the role of support during placement, which is the dominant theme in the data. The following theme reflects the types and importance of support required by IVs, specifically during placement. Sub themes include *Support from the Volunteering Organisation (VO)* and *Social Support Network*.

3.2.2 Support from the Volunteering Organisation

Cho & Yu (2015) and Linkes et al. (2018) emphasise the benefits of support from institutions for adjustment and mental health of international students (ISs). It was expected that the current data would reveal comparable support strategies for those completing sojourn during young adulthood. However, participants consistently described a perceived lack of support from the VO:

P1 In terms of support from uni whilst being in Sri Lanka there wasn't much support, they wasn't able to give support whilst we was over there

P7 I like to think that there was but I can't remember any, no and the fact that I can't remember any is a bad sign isn't it, yeah I wasn't aware of any

This perceived lack of support was consistent across participants and is concerning considering the vulnerabilities to mental health problems within the young adult population (Staples et al., 2019). Research suggests that sojourners are more vulnerable as they are exposed to further challenges such as acculturative stress (Khosravi et al., 2018). An example of one of these challenges can be seen in the following account:

P4 One time I was walking back to my host home and I was on my own and a guy approached me on a bike asking what my problem was and I basically made out that I didn't understand what he was saying because obviously I didn't want the conflict and I was really close to my home so I was just walking a bit faster and he's cycling along saying it in my face "what's your problem, why are you troubling us?" and I was just saying "Look I don't know what you mean, I don't have a problem" and luckily I was close to home so I managed to get to the house but he was blocking my entrance so he wouldn't let me through and that was really scary

Following this harassment, P4 struggled to cope and was fearful on placement. They isolated in their room and turned to family at home for support. Arguably, the negative impacts of the incident were heightened as P4 did not have access to support from the VO:

P4 I think lack of support again I think constantly being on edge constantly being fearful even on the days when you do think you're alright. Being scared, a lot of men on bikes around there just watching you all the time I think that in your mind being fearful I think that was probably the most challenging

Feeling unwelcome, unsafe, and isolated are likely linked with acculturative stress.

Acculturative stressors include discrimination/prejudice, which can be seen in P4s experience of harassment. To reduce acculturative stress and the likelihood of developing mental health related issues, Smith & Khawaja (2011) recommend that institutions implement coping strategies that specifically target acculturative stressors. For P4, this would require the VO to respond to and address their reports of harassment. Although this example is a particularly intense/distressing experience, acculturative stressors need not be so apparent. Less

aggressive experiences such as difficulty forming a support network, or a LB can also present as acculturative stressors. The VO could implement support such as Murrays (2017) International Peer Mentoring Programme (IPMP), support programmes/groups (Carr et al., 2003; Dipeolu et al., 2007) or counselling services (Linkes et al., 2018; Mesidor & Sly, 2016), which could help IVs cope with distressing situations or challenges and minimise stress or mental health related issues. P8 further highlights the importance of VO support in helping process experiences on placement:

P8 One time I was on a Boda Boda (motorcycle taxi) and me and a team mate knocked someone over and I fully remember it so well and it's just too much. So quite extremes really, you have really good days where I feel like this is really happening things are really starting to come together and then you'd have days where you're literally knocking someone over on a bike. But that's what I mean about the processing time, probably just never got that and it was like OK moving on now, that happened no one's checking up on you really, going "Are you OK today" but also technically we're all adults so I guess you had to be left to your own devices at some point

Like P4, P8 describes a distressing incident. However, P8 depicts how experiences and emotions drastically changed on placement, going from extreme highs to lows. This creates an unstable, unpredictable, and fast changing environment, where P8 struggled to process their experiences and combined with a lack of follow-up from the VO, increased difficulties for P8. The VO could address this by facilitating support that specifically deals with processing and reflection. For example, debriefing programmes which can aid discussion and reflection to help individuals come to terms with their experiences (Jones, 2010; Tiessen & Kumar, 2013). Such support may reduce mental symptoms such as stress, worry or anxiety. In addition to impacts on the mental health of IVs during placement, P4 described a long-term effect of their experience, suggesting that lacking support from the VO contributed to difficulties and anxieties they experienced upon re-entry:

P4 Is this where I can swear...because there wasn't much support, and I think I struggled quite a lot of times so to say how it's affected me now I think I'm more aware of things but I remember coming back to the UK and even just getting on the train I was a bit fearful so I don't think there was much support at all

Encountering challenges and being inadequately supported by the VO impacted upon P4, causing anxiety both during and post-placement. Debriefing or counselling may have helped to reduce P4s anxieties upon their return home. It may help IVs mental health to ensure these support strategies and programmes are consistent throughout placement. Lack of support and care from the VO resulted in extra pressure on team leaders (TLs) who carried responsibility for the emotional needs of IVs:

P3 Whenever it actually came to confronting or coming to resolve any of these issues was very difficult cause management didn't care about our placement they just cared about making sure that the company could still employ them so I think that the time that we went out was just very transitional and very difficult and we weren't supported and we weren't heard and we weren't worked with we were just left to our own devices and our team leader was given far too much responsibility and no care and support whatsoever so we actually ended up taking him in at times and making sure that he was OK because we could see the stress that he was under due to complete lack of leadership or responsibility or care

Other than the provision of an emergency contact number, participants identify TLs as the only other support implemented by the VO. The use of TLs by the VO is similar to previously discussed peer programmes, where international students (ISs) are paired with a domestic student for support, guidance and to aid acculturation. However, it is unclear what relevant training TLs had or if they are specifically trained to support and coordinate mental health related programs and coping strategies for IVs. Across the data, roles of TLs include communicating, conducting check-ins, and addressing problems with IVs. However, like the participants in this study, TLs are also volunteers, and not employed staff of the VO. From P3's account, it is evident that TLs experienced stress caused by lack of support from the VO and experience similar challenges to the IVs, whilst also being required to provide support to IVs. Alongside highlighting the need for support for IVs and TLs, this demonstrates that the recruitment of TLs alone to support the needs of IVs is inadequate. Considering the existing research, and emphasis on such support for those experiencing a similar period of mobility, it is worrying that this sample reported no additional strategies.

It is evident that as fellow volunteers, TLs can offer peer level support to IVs. However, TLs can provide only limited support, and some matters require further action from the VO.

During their interview, P3 described an unstable and unpredictable environment in which staff from the organisation did not hold specific roles, making it unclear to IVs who could provide support:

P3 There wasn't really any set person you could speak to at any point anyway, that was quite difficult

For P3, there was a lack of care and responsibility from the VO, meaning they had no access to a named support figure, which highlights the need for an individual from the VO who is responsible for IVs well-being and can be contacted directly. Increasing IVs awareness of who to seek support from may increase their levels of perceived support from the VO, which has been associated with lower levels of acculturative stress (Bai, 2016). Eisenberger et al. (2016) suggests that if individuals see their employer as willingly providing support such as care and benefits for the employee, levels of perceived support are likely to improve and contribute to psychological well-being and happiness. Applying this to the current sample, consideration of perceived as well as actual support may benefit IVs. In relation to their experience of harassment, P4 highlights this point:

P4 It would have been helpful, rather than to have to go through the leader to then the leader have to go through the UK to actually have somebody for me to have a point of call straight away rather than having to go through so many communications to get to what I wanted out of it. It'd have been good to have somebody there that I could've contacted myself

This depicts a long chain of communication, requiring P4 to communicate through several individuals without a guaranteed response or intervention, rather than having a direct port of call. P6 suggests that provision of a direct contact number for IVs to use freely would provide access to a support figure or staff member from the VO, rather than fellow IVs or TLs who are peer level support:

P6 Maybe just having someone approachable that we could contact like just a WhatsApp number. It didn't need to be a specific person but maybe someone back in the London office that had experience themselves as volunteers, they knew what you were going through so maybe one of them would be able to take texts and offer support

P6 indicates that someone with sojourn experience may be able to empathise and understand experiences and challenges that IVs face. Past volunteers, unlike family and friends, may be able to relate to emotions and experiences of IVs (Palmer, 2002). Involving ex-sojourners in supporting current IVs may encourage IVs to seek support and increase usefulness of support as they can understand and advise accordingly. This is also beneficial as it offers quick and accessible contact to a support figure. However, such services can be unreliable and unhelpful, thus VO reliance on this alone may be inadequate support for IVs:

P1 No-one, not one member from the university, not one midwifery lecturer or anyone who actually set up the trip came with us. We had one of our lecturers contact details but just one lecturer and she would message us on WhatsApp every day to ask how we was doing but the Wi-Fi wasn't that great so a lot of the time we couldn't respond to her and she couldn't really do much anyway because she wasn't there

P1 described being without sufficient support figures on placement, but contradictory to P6's suggestion of a contact number for support, suggests that this strategy alone is insufficient. P1 highlighted practicality issues (Wi-Fi), but also that the amount of support their lecturer could provide was limited as they were not present in the host country. Even though P1's lecturers had previously completed similar placements, it seems this shared experience was of little value as they were unable to provide support in person. Research, suggests that face to face support (i.e. counselling) is more beneficial for recipients compared to online support (Bird et al., 2019; Bird et al., 2020; Kupczynski et al., 2017). Such support may increase empathy and understanding between counsellor and patient. Comparatively, Hanley et al. (2017) suggests that young adults are more at ease accessing online counselling support services, particularly to address more personal and sensitive issues which may be difficult for them to communicate in person. A combination of support figures, contactable either in person or via

phone, would somewhat address the discrepancy amongst IVs preferences, increasing accessibility of support figures. Furthermore, individuals experiencing mental health issues on placement may have benefited from a reliable support figure from the VO:

P5 a couple people in my cycle experienced depression when they were there and I think if they'd had some extra support by other people maybe they would've felt a lot better here and some of them went home so maybe if they had someone secure and steady to talk to then they might have actually stayed

P5 suggests that IVs require direct access to a support figure, ensuring that they feel supported. This strategy may help IVs cope with periods of poor mental health and well-being. A lack of support figures may contribute to the worsening of mental health disorders, to the point where IVs were unable to continue their placement.

Research highlights a lack of help-seeking behaviours in young adults (Becker et al., 2018; Johnson et al., 2018). P6 demonstrates this reluctance in help seeking, suggesting that during their placement, they did not seek help as they considered their problem to be minor, which is a barrier to help seeking. P6 worried about how the VO may view their problem, thus deterring them from seeking support. Russell et al. (2008) highlights some barriers to help seeking amongst young adults, and the role of institutions in addressing and minimising such barriers. They found that ISs did not access counselling services as they did not feel their problem was big enough:

P6 I think if it had been really bad you could've called them up and they would have been really supportive but you know when it's just something that's a little thing you don't wanna cause a fuss

This is further evidenced by P8, who suggests that the measures in place may be beneficial for those who are confident to seek support (i.e. demonstrate help-seeking behaviours), but did not account for individuals who may struggle to seek help:

P8 Looking back getting in contact with someone they'd be like "Oh yeah there was loads of times you could have contacted us or loads of times you could have text if you needed us", yeah but for people who don't reach out for that help how are they getting support?

Due to the location of IVs (e.g. living in remote villages, not frequenting a specific place like a university campus), availability of support would have to be communicated directly to individuals. Posters would not be suitable or beneficial. However, there is no evidence of any support, let alone advertisements such as pamphlets or manuals detailing support, available in the current sample. Research highlights the importance of increasing awareness and encouraging the use of support services for sojourners such as health/psychological services and counselling (Brown & Holloway, 2008; Milian et al., 2015). Informing sojourners of support may reduce reluctance in help-seeking. In their research, Dipeolu et al. (2007) concluded that surveys emailed directly to ISs increased referrals to student services. A similar strategy, using surveys or support given or sent directly to IVs to remind them that help is available, should they need it, could be incorporated. Such direct strategies may make IVs feel at ease accessing support, perhaps mitigating some barriers to help seeking. Lacking knowledge of mental health services is not the only barrier to help-seeking and it is important that additional barriers/factors should be considered. Such factors may include distress during attempts to communicate one's feelings/struggles (Greenwald, 2017), mental health literacy (Gorczynski et al., 2017), normalisation of symptoms (Winter et al., 2017) and stigma surrounding seeking mental health support (Clough et al., 2019).

3.2.3 Social Support Network

Social support and relationships were found to mediate impacts of acculturative stress (Smith & Khawaja, 2011; Sümer et al., 2008). Participants described their reliance on and benefits of peer support. Specifically, support from fellow IVs from the UK, which is the most recurrent across participants. Young adults lacking social support are vulnerable to social isolation (Child & Lawton, 2019) and consequent loneliness (de Jong Gierveld et al., 2006; Lee & Goldstein, 2016). This can be exacerbated by living in a new culture (Hamboyan & Bryan, 1995; Sawir et al., 2008), making the role of social support more important:

P1 The best way that we coped was the fact that there was six of us so every day we could debrief together because we would discuss what we'd seen and help each other through it. If I'd have gone on my own I think my mental health would have been a lot different I'd have felt a lot more isolated because although the family were just amazing...they don't understand what happens in the UK so they couldn't relate to how I was feeling...the best way that we coped was the fact that there was six of us together seeing exactly the same things every day and just talking about it to each other

P3 There were times where if I hadn't been with the people I had been with I definitely would have felt quite isolated and a lot more anxious

Fellow IVs helped P1s mental well-being, reducing loneliness. This supports previous research demonstrating the value of peer relationships for coping with acculturative stress and mental well-being issues that international students (ISs) face (Thomas & Sumathi, 2016; Yeh & Inose, 2003). Social support is a moderating factor for this stress in ISs (Jackson et al., 2019; Misra et al., 2003; Thomas & Sumathi, 2016; Zhang & Goodson, 2011) and can improve psychological adjustment (Bender et al., 2019; Zhang & Goodson, 2011) and reduce depressive symptoms (Jackson et al., 2019). P1 describes a debriefing process occurring naturally between IVs, helping them cope with challenges, concerns, and difficulties. This emphasises the importance of reflection for IVs, through social support as well as support from the volunteering organisation (VO). The role of social support can be applied to those volunteering internationally, who will likely share a similar cultural experience as well as the acculturative stress. P3 also described support from their peers throughout placement and outlined difficulties they may have faced without them. Social support is a moderating factor for acculturative stress and associated symptoms, helping IVs through placement. Further accounts demonstrate how a lack of support can result in several challenges. When P2 experienced a breakdown of relationships with their peers, this contributed to negative emotions:

P2 When the relationship broke down with the boys I was like OK I'm on my own now and that was when it was a bit upsetting cause it was like well what am I meant to do

The absence of social support, caused upset and loneliness for P2, which are risk factors for mental health ill-health (Rajapaksa & Dundes, 2002). This supports P1 and P3s prior statements regarding the importance of peer social support in protecting mental well-being (Batchelor et al., 2019; McBeath et al., 2018). Despite the dominance of data concerning support from fellow IVs, P3 considered difficulties in forming relationships with host volunteers (i.e. counterparts):

P3 Any time we would all meet up together we would segregate straight into the UK ones and the Ugandan ones and we would all socialise separately. That was the only time I noticed there was such a huge cultural divide, people were choosing to spend time with the culture they knew and understood better, which felt a wee bit defeatist at times but then it was also a bit of a break just because the culture was so different...I think there was a bit of a divide at a point which never really fully resolved itself that was quite intense and you could get the cultural thing was just a bit uncomfortable

P3 suggested that due to the cultural divide between IVs and host volunteers, socialisation tended to occur between individuals from the same culture (Waters & Brooks, 2011). IVs in this example struggled to fully embrace the host culture and form relationships with host volunteers, perhaps due to fear of rejection or differing cultural values (Robinson, 2020). This might explain the reliance of peer support between fellow IVs, rather than host volunteers. Bochner's functional model of friendship networks illustrates this (Bochner et al., 1977, as cited in Ward et al., 2001). They suggest that ISs are most likely to make friends with those from the same culture, and least likely to make friends with host nationals. This is because ISs are reliant on social support, but cultural distance causes difficulties in meaningful communication and thus causes challenges in forming relationships with host nationals. Further to this, it is highlighted that ISs often seek information from host nationals (language, cultural knowledge, academic challenges) but emotional support (companionship, friendship) from fellow ISs. These findings are reflected in the current research. Future research should consider how IVs ages, levels of self-confidence and self-efficacy impact formation of

relationships with host members. P7 also had trouble forming a bond with their counterpart, due to cultural differences (i.e. mannerisms/interactions):

P7 I had trouble, really connecting with my national counterpart volunteer and I think just cultural differences that I hadn't experienced before but things coming across as rude if it was in the UK but perfectly acceptable in Uganda so initially it was quite difficult for me but this was one of the times that I did speak to one of the team leaders and another team leader spoke to her as well and since those chats we were really close and we had a good friendship after that

This issue was resolved by team leaders (TLs). More detail of the number of, roles and organisation of TLs is required. Only P4 stated the exact number of TLs available to them, one national and one international TL responsible for twenty volunteers. P1 had no TLs, but unlike other participants, completed their placement with their university rather than charity. Thus, findings may be more reflective of those completing sojourn with charities. Future research comparing volunteering organisations (e.g. universities, charities) and support they provide to IVs would be insightful.

In communicating with P7 and their counterpart, TLs addressed and helped manage the conflict. TLs response to the situation meant that P7 and their counterpart formed a strong relationship, which can mediate acculturative stress (Poyrazli et al., 2004). Assigning TLs to facilitate relationships amongst IVs may help to manage conflict and encourage socialisation across volunteers. This leads to consideration of further strategies that can be implemented to aid socialisation between IVs and host volunteers, for example peer mentoring, support groups, social gatherings/events organised by the VO (Brown & Holloway, 2008; Iorga et al., 2020; Poyrazli & Lopez, 2007). Despite difficulties in communicating and developing relationships with host volunteers, P3 recognised the benefits of support from their counterpart:

P3 I was very lucky that my counterpart was a very intelligent, progressive Ugandan man who really went out of his way to make sure that we all felt comfortable and he'd teach us as much as he could without being patronising or disrespectful to our culture. Having him was really nice and it was a really good introduction to African

culture and he was super good in helping us understand the way things are, why things are done a certain way, that was all very interesting and very inspiring

P3 developed mutual respect and understanding with their counterpart. The host volunteer involved/helped P3 learn about the host culture in a comfortable and safe environment. This support, specifically knowledge of the host culture, potentially helped P3's psychological adaptation (Kashima & Loh, 2006). As seen in research by Ward et al. (2001) concerning ISs, the current findings demonstrate that interaction with host nationals/counterparts was limited compared to interactions with fellow IVs. Like ISs, IVs in the current research often rely on host nationals for informational support, and fellow IVs for emotional support. Ward suggests stereotypes impact intercultural contact between international and domestic students, and often ISs may perceive discrimination from domestic students. However, there is no evidence of discrimination from counterparts in the current accounts (only differing cultural beliefs/values/opinions). Instead, perceived experiences of harassment/discrimination came from members of the host community. This demonstrates a potential difference between the experiences of ISs and IVs. Perhaps IVs in my sample did not perceive discrimination from counterparts because they chose to take part in the volunteering programme, and thus were predisposed to learn from and embrace the experience with IVs. Domestic students on the other hand may either be malicious, or unaware of their discriminatory actions towards ISs. As earlier suggested by P3, their counterpart helped, taught and welcomed them into their country and culture. They did experience challenges relating to differences in cultural values/beliefs/opinions, but accounts did not include any perceived discrimination from counterparts, this was the case across all participants.

Host individuals can contribute to sojourners integration and support their transition abroad, thus helping them cope with cultural differences or challenges. Host community members can also positively influence IVs:

P4 I remember giving her [child in host village] this little teddy and her face just lit up and I think again it is to do with the people over there and the affects you can have on the children especially I think that's what made it for me I think that really helped me to get through

P4 spoke fondly of this interaction, suggesting that encounters with host individuals are key positives of sojourn. Alongside feeling they had contributed to the happiness of the child, P4 infers that these interactions helped them through placement. Positive experiences with host individuals motivated them through difficult periods, reminding them of their initial volunteering motivations (i.e. making an impact on individuals in the community). This highlights the importance of social interaction for IVs. Additionally, P3 describes a relationship they formed with one of their teaching groups:

P3 A positive experience was getting close to school groups and we were very close with our out of school group and we gained a really close relationship with them to the point where they considered us part of their family which was so lovely

Engagement with host community members encouraged development of relationships, creating a sense of belonging within the community for P3. This demonstrates that socialisation across cultures, in this case with host community members, can be beneficial for IVs. Therefore, strategies to facilitate/encourage integration with community members as well as host volunteers may benefit IVs mental well-being. P1 described the positive influence of their relationship with their host family on their mental well-being:

P1 what stood out for me was how lovely the family were and how they were so family-orientated with us, the uncle of the family we would call them uncle and like mum and dad and they would always say to us "you're part of our family, you're our children" and that really helped to have that figure with us

With an engaged host family, sojourners feel support, happiness, inclusion, and sense of belonging (Benson, 2017). This highlights potential benefits of host relationships or support on mental well-being. In contrast, after experiencing a breakdown in relationships with their teammates, P2 described how a lack of communication and support from their host family contributed to feelings of upset and isolation. The host family seemed less involved in

communication and involvement with P2 compared to other host families. Consequently, P2 was relocated to a different host family:

P2 I actually ended up moving host homes for the last two weeks of placement and it was such a difference and I moved in with this family this mum, dad, there was the two little girls that lived in the house and two that were boarding down the road and then there was a little one year old and I love kids so I think that really helped to just walk around with him being able to look after him and talking to the girls cause they spoke more than my actual counterpart spoke to me the whole time I was there and the wee girl she was just lovely when we went to church they would translate the whole thing for me, it was really cute and it was such a difference, I was so much happier in those last two weeks than I was in the previous ten just because of being able to talk

The new family gave P2 the opportunity to connect and socialise. Unlike their previous host family, P2s new host family were more sociable and welcoming thus engendering a sense of inclusion and belonging. This greatly influenced P2s mood on placement. Although P2 was able to communicate with their host family, some sojourners may experience a language barrier (LB) causing communication difficulties between IVs and host individuals.

Consequently, this may impact on levels of support. Notably, reliance on the host family became an issue for P2 when relationships broke down with their international peers. They could not access support from the host family resulting in them feeling isolated. A combination of support from the host family and host counterparts would be most beneficial for IVs mental health. It is also important for IVs to receive support from family or friends at home:

P5 I think calling home just helps so you've got someone on your side at all times, someone still looking out for you, even when they're not here with you

P5 was comforted by support from their family at home, without which they may suffer feelings of isolation (Palmer, 2002). This contact made P5 feel cared for and supported by significant individuals in their life, even though they were not present on placement. P8 agreed on the importance of support from home, but suggests a reliance on this may prove counterproductive:

P8 Keep in contact with back home as much as possible but don't focus too much on it, do completely immerse yourself in what you're doing I think that's really important because that's how you're gonna form connections

P8 suggests constant communication with home may hinder IVs engagement on placement and could prevent formation of relationships with others. As suggested by (Iorga et al., 2020), host national support may be more beneficial than support from home in helping sojourners cope with acculturative stress. Communicating and connecting with individuals in the host country provides direct support. This could aid formation of relationships/support networks which could lessen feelings of marginalisation amongst IVs. A combination of types of social support (i.e. international peers, host peers, family/friends from home) may be more beneficial for psychological adjustment than just one type of support (Bender et al., 2019).

3.3 Theme 3 - Re-entry Experiences

3.3.1 Introduction

Participants experienced reverse culture shock (RCS), despite prior suggestions that shorter sojourns (less than six months) cause less severe RCS and readjustment challenges (Fanari et al., 2021). Existing literature utilises the terms RCS and re-entry shock to describe the period of readjustment and associated difficulties for returned sojourners. Both terms will be utilised in the current theme. The theme explores participants' re-entry experiences, potential moderating factors and support strategies, as well as positive impacts of volunteering. Sub themes include *Re-entry Challenges* and *Support, Reflection & Transformation*.

3.3.2 Re-entry Challenges

Often, re-entry leaves individuals comparing characteristics of their home and host culture (Christofi & Thompson, 2007). Comparisons may relate to differences in cultural environments, experiences, or people/relationships:

P1 I think it was a relief to come home cause I've always been used to here. I think it was a shock when we came back because it made our eyes open to how different things are over there and it made me very thankful for what I have over here...we was also sat there reflecting on what happened and sitting in our comfortable houses with our heating, with our NHS that provides really good care, all we could think about was what was going on over there and how it's not being changed

P3 The first couple weeks it was almost relearning your world, it sounds ridiculous but having a shower for the first time was a reborn experience, getting into a comfy bed and having your first meal and as much as they were so great and it was so lovely to have all those comforting feelings back you couldn't help but think wow yeah I just did that for three months but that's someone's entire life and that was only really an experiment for me

Initially both P1 and P3 were happy to be home. They experienced appreciation of home comforts which are common positive experiences for returned sojourners (Kartoshkina, 2015). Despite experiencing initial relief, both participants were conflicted by the differences between their home life and country of sojourn. In their sample of ISs, Fanari et al (2021) found that comparisons regarding 'wealth' of countries were made. Individuals felt uncomfortable with their home country's wealth compared to the host country. This is somewhat reflected in P1s account, who discusses medical care (NHS) as well as living conditions in the UK. They reflected on their experiences of health care in Sri Lanka, which caused upset, helplessness and guilt when comparing this to their life in the UK. P3s description of placement as an experimental period, suggests that they too reflected on, and experienced guilt when comparing their experiences on placement to life at home. Feelings of guilt also arose from reflection on perceived impact made in the host country:

P8 When I was thinking about the impact we actually had on the community we were working with, it made me quite sad to think that we probably had very little impact and then I was thinking about were they selfish reasons or not so did I want there to be impact because I wanted it to be me that had made the impact

All participants were altruistically motivated to volunteer internationally, specifically to help communities (Lough, 2009; Rehberg, 2005). P8 was disheartened/upset as they felt they had not made the impact they had hoped to. Being unable to make a positive impact made P8 feel their time abroad was wasted and that they were selfishly motivated. During interview P7

stated that at times, placement did not live up to expectations and time was wasted. However, they believed some of the teaching sessions to be impactful:

P7 ...I think sometimes it felt like we were flogging a dead horse it was a bit like we were just doing a session cause we had to fill in the paperwork but there were definitely some sessions that I felt we'd really made a difference and even if there were only a few of those, that's all the difference isn't it?

Where P8 felt they had made little impact, P7 described positivity from feeling they had made a difference to their students after some sessions. However, P7 and most other participants in the sample described periods of unproductivity, which questions the purpose of such placements if sojourners are not benefitting the host community. Being the first group of IVs to complete their project, P4 suggested that it did not live up to expectations, and much time abroad was wasted:

P4 I think because we were the first group to go out and do the project, it wasn't organised as well as it could have been so I think those expectations weren't what I'd expected...what we actually did within 3 months I was there probably could've done within three weeks, there's a lot of time wasted

P4's project was disorganised and there was little they could achieve whilst there. P8 further considered some of the practical difficulties and ethical considerations whilst carrying out teaching on placement:

P8 ...So to have just the two of you, one speaking the local language and one not, I felt there was very little that I could personally do, so I channelled whatever I was doing, made sure I was a smiley face just so that even if I wasn't speaking the local language I was just kind of there. I'd stand up in front of a whole class you'd sing a song or do a bit of a lesson and you'd be like oh OK the guy at the back looks so confused he clearly doesn't have a clue what I'm on about. Is that helpful for anyone apart from he's seeing a visitor in his classroom and the teacher gets a bit of a break, cause obviously we were doing a lot about sexual health I didn't feel like I was knowledgeable enough to be giving talks to potentially vulnerable people

Research considers the negative impact of IV on the host community (Guttentag, 2009; Lough et al., 2011; Sin, 2009, 2010). P8 felt that the language barrier (LB) made it difficult for students to understand/learn from them, causing confusion rather than a positive impact (Lough, 2009). They felt unqualified to be delivering sensitive topics (i.e. relating to sexual

health). As well as coping with other re-entry difficulties, IVs felt guilt due to perceived impact and effectiveness of their placement project. If IVs felt they had made an impact on placement, they would not have negatively reflected on the lack of impact made. Subsequent feelings of upset or guilt may have been less. The extent to which IVs were able to make a positive impact on the host community is unclear. However, considering participants accounts, unorganised and potentially unbeneficial projects are a recurring theme. The VO must be responsible for ensuring sojourn projects are sustainable and beneficial, not only for host communities, but for IVs too. Thus, in line with their initial motivations, IVs would be able to make a positive impact. This may also help to mitigate negative emotions and reflection upon re-entry. Future research into roles of the VO would provide more detail.

Further reflection included comparisons of daily life. In previous research, returned sojourners faced difficulties with the change in pace of life upon re-entry (Cusick, 2016; Fanari et al., 2021; Tomlin et al., 2014; Walling et al., 2006):

P5 When you are there we'd have teaching maybe three times a week and then the rest we were free to plan or explore so when I got back home it was very much straight away back into ten till ten work shift, I had to make time for other things. So it was a little bit of a shock cause you had to get used to those things straight away, really fast and when you get back, family and friends wanna see you straight away as well so there's just a lot of explaining what happened and things like that

P5s experienced a more rushed pace of life on re-entry compared to life in the host country (Lerstrom, 1995). On placement, P5s routine included a balance of voluntary work and free time. Once back in the UK, they described some shock in readjusting to working long shifts and having less personal time. Gray & Savicki (2015) found that readjustment to pace of life at home was one of the most difficult aspects of re-entry. Perhaps readjustment support would help IVs understand this process, providing coping mechanisms.

Further research considers challenges of reintegration with family and friends upon re-entry (Meadows, 2007; Sussman, 1986; Thomas, 2009). Challenges may include unexpected

personal changes in values, beliefs, or behaviours of the sojourner as well as family/friend's inability to relate to their sojourn experience. However, the current sample does not demonstrate this, instead participants described the difficulties of moving away from host counterparts or community members, with whom they had formed strong relationships:

P4 it took me a long time to adjust because you grow so close to such a close group of friends and even the TZ's (Tanzanian counterparts) you become a family and from seeing them every day to just oh my goodness it's quiet I'm on my own it was very overwhelming, very I think at times difficult as well cause you did miss it but as I say it took me a while to adjust back

P8 I still think about the people that I met there all the time and one particular little girl that I was living with I still think about her all the time, it's hard to cut ties with people who you do make connections with

Butcher (2002) compared re-entry to a grieving process, where sojourners may experience loss regarding the people, friendships, and relationships they formed during sojourn. Substantiating this, P4 experienced upset relating to the 'loss' of their Tanzanian friends and fellow IVs upon re-entry (Barrett et al., 2017; Fanari et al., 2021; Kartoshkina, 2015; Welsh, 2015). P8 too experienced grief/loss relating to a host family member they had grown close to on placement. Both had formed strong relationships and spent much time with these individuals. Re-entry was difficult as they had to adjust to life without these significant individuals. Returning home removed them from the environment and people they had become accustomed to and contributed to feelings of loneliness (Allison et al., 2012; Butcher, 2002; Gaw, 2000). In relation to ISSs, Ward et al. (2001) suggests that upon re-entry, relationships with family and friends are negatively impacted. This may be explained through the change of the ISSs cultural identity, which has evolved and adapted during sojourn and no longer matches their home identity (Sussman, 2000). Consequently, returnees may feel they no longer fit in with family and friends in their home country or may struggle to rebuild old relationships. Interestingly, the findings for the current sample of IVs did not highlight challenges relating to relationships with family/friends at home, but instead depicted

experiences of grief/loss relating to the relationships/bonds they had formed with host nationals during sojourn. This leads to consideration of why this sample of IVs experienced dissimilar experiences of loss compared other sojourner samples including ISs. Perhaps the intensity of living/working alongside counterparts/host families in rural communities contributed to the strengthening of emotional bonds/relationships and, is ultimately what caused IVs experiences of stress/grief upon re-entry.

Across the sample, only P2 depicted a smooth re-entry period:

P2 I don't think the transitions that big I never really noticed a massive difference, there was certain little cultural differences and you're in a different place but it's not a different planet, still a lot of things are the same you're still dealing with people, you're still having relationship. I was happy to get back to normal food to have a bed so the little things that you appreciate a lot more like heating but it wasn't massively different to have that impact, I think if we went to Antarctica maybe I'd have a bit like more impact but it wasn't really much different. I've been to Africa a few times before anyway and it was a change living there and going on holiday but it wasn't too different, I've moved to several countries previously so I think I adapt quite well

P2 had prior travel experience, specifically, to countries in Africa. Due to P2's previous experience of adapting/readapting, the re-entry process was familiar, and may explain their ability to adapt quickly and with minimal challenges after their placement. Kartoshkina (2015) and Demes & Geeraert (2015) consider that individual factors, including prior sojourn experience, may influence negative aspects of re-entry such as distress, grief/loss, marginalisation, loneliness, or isolation. Although P2's account may support the mediating role of prior sojourn experience in the re-entry process, some research does not support this concept (Penke, 2016). Tomlin et al (2014) found that even those with extensive experience travelling abroad may experience re-entry shock. Perhaps this is the case with P2 who noted significant differences between the cultures and were appreciative of home comforts upon re-entry. The research is inconclusive, and re-entry experiences of sojourners are subjective. However, it is recurrent across the research that every returning sojourner will experience re-entry shock and readjustment difficulties to some degree (Fanari et al., 2021; Penke, 2016;

Thomas, 2009), often regardless of individual factors such as duration, prior experience, cultural distance, length of sojourn. This highlights the necessity for accessible support during re-entry for all returned sojourners.

3.3.3 Support, Reflection and Transformation

Most participants perceived a lack of re-entry support, and for some debriefing was delayed for up to two months. Despite existing research highlighting the necessity of debriefing returned sojourners (Tiessen & Kumar, 2013), P1 was not provided with re-entry support from the VO:

P1 This was probably the poorest part because actually the elective placement was just after we'd finished our second year so when we returned we wasn't going back to uni for another couple of month, so we didn't get a debrief, our lecturers never arranged it and when we returned we never got asked if we wanted to have a debrief all we got asked to do was to make a presentation to the current second year students about what an elective placement is and what we gained out of it but we never had the opportunity to have a debrief

P1 described a focus on recruitment of future IVs, rather than providing a debrief for their cohort. Similarly, there was little emphasis on debriefing or support after placement for P4 and P8:

P4 None, there's nothing [Support]...once we were back there's a weekend and then that was it was goodbye, you're done now, finished.

P8 Like the pre-weekend we had, there was an after one, I think because I was away on a holiday with a friend I couldn't make it but that was never really followed up. I seem to remember there being an email with more contact details on but it was never followed up again a month later or three months later, I thought perhaps they'd be like we'll keep you on the books for a while and we'll keep emailing you and making sure you're OK but never received anything like that so I imagine they're focussing on moving onto the next group that are going

Both participants had debrief programmes once in the UK, but the content of and extent to which this programme was useful in re-entry transition is unclear. However, it is evident that after the weekend programme, there was no follow up support or communication from the VO, which disappointed both participants. This is concerning considering prior findings that

psychological well-being of ISs decreased upon re-entry. In their study, Dykhousé & Bikos (2019) found measures of psychological well-being were lowest at four months after their return. This demonstrates how re-entry symptoms occur not only on initial re-entry but can develop/worsen over time. Participating in re-entry debrief is necessary but considering and implementing continued re-entry support may also be valuable.

Re-adapting can be quick and unchallenging for some, but for others, is a gradual process (Fanari et al., 2021; Young, 2014). Research suggests that sojourners are often unaware of re-entry or readaptation challenges (Butcher, 2002; Christofi & Thompson, 2007; Penke, 2016). Increasing knowledge of re-entry difficulties and practical assistance in adjusting back to life after sojourn may help to prepare IVs for their re-entry transition:

P5 I think more on how to adjust back to it cause obviously if I can't remember, it probably wasn't that big of a thing when we were doing the debrief. So if they focus on that a bit more then that will probably help people to come back to their old reality

Research recommends sojourners be educated, prepared for and familiarised with the process of re-entry and potential shock (Arthur, 2003; Butcher, 2002; Dykhousé & Bikos, 2019; Fanari et al., 2021; Kaufman, 2013; Pitts, 2016). Support and preparation programmes in both the host and home country may increase awareness of potential difficulties upon re-entry, like grief, loss and relationships. Additionally, developing anticipatory coping strategies and increasing awareness of available programmes and support during re-entry are useful preparation methods. Preparation could have provided valuable information regarding difficulties during re-entry and helped P5 to readapt.

P3 suggested that travelling prior to returning home may have eased transition, perhaps reducing the stress of the move from one environmental extreme to another:

P3 I felt like I needed a bit of in-between life before going straight back home I feel like I should've just travelled somewhere for a while and done a wee bit of in-between because it was like going from one extreme to the other, from extreme basics to luxury

Using grounded theory in interview and analysis, Pitts (2016) found that delayed re-entry, where the student travelled/holidayed abroad or in their home country before returning home mediated re-entry shock and stress. This period in-between the sojourn experience and return to life at home is termed 'transition time' and allows sojourners to reflect and prepare for re-entry. This is reflected in P3s account, who wished they had travelled before returning home, giving them a reflective period, instead of moving directly from one cultural extreme to another. The role of cultural distance, (the extent of differences between the home and host culture) may also influence positive or negative re-entry experiences (Kartoshkina, 2015). The extreme differences between Uganda and the UK perhaps contributed to P3's heightened experience of re-entry shock. As found by Mumford (2000), a sample of British IVs volunteering in areas with lower cultural distance, such as Tibetan refugee camps, which were westernised, experienced lower CS than those in more remote/rural areas of Nepal and India. The drastic change of cultural environment can be seen in P4s account below. Pitts (2016) recommends ISs should be encouraged to increase transition time to help mediate negative experiences of re-entry shock, perhaps the same strategy would prove beneficial for IVs. P4 and P8 did not have extended transition times after placement. Upon re-entry both moved onto significant life events including moving to a new house, starting a new job, and beginning university:

P4 it took me a couple of months to adjust again because as soon as I got back I had a week at home and then as I returned back into Leeds we bought this house together and it's overwhelming, there's so much to take in going from one extreme to the next

P8 I was straight onto another holiday and then straight to uni so it was a bit like boom, boom, boom you're settling in but you're settling into another part of your life again. Looking back if I'd done it differently I would have done it at a time when it wasn't about to be another big chapter of my life

Both experienced an intense return to the UK, as they quickly moved onto other life events and had only limited time to process and reflect on their experience. P8 went on holiday soon after re-entry, but perhaps because this was outside the transition period, it did not aid their

processing before re-entry. In contrast, P2 suggested that their 'manic' re-entry meant they focussed on the future, rather than their sojourn:

P2 I had a couple of weeks being manic really but cause I had uni and I had to move back and find somewhere to live, that took over the fact that I've just came back. Something else is just something to aim for something to sort out something to do my life's always like that anyway and I feel like when you do have that you don't really think about what's just happened you're thinking about what's coming next

Having little time to reflect due to a busy return home did not seem to negatively impact P2. In fact, they described being accustomed to a fast pace of life and a lack of reflection time was not unsettling for them as it was for P4 and P8. Individual and environmental factors may have influenced coping with re-entry. For P2, busy re-entry was a tool for them to focus on future goals and ventures, and potentially mediated negative experiences. Notably, due to prior sojourning experience, perhaps P2 did not require as much reflection as others.

Comhlámh is an organisation in Ireland that promotes good practice relating to IV for IVs, organisations, projects, and communities. The Comhlámh (2014, p. 26) handbook states 'Debriefing may take place individually or in a group setting and can be operational (relating to work performed) or personal (providing closure and reflection on the experience as a whole)'. They recommend all returned IVs should have access to both types of debrief, regardless of sojourn length and attitudes towards their experience. Part of debriefing is talking to others and processing experiences:

P7 It could be good, the next lot of volunteers going out for them to also be there for a tag team thing so you can actually speak to previous volunteers but then it might also be useful for volunteers returning to then debrief and speak to the people going out, that could be useful

P7 suggests involving future IVs in return programmes to give opportunity to prepare and inform future IVs but also to aid debrief and reflection of returned IVs. P5 previously described how the VO 'sugar coated' the experience during pre-training. If this was the case, perhaps VOs would not encourage communication of negative and challenging aspects of IV

between returned and future IVs. Whilst open and honest discussion of challenges/encounters pre-placement is essential for preparing sojourners, P1 highlights their need to talk with lecturers after placement about their experiences. This could help them come to terms with their experiences in the host culture:

P1 these lecturers had done these placement years and years ago when they qualified and they saw things that traumatised them so if we'd had the opportunity to come back and go through everything we went through with them it would have been a weight off our shoulders to tell someone that this is what happened and how we were feeling and we'd have just felt supported and we'd have known then that other people have been through that too and that you do get through it and they could have brought some positivity to it rather than us just thinking negatively

P1 was upset by several experiences they had on placement and struggled to process these after sojourn. They highlight the importance of communicating thoughts and feelings with their lecturers, who shared similar experiences as they had. IVs may feel more comfortable and supported discussing distressing experiences with other ex-sojourners, rather than with family and friends who do not share the experience and may struggle to relate (Fanari et al., 2021; Pitts, 2016; Tomlin et al., 2014).

In their sample of ISs, Pollis (2012) found that the 'returnee reception' event for ISs was rated more useful than the returnee handbook. They concluded that this was due to the engaging nature of the returnee reception, allowing ISs to share their experiences with other returned sojourners. Having this opportunity with fellow ex-IVs, or even lecturers, who can relate to P1 and their experiences, could allow reflection and a positive re-entry, not only in terms of traumas experienced, but also loss, upset and readaptation difficulties (Kartoshkina, 2015). To increase communication, discussion and reflection of sojourner experiences and re-entry difficulties, existing research recommends using focus groups (Wielkiewicz & Turkowski, 2010), support groups/psychoeducational workshops (Gaw, 2000) counselling (Arthur, 2003) and re-entry interviews (Jones, 2010) or re-entry programmes (Lerstrom,

1995). These debriefing methods can aid reflection and understanding of experiences/cultural incidents.

Additionally, Dykhouse & Bikos (2019) suggest that the term ‘reverse culture shock’ may cause negative expectations for sojourners, causing increased difficulties when they return home. They recommend referring to the transition home as ‘re-entry friction’ may help individuals recognise re-entry as a period for growth, learning and self-exploration. As well as discussing negative experiences and re-entry difficulties, research suggests focussing on positives and personal growth resulting from sojourn (Dykhouse & Bikos, 2019; Kartoshkina, 2015). This is described as a ‘transformative’ period or experience. P1 suggested that their VO could have encouraged positivity, rather than negative thinking upon re-entry. Treating re-entry as a transformative period, encouraging focus on development rather than loss could have helped P1 to recognise the positive outcomes of IV. For example, gained experience of a new culture, developed world/personal views and career related skills. Thus, holistically, and thoroughly processing experiences both during and post-placement could contribute to a more transformative period.

P8 considered how IV may have contributed to mental health difficulties upon return home:

P8 After support would have been really helpful. I ended up having to go for counselling, not necessarily because of this but I'm sure it definitely contributed. I look back and I think at the time it probably ended up being very much Uganda had made me think about a lot of things so it maybe had a knock on effect. I definitely think that it's not coincidence that I ended up having to ask for help afterwards so I don't know if that's something that [VO name] in the future should put on, even if participants say they are fine, if they have the funding for that. But I definitely think it would be appreciated from quite a few people just to be able to go OK that's happened cool you're home and you're safe and everyone's well and good

P8 received a diagnosis for depression shortly after sojourn and attended counselling for several months. In their opinion, support from the VO would have been useful for them and other volunteers who struggled with readjusting and processing their experience. Arthur

(2003) and Gaw (2000) proposed that counselling methods could provide re-entry support. They could help sojourners learn about the re-entry transition, make them aware of stressors and help develop tailored coping strategies. This can be achieved by encouraging discussion of common issues experienced by returned sojourners, whilst allowing IVs to discuss experiences and struggles they may be facing. If the VO had offered counselling to aid re-entry transition, P8 could have developed coping strategies. This may have lessened the impact on their mental health. As well as aiding re-adapting, Comhlámh (2014) suggests that counselling may help returnees whose struggles prior to volunteering (e.g. stress) have re-emerged during or after placement:

P4 I don't know if it's a result of my placement cause I had an eating disorder for a very long time since I was much younger and that got better over the past couple of years but more recently I've had a lot of negativity, a lot of low moods, not diagnosed as depression or anything like that but I have a lot of times where I just cry, a lot of low episodes but I don't know if that is a result of my placement or if that is a result of change, being away from home, starting new jobs. I think there's a lot of other factors I don't think I could blame my placement as a cause of me being really low now I think there's a lot of factors within that

P4 has long-term history of mental health difficulties, and experienced periods of low mood upon re-entry. Previously, they discussed how harassment on placement impacted their existing mental health issues. We cannot be certain of the association between IV and mental health struggles afterwards. There are many contributory factors, including length of sojourn, sojourn experience and cultural distance, that make the experience of IV so subjective. However, whether influenced by placement or not, counselling, or other support provided by the VO may have helped P4 and others cope with mental health, re-entry, or other difficulties. These young adults are returning from an intense and significant life experience and considering the experiences and struggles as discussed in the prior two themes, it is essential that this vulnerable population are prepared for re-entry, know how to access support, and that such support is readily available. Future research should identify causes of mental health

struggles amongst returned IVs, such as relationships with family, which was not evidenced in this research.

Despite accounts of negative re-entry experiences, several positive impacts for IVs can be seen across participants, and are reflective of their self-centric motivations prior to IV:

P8 gain a bit more confidence and make some friends who are similar to you, likeminded people and I hadn't really travelled too much apart from family holidays so I thought it would be a really good experience to see a completely different culture and learn more about the world

Supportive of prior research, participants described developed confidence, cultural knowledge, problem solving, resilience/ability to cope with stress and emotional intelligence (Dwyer, 2004; Dwyer & Peters, 2004; Farrugia & Sanger, 2017; Findlay & King, 2010; Gaines-Hanks & Grayman, 2009; Hudson & Inkson, 2006; Miller & Gonzalez, 2010; Singh & Jack, 2018; Tiessen, 2017; Tracy-Ventura et al., 2016; Wearing, 2001; Williams, 2005; Wu et al., 2015):

Confidence:

P3 Going into my placement I was very very scared of public speaking or being in a position where I had to be the only voice in the room for a long period of time, the thought of that would have been very daunting and would send me close to a panic attack... I still take that confidence knowing that I did that at the time and that I can do that again if I need to or want to and I think that's pretty special I think that's pretty cool to think that I overcame that and then to the point where I'm enjoying it so I think that if I hadn't have done that experience it would've been a lifelong fear of mine that I would have been not necessarily ashamed of but just something that I would have loved to be able to do or work on so yeah I take that from the experience

Emotional Intelligence:

P2 I think it teaches you how to deal with your emotions cause you have to be professional like when teaching in school we still have to go to lessons. So I could have a massive argument with one of the guys that day but, we still need to work together, we still need to get this class and they can't realise that something's went on earlier that day so I think it's being professional, not keeping your emotions bottled in but being able to know the right situation and how to deal with your emotions and frustrations

Resilience:

P7 It made me mentally stronger, made me more grateful and I feel like I made a difference so you can't really ask more from a volunteer placement, so yeah definitely got a lot out of it

P6 I definitely think I grew up and became more resilient and more independent

Cultural Knowledge:

P2 Cultural viewpoints probably changed I've gained a lot of knowledge of African culture which when I came back to Leeds you notice a lot more people from places that you've been or even in uni there's a lot of people who are from Zimbabwe or who have family who are from Zimbabwe and you've never really noticed those people maybe before or had an interest in a lot of stuff we have in common or we've done the same things or we've experienced something that's the same

Evidently, volunteering had several positive impacts for IVs. This demonstrates the potential for personal growth and development through IV, even for those who had particularly challenging experiences. Providing suitable support for IVs pre, during and post-sojourn could mediate negative experiences and contribute to a fulfilling and transformative experience.

4. Conclusion and Recommendations

4.1 Conclusion

The purpose of this study was to gain insight into the mental health and well-being experiences of international volunteers (IVs) from the UK who completed a sojourn of three to six months internationally. The research aimed to 1) Explore the impacts IV may have on the mental health and well-being of IVs, 2) Explore experiences that may influence these impacts and 3) Explore support that is provided to IVs.

To the knowledge of the researcher, existing research focuses on positive impacts on IVs or impact on host communities, rather than the mental health and well-being of IVs. When reviewing the literature, research relating to mental health and well-being of international students (ISs) was included, due to the similarities they share with IVs. Both are young adults entering a new cultural environment for an extended period. Unsurprisingly, many of the findings relating to experiences and impacts on mental health are consistent with samples of ISs.

This study found several negative impacts experienced by IVs during their sojourn, including stress, loneliness, low mood, upset and homesickness. It is acknowledged that IVs do not only experience symptoms of mental ill health during their time abroad and that such challenges may persist upon re-entry. They may experience upset, loss, grief, and guilt. Thus, availability of support throughout the sojourn experience was found to be essential for IVs. In maintaining the exploratory nature of this research, several positive impacts of IV were found. These include developed confidence, emotional intelligence, resilience, and cultural knowledge.

Entering the host country was challenging to varying degrees and for different reasons across participants. Largely, this period was intense and caused stress, upset and homesickness. Participants experienced shock, due to differences in environment, living conditions and food. In most cases, IVs adapted to these initial differences quite quickly, and some began to embrace the new culture. Despite overcoming some of these living and environmental factors, participants still experienced stress and low levels of well-being as placement progressed. Therefore, whilst the environmental differences in the host country contribute to the initial 'shock' experienced by sojourners, additional challenges present as sojourn progresses. Challenges include cultural mannerisms, cultural beliefs, or harassment/discrimination. It is these established challenges that contributed to negative mental health impacts beyond initial entry.

Findings suggest preparation of IVs pre-sojourn may mediate initial and established challenges. IVs in the current sample had inaccurate expectations of placement and the host country, which may have contributed to their adaptation challenges. Participants expressed the importance of informing and preparing IVs prior to placement for cultural differences. These may vary from living conditions, to values or beliefs of host nationals. Providing accurate knowledge of these may lessen expectation gaps amongst IVs, improving adjustment and reducing stress. Additionally, findings highlight the necessity of emotional/psychological preparation of IVs by increasing awareness of potential negative emotions (i.e. isolation, low mood). Future research should explore individual factors such as resilience and cultural intelligence (CQ), and their impact on adaptation and coping for IVs. For example, in their sample of ISs, Presbitero (2016) found that higher levels of CQ improved psychological adaptation by mediating negative symptoms of culture shock. Developing CQ pre-sojourn can help individuals prepare for changes in cultural environment (Gooden et al., 2017). Additionally, higher resilience can mediate acculturative stress (Mesidor & Sly, 2016), help

sojourners adapt to new environments and overcome challenges (Sabouripour & Roslan, 2015).

The importance of support during sojourn was also highlighted. All participants relied on social support, which was invaluable during challenging periods. As demonstrated in research concerning ISSs, most IVs socialised and formed relationships with fellow IVs, rather than counterparts or host community members (Waters & Brooks, 2011). A language barrier (LB) and differing cultural beliefs/values hindered the development of relationships between IVs and host nationals. Consideration of CQ, language skill and confidence are highlighted. Furthermore, a perceived lack of support from the volunteering organisation (VO) was challenging and worsened the negative impacts for IVs.

Re-entry contributed to negative experiences of IVs. Unlike prior research, findings did not evidence challenges of reintegration with family and friends upon re-entry. Instead, it was found that participants experienced loss and grief due to moving away from host families and counterparts. Furthermore, comparisons made between the wealth of their home and host country as well as a perceived lack of impact of sojourn caused guilt. The latter was caused by unorganised placements. This was particularly upsetting as IVs held many altruistic motivations pre-sojourn, such as helping communities/making a difference, and were unable to achieve this.

Support often covered practical rather than psychological preparation of IVs prior to placement. Participants felt unprepared and consequently experienced stress when entering the host country. Additionally, during placement there was a perceived lack of support from the VO. This heightened negative impacts of distressing incidents. For example, stress caused by harassment. Participants felt unsupported and uncared for by the organisation. Other than TLs and a contact number, there were no other identifiable support measures, and IVs had

difficulty accessing support from the VO. Additionally, findings highlight issues around help-seeking, revealing that support was only accessible to those who actively seek help. Where the VO failed to provide support, IVs often sought out social support from peers. Support from fellow IVs, rather than host counterparts, was most common for IVs. Even when considering social support networks amongst IVs, it is evident that strategies can be implemented by the VO to improve/encourage support and mitigate symptoms of acculturative stress, marginalisation, isolation and upset. Therefore, the VO should be aware of the benefits of social support for IVs and aim to facilitate such support.

Consideration of barriers to help-seeking amongst IVs and minimising these barriers can increase access to support. VOs should use general support strategies for IVs (i.e. counselling or debriefing) alongside help to facilitate socialisation and development of social support (i.e. peer programmes/support groups) with fellow IVs, host volunteers or family/friends at home.

Despite challenges faced by IVs during re-entry there was a perceived lack of support from the VO during this period. There are factors that can influence the stress caused upon re-entry and the use of strategies to support IVs prior to and upon re-entry have been found beneficial. The positive impacts of IV including personal development, skills and cultural knowledge should be used alongside support strategies like counselling or support groups to encourage positive thinking and a transformative re-entry period. Despite individual factors such as prior sojourn experience, length of sojourn or cultural distance that may help to mediate negative re-entry experiences, research highlights the necessity of providing all returned sojourners with appropriate support. Such support may include preparation for re-entry, debriefing, counselling, and transformation. The VO has responsibility to ensure these measures are available to support IVs upon re-entry. As well as protecting mental well-being, this support may further enhance benefits of IV.

To conclude, IV is a challenging experience and can greatly impact upon the mental health and well-being of volunteers. The findings of this research have highlighted several aspects of IV that can be addressed by volunteering organisations, using support measures that have proven useful in similar sojourn samples (i.e. students).

4.2 Limitations and Future Research

One limitation of this study is the recruitment of eight participants, rather than the specified number of 10. Recruitment of two additional participants may have uncovered further experiences of IVs which may have shaped/contributed to findings of the research. As discussed, IV is highly subjective, and the complete sample may have provided further insight and achieved stronger data saturation. Unfortunately, due to the Covid 19 pandemic, recruitment was closed early. The pandemic meant that travel internationally was banned, thus IV was also stopped. The inclusion criteria stated that participants should have completed their sojourn no longer than a year prior to interview in order to ensure accounts were as accurate as possible. Continued recruitment could have impacted upon the quality and reliability of data. Thus, persevering with data from eight participants helped to maintain reliability of the study and subsequent findings.

It should also be highlighted that there may be a sample bias in the research, considering that participants recruited were female. Statistically, there are differences relating to gender and mental health, with female young adults at increased risk of facing mental ill health than males (Mental Health Foundation, 2017). Perhaps the gender of participants in the current sample may have influenced the experiences and accounts. Interviews with male participants may have uncovered further/new knowledge of sojourn experiences. Recruiting male participants in the future would help to understand both the similarities and differences

between male and female participants relating to international volunteering and mental health experiences.

Additionally, this study relied on the depth of information participants were able and willing to provide during interview. As observed by Penke (2016), participants showed hesitance in discussing re-entry challenges. Often, they talked about exciting, rather than negative experiences of sojourn. However, the current research obtained detailed accounts of both positive and negative experiences. Although concerned with negative impacts of IV, the exploratory approach aimed to gain a holistic understanding of experiences. Questions somewhat focussed on negative mental health related experiences and challenges faced by IVs, but additional questions and prompts allowed discussion of positive experiences. This allowed participants to discuss elements of their experience that they felt most comfortable sharing. For those with distressing sojourn experiences, using a balance of questions may have minimised distress during interview. Understanding positive experiences of IVs can inform future support. For example, focussing on positive experiences and outcomes can create a transformative experience for returned IVs.

While the interview structure may have reduced reluctance of 'opening up' amongst participants, additional approaches may benefit accuracy of future research. Research should use a longitudinal approach. This would mean that data is collected at the time of placement, rather than afterwards, which may increase accuracy of data. Demes and Geeraert (2015) analysed levels of stress and adjustment of sojourners collated through surveys/scales starting two months pre-sojourn through to six months after re-entry. Levels of stress over time as well as baseline stress levels could also be measured and considered during analysis. Pitts (2009) also conducted longitudinal research, collecting data from pre-sojourn to re-entry. Measures included observation, focus groups, journals, and individual/group interviews. Both the qualitative and quantitative measures benefited from a longitudinal approach, allowing

analysis and comparisons between specific periods throughout sojourn. Future research should consider a longitudinal approach using a mixed method approach not only to improve accuracy of data collected, but also to determine patterns between data over time. This may develop understanding of sojourner experiences that influence mental-ill health.

Unlike Jones & Bond (2019), this research only recruited participants who had completed a sojourn of between three and six months. Thus, the findings may not be generalisable to shorter or longer-term sojourn experiences. Research considering length of sojourn would provide insight into this.

Having gained initial insight, future research should use mixed methods to explore the significance of experiences in determining mental health impacts on IVs. This may include measuring levels of anxiety, depressive symptoms, social isolation, loneliness, CS and RCS pre, during and post-sojourn to obtain levels of mental health/well-being. Both quantitative and qualitative data could be used to explore links between IVs' experiences and mental health symptoms. This may uncover certain periods of sojourn that are particularly challenging for IVs and increase understanding of specific experiences and the extent to which they contribute to mental ill health. The effectiveness of support strategies (e.g. preparation, peer programmes, counselling, debriefing) during these challenging periods should be explored. This could highlight which support strategies are most appropriate/effective at different times during sojourn. This would inform VOs of suitable support strategies for IVs to protect mental health and well-being.

4.3 Implications

This study provides initial insight into mental health related experiences of international volunteers (IVs). The findings have implications for understanding the negative impacts IV may have on sojourners, as well as specific experiences that may influence these impacts.

First-hand accounts provided insight into the support required by IVs from their VO, as well as the consequences of being without such support. These findings serve to inform the VO of necessary preparations and support from pre- to post return to protect the mental health and well-being of IVs. Such organisations (i.e. universities, charities) are responsible for the mental health needs of IVs and this should be reflected in the support provided. Continued acknowledgement of the positive and negative impacts of IV can be used in support strategies to encourage transformative experiences for IVs.

It is hoped that current findings will encourage future research relating to IV and will provide greater understanding of the mental health and experiences of IVs, in line with other sojourner populations such as international students (ISs). Having gained initial understanding and insight into the mental health related experiences of IVs, this study has implications for future research. Whilst existing research considers the impact length of sojourn (Fanari et al., 2021), cultural distance (Mumford, 2000; Ward et al., 2001), language skill (Brown & Holloway, 2008; Mizuno, 2012), cultural intelligence (Lin et al., 2012; Presbitero, 2016), resilience (Mesidor & Sly, 2016) and prior sojourn experience (Penke, 2016) may have on mental health related experiences of sojourners, such findings are inconclusive and require further research. Future research should further explore the influence of these individual factors, whilst addressing the lack of research pertaining to gender and ethnicity of IVs. There is a distinct lack of research pertaining to the impact of gender, age, ethnicity, resilience on the experiences and mental health of IVs, and these areas should be a focus for future research in this field. As previously discussed, further research could incorporate a mixed measures approach to record and compare specific measures of mental health/well-being alongside accounts of IVs throughout sojourn, whilst considering some of the individual factors of the sample. Additionally, due to the vast perceived lack of support across the current sample, it is imperative that future research considers support

strategies available to IVs, how/if such strategies are used, and also trial these support strategies for IVs in order to determine their usefulness. Continued research in this area had the potential to be impactful for IVs sojourn experiences as well as their mental well-being.

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Appendices

Appendix A: Online Advertisement



Leeds Trinity
University

RESEARCH PARTICIPANTS NEEDED

Completed an international volunteering placement?
Want to share your experience to potentially benefit future volunteers?
Take part in this study to contribute to a new and necessary field of research!

For more information contact:
Kasi Mistry - 1502687@leedstrinity.ac.uk



Appendix B: Poster Advertisement

	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
<p>*RESEARCH PARTICIPANTS NEEDED*</p> <p>Have you completed an international volunteering placement? Want to share your experience to potentially benefit future volunteers? Take part in this study to contribute to a new and necessary field of research!</p>	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
<p>For more information contact: Kasi Mistry - 1502687@leedstrinity.ac.uk</p>	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
<p>Please get in contact with any questions</p>	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
  	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>
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	<p>International Volunteering Study Kasi Mistry - 1502687@leedstrinity.ac.uk</p>

Information Sheet

The Mental Health and Well-Being of International Volunteers

I am a research student at Leeds Trinity University. You are invited to take part in my research study. I am looking for young adults who have completed an **overseas volunteering** placement in a developing country (e.g. teaching overseas/health care overseas).

What is the purpose of this research?

The purpose of this research is to develop an understanding of how overseas placements can impact upon young adult's mental well-being. Specifically, on their return to the UK and the transitioning experience from placement to home. I also aim to find what experiences during such placements have the potential to cause difficulties in terms of mental well-being. As this is an under-researched field, this study has the potential to better understand the potentially negative experiences of overseas volunteering and build the foundations for future research to improve the experience of overseas volunteering (e.g. strategies/support).

Do I have to take part?

Your participation is completely voluntary, you are under no obligation to take part if you choose not to. If you agree to take part, you will be asked to give your consent by reading through and signing a consent form. This study will not provide any expenses or incentives.

What is required of me if I choose to take part?

The research requires you to complete **one interview** discussing your overseas placement. The interview will last up to 60 minutes and will be audio recorded. No other information/participation is required of you. You are free to withdraw from the study at any time **up to two weeks** after your participation. Please ensure you take note of your participant number, as this is required to withdraw data. Recordings and transcriptions will be kept securely at Leeds Trinity University for 6 years, after which point will be destroyed.

All data collected will be seen only by myself and supervisors, will be anonymised. Please note that your data (e.g. quotes) may be published or presented at meetings/conferences (again, this data is anonymised).

If you have any questions, require further clarification or wish to withdraw your data please contact:

Kasi Mistry - 1502687@leedstrinity.ac.uk

If you are willing to participate in the study as outlined above, please sign the consent form. If you have any questions that you wish to ask before deciding whether to participate, please ask them now.

To be eligible to take part, the following criteria is required:

1. Aged 18-25 (or completed placement at this age)
2. Completed a placement of at least 3 months and a maximum of 12 months.
3. Reside in the UK/Resided in the UK at the time of placement.
4. Completed an overseas placement with a UK organisation/charity/university.
5. Have completed the placement in the last year.

Contact details of the Chair of SSHS Ethics Committee:

Professor Mark Russell – Tel: 0113 283 7100 ext.649 m.russell@leedstrinity.ac.uk

Consent Form

The Mental Health and Well-Being of International Volunteers

Please tick each box if happy with the following:

1. I have read, understood and been given a copy of the information sheet for the above study.

2. The research has been explained to me and I have been given the opportunity to ask any questions which I may have.

3. I understand what is proposed and what I am required to do.

4. I understand that my data will be anonymised.

5. I Understand that anonymised quotes from my transcript may be used in the write up of this research, which may be published.

6. The only people who will have access to individual data will be the student researcher and their project supervisors.

7. The data may form part of a publication written by the researcher and/or their supervisor

8. I understand that my data will be kept in accordance to the Data Protection Act (2018) and my data will be kept securely for 6 years after which time it will be destroyed.

9. I understand that I have the right to withdraw at any time without explanation up to two weeks after my participation. I understand that I should remember or make a note of my participant number in order to do this.

10. I understand that the interviews will be audio recorded and I give my consent for the interview to be recorded.

11. I agree to take part in this study

Thank you very much for taking your time to participate in my research. By signing below, you are consenting to take part in this study.

Sign _____

Date _____

Participant Number _____

Debrief Form

The Mental Health and Well-Being of International Volunteers

Thank you for taking part in this study.

This study aimed to identify the negative implications of international volunteering, specifically on the mental health and well-being of young adults upon their return home. For example, to gain an insight into the kind of negative experiences/impacts that may be present as a result of overseas volunteering placements.

Despite the focus on negative impacts (which is an under-researched area), the researcher wished to take a holistic approach in order to include both the positive and negative impacts that come to light during the interviews. By doing so, allowing for themes within transcripts to be uncovered and compared to contribute to the field of research.

The interviews explored participants experiences (before/during/after placement) and allowed for discussion of the participants personal experiences as well as their viewpoints on the coordination of their placement and the professional responsibilities of the organisation they volunteered with (e.g. training/support).

On analysis of the transcripts, your participation will help to understand how overseas placements can cause mental health related issues for returned volunteers and the potential contributing factors to this.

In the long-term, we aim to inform organisations on how they provide support for volunteer's mental health and well-being before, during and after their placement.

Thank you again for your contribution to this study.

Please take this opportunity to ensure that you have your participant number, if not ask the researcher now. Without this number you will be unable to withdraw your data from the research (up to two weeks after participation).

If you wish to withdraw your results, would like a copy of the transcript post interview (before analysis has taken place) or have any further questions, please contact:

Kasi Mistry (Researcher) - 1502687@leedstrinity.ac.uk

Dr Lisa Webster (Supervisor) - l.webster@leedstrinity.ac.uk

Professor Mark Russell (Chair of SSHS Ethics Committee) - Tel: 0113 283 7100 ext.649

m.russell@leedstrinity.ac.uk

If you struggled with and/or are experiencing distress/mental health related issues, please remember you are not alone, and help is always available.

Further Support

The Mental Health and Well-Being of International Volunteers

If you struggle with and/or are experiencing distress/mental health related issues (related to this research or other) please remember you are not alone, and help is always available.

The following links are available and will provide you with the necessary information, support and guidance.

www.samaritans.org.uk Tel: 116 123

<https://www.mind.org.uk/> Tel: 0300 123 3393

If you have any further concerns, please feel free to contact myself 1502687@leedstrinity.ac.uk

Appendix G: Semi-Structured Interview

Intro: (not recorded)

- Introduce myself – Name/MbR at LTU
- Purpose of Research
- Go through necessary forms (information sheet, consent form)
- Ensure participant has their participant number/emphasis on right to withdraw
- Explain there are no right/wrong answers – answer honestly.
- Participant may stop the interview at any point and does not have to answer a question they do not feel comfortable answering
- Ask if participant has any further questions before the interview begins

ICEBREAKER

1. Could you tell me a little bit about the placement you completed?
 - a) Location
 - b) Length
 - c) Roles
2. What were your reasons for volunteering?
 - a) What did you expect from such a placement?
 - b) Did it live up to expectation?
 - c) Is there a reason you chose to volunteer overseas rather than at home?

BEFORE

1. What kind of support/training was provided by the charity/organisation/university before your placement?
 - a) How was this support/training sufficient in preparing you psychologically/emotionally for the placement?
2. How well prepared were you for your placement?
 - a) If not, what were the reasons for this?
 - b) If yes, what were the reasons for this?
 - c) How could this be avoided?
 - d) How could this be improved?

DURING

1. What kind of support was provided by the charity/organisation/university during your placement?
 - a) How was any of the training/support provided helpful for your experience and mental well-being during your placement?
2. What was it like living in a new and different culture?
 - a) Positives and negatives.
 - b) Feel at home/safe/anxious
 - c) Difficulties
3. What kind of support was available if you had problems during placement?
 - a) Mental health/worries/general
 - b) Did you have anyone to talk to?
 - c) Any support frameworks put in place by the organisation?
4. How was your mental health and well-being during the placement?
 - a) If negative – what contributed to this?

- b) If positive – what contributed to this?
 - c) Did you have any long periods of positivity or negativity?
What was this due to? (Personal issues/result of organisation or the placement itself)
5. Could you tell me about any stand-out experiences from volunteering?
 - a) Positive experiences?
 - b) Negative experiences?
 6. What did you find most challenging or difficult during your placement?
 - a) How did you cope with this?

AFTER

1. What sort of debrief was given on your return home?
 - a) If no debrief – would a debrief have been useful?
 - b) What did it entail?
 - c) How useful was this for you in adjusting back to the UK?
 - d) How could the debrief be improved?
 - e) What kind of support do you continue to receive from the organisation? (In terms of placement)
 - f) What kind of support have you accessed/received external to the organisation?
2. How did you find adjusting back to UK lifestyle?
 - a) Any difficulties? If so why/how?
 - b) Structure (lifestyle)
3. Is there any way you have changed since your placement?
 - a) If so, how?
 - b) Negative or positive?
4. Are you currently experience any problems relating to mental well-being as a result of your placement?
 - a) Positive
 - b) Negative
5. Do you think your volunteering organisation could have done anything more to support/prepare you either during your placement or after your return home?
 - a) If so, what kind of things could be done?
6. Would you consider volunteering overseas again?
 - a) If yes, for what reasons?
 - b) If no, for what reasons?
 - c) Would you recommend volunteering overseas?
7. What advice would you give to someone about to volunteer overseas?
8. Is there anything else you would like to share/add?