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Assessing the Mental Health Challenges and Experiences of Returnee Migrants in Nigeria

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Abstract

Returnee migrants in Nigeria often experience severe psychological distress due to traumatic migration experiences and reintegration challenges. This study assesses the mental health challenges and experiences of returnee migrant in Nigeria. This study adopted a quantitative cross-sectional design to examine mental health challenges and psychosocial experiences among returnee migrants across Nigeria's six geopolitical zones. A sample size of 1,316 was determined using Cochran's formula, with participants selected through multi-stage sampling and snowballing techniques. Data was collected via pretested interviewer-administered questionnaires and analyzed using SPSS 28. The mean age of the respondents was 29±6.212 years. The results revealed that the main reasons for migration were the pursuit of better living conditions (43.2%), followed by torture (38.6%), while torture (24.1%) and labour exploitation (22.3%) were the leading reasons for return. Findings revealed a high prevalence of mental health status, with over 80% reporting trouble sleeping, anxiety, and loss of interest in activities. Regression analysis on factors associated with mental health status among returnee migrants confirmed that sex and religion remained significant predictors of mental health status. Female returnees were about five times more likely to report poor mental health than males (AOR = 5.499, $p < 0.001$). Also. Religion showed a protective effect, with Christianity associated with lower odds of poor mental health (AOR= 0.119:P<0.001) compared to Islam. The findings underscore the urgent need for trauma-informed, community-based, and government-supported mental health interventions for returnee migrants in Nigeria.

Keywords: *Mental Health, Psychological Distress, Returnee Migrant, Reintegration.*

Introduction

Migration is the movement of individuals, families, and communities from their usual residence, either across an international border or within a state [1]. According to the World Migration Report 2022, there are an estimated 281 million international migrants globally, representing 3.6% of the world population [2].

According to the World Health Organization (WHO), "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community"[3]. The World Health Organisation estimates that 450 million people globally are suffering from mental health disorders, and 25% of the population will suffer from mental illness at some point in their lives

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[4, 5]. Initially, immigrants often report better health and well-being upon arrival compared to citizens of their host countries. However, over time, they may face various health challenges, rendering them vulnerable to physical and mental health threats a phenomenon referred to as the "health effect" [6, 7]. Unfortunately, immigrants' specific health needs are often poorly understood, exacerbated by inadequate communication between healthcare providers and immigrants, as well as unprepared health systems [8]. These challenges are compounded by varying perceptions of health and mental health across different cultures, as cultural influences shape how health issues are identified, understood, and addressed [9].

The mental health of returnee migrants in Nigeria is a multifaceted issue influenced by pre-migration experiences, challenges encountered during migration, and the complexities of reintegration upon return. Understanding these factors is essential for developing effective support systems to facilitate their successful reintegration into Nigerian society. Many Nigerian migrants embark on perilous journeys in search of better opportunities, often facing significant adversities.

Upon returning to Nigeria, migrants often encounter additional challenges that exacerbate mental health issues. Social stigma, unemployment, and difficulties in accessing healthcare services are prevalent obstacles. Reports indicate that many voluntary returnees suffer from long-term mental and physical health problems and face societal stigma upon their return [10]. Recognising these challenges, various organisations have initiated programs to support the psychosocial well-being of returnees. The International Organization for Migration (IOM) has been instrumental in this regard, implementing training sessions aimed at protecting and enhancing migrants' psychosocial well-being. These sessions focus on mental health care tailored to the Nigerian context, addressing issues such as depression, suicide, psychoses, and substance abuse [11]. Community engagement has also proven beneficial in addressing mental health challenges among returnees. Involving returnees in the design of mental health services and establishing accountability mechanisms ensure that interventions are culturally sensitive and effective. Engaging religious and traditional leaders, as well as local influencers, facilitates better community acceptance and support for returnees [12].

Despite these efforts, gaps remain in the provision of mental health services for returnee migrants in Nigeria. The need for a well-coordinated humanitarian response is evident, with calls for rapid assessments to identify vulnerabilities and existing support mechanisms. Strengthening the national mental health care system and enhancing healthcare workers' skills to provide community-based psychosocial support are crucial steps toward addressing these challenges [12]. This study assesses the mental health challenges and experiences of returnee migrant in Nigeria.

Material and Methods

Research Design

This study adopted a quantitative cross-sectional design to examine mental health challenges and psychosocial experiences among returnee migrants in Nigeria. The cross-sectional approach enabled systematic assessment of mental health status and associated factors at a single point in time, providing a comprehensive analysis of the psychological well-being of returnees across the country.

Study Settings and Population

The research was conducted in Nigeria, West Africa’s most populous country, noted for its cultural richness. Nigeria is divided into six geopolitical zones (Northwest, Northcentral, Northeast, Southwest, South-south, and Southeast), each with its own set of characteristics and challenges [13]. The study

focused on all six geopolitical zones of Nigeria, with participants recruited from various Ministries, Departments, and Agencies (MDAs) and Civil Society Organisations (CSOs) involved in managing returnee migrants across the country. The research population consisted of returnee migrants in Nigeria.

Inclusion Criteria

1. Participants comprised individuals who have returned to Nigeria after a period of migration, whether voluntarily or forcibly, and have psychosocial or mental health needs.
2. Participants who can provide mature perspectives on their experiences and well-being.
3. Returnee migrants who willingly agreed to participate in the study and provide informed consent, ensuring their voluntary involvement.

Exclusion Criteria

1. Participants who have not experienced migration and return to Nigeria.
2. Participants who cannot provide informed consent due to cognitive impairments, mental health issues, or any other factors that prevent them from fully understanding the nature of the study and voluntarily participating were excluded.

Sample Size Determination

Since the Finite population size is known, Yamane's Formula below was utilized to calculate the sample for this study [14].

$$\frac{N}{1 + N\,(e)^2}$$

Where:

n = sample size

N = total population (30,574) [15]

e = margin of error (commonly 5% or 0.05)

deff = 3

$$\frac{30{,}574}{1 + 30{,}574\,(0.05)^2}$$

$$\frac{30{,}574}{1 + 30{,}574\ x\ 0.025}$$

$$\frac{30{,}574}{77{,}435}$$

$$= 395$$

The design effect (deff) accounts for the impacts of complete sampling methods (e.g cluster sampling) on variance.

If deff = 3, the adjusted sample size is

= n x deff

Where:

n = 395 (original sample size from Yamane's formula)

deff = 3

=395 x 3

= 1,185

Non-response (10%) = n/0.9

n =1316.

Sampling Technique

A multistage sampling approach was used to ensure a representative sample of returnee migrants across Nigeria. Returnees were first grouped by the six geopolitical zones. Probability Proportional to Size (PPS) was then applied to determine sample sizes for each zone and state based on the number of returnees. Finally, individual participants were selected using convenience and snowball sampling through returnee networks and associations.

Data Collection Procedures

Data was collected using a pretested interviewer-administered questionnaire designed to capture comprehensive information on the mental health challenge, and experiences of returnee migrants in Nigeria. Before the main data collection, the questionnaire was tested twice over a two-week period on a small group of returnee migrants similar to the study population, allowing for adjustments to enhance clarity and reliability. During the pretesting phase, some mental health questions were rephrased to be more empathetic and less direct, helping participants feel more

comfortable. Additionally, complex response options were simplified to make it easier for respondents to provide accurate answers. The quantitative data for this study was collected between May 2025 and July 2025.

To evaluate the effect of the psychosocial intervention on mental health, the General Health Questionnaire-28 (GHQ-28) was chosen as the primary outcome based on results from a comparable trial and its evaluation as an appropriate tool for capturing emotional stress. The GHQ-28 requests participants to indicate how their mental health has been over the past few weeks, using behavioural items with a 4-point scale indicating the following frequencies of experience: “not at all”, “no more than usual”, “rather more than usual” and “much more than usual”. The scoring system applied in this study was the same as the original scoring system used in the Likert scale 0, 1, 2, 3. The minimum score for is 0, and the maximum is 84. Higher GHQ-28 scores indicate greater distress. Goldberg suggests that participants with total scores of 23 or below should be classified as non-psychiatric, while participants with scores ≥ 24 may be classified as psychiatric, but this score is not an absolute cut-off.

Validity and Reliability Test

Validity measures how well an instrument reflects the concept it is designed to assess. In this study, content validity was established by consulting field experts who reviewed the questionnaire and ensured it comprehensively addressed the mental health needs of returnee migrants. Criterion validity was also assessed by comparing the study’s instrument with established measures used in similar research, ensuring its ability to predict relevant mental health outcomes.

Reliability refers to the consistency of the instrument over time. Internal consistency was evaluated using Cronbach’s Alpha, with a score of 0.80, indicating a high degree of reliability. Test-retest reliability was also conducted by administering the questionnaire to a subset of participants on two separate occasions. The high correlation between the two sets of responses ($r = 0.85$) confirmed the instrument's stability, demonstrating that it reliably measured the same constructs over time.

Data Analysis

Data was initially collected in Excel and cleaned before analysis. Approximately 20% of the study questionnaires were rejected due to incomplete responses and inconsistencies in the provided answers. The cleaned data were then analysed using statistical software, specifically IBM-SPSS version 28.0. Quantitative analysis comprehensively examined the collected data using descriptive statistics (frequencies and percentages), while multivariate logistic regression was used to identify factors associated with mental health status among returnee migrants. Data were considered significant at $p<0.05$. All completed questionnaires were checked for accuracy and completeness before entry. Double data entry and validation were conducted to minimize typographical errors and ensure consistency. Outliers and inconsistencies were reviewed and corrected through reference to original records. The cleaned dataset was then securely stored and analyzed using SPSS version 28, ensuring reliability and reproducibility of results.

Result

Socio-Demographic Characteristics of Returnee Migrants

Table 1 shows that most returnee migrants were young adults aged 18–30 years (65.7%), with a mean age of 29 ± 6.2 years, indicating a predominantly youthful population. Females (56.5%) slightly outnumbered males (43.5%). The majority were single (58.3%), while over one-third were married (38.4%). Most respondents were Christians (79.0%), and Edo ethnicity constituted the largest group (50.9%). Most returnees had migrated from North Africa

(88.8%), with very few returning from Europe or North America.

Table 1. Socio-Demographic Characteristics of Returnee Migrants

Variables	Frequency (n=1316)	Percentage (%)
Age Category		
0-17 Years	5	0.4
18-30 Years	864	65.7
31-50 Years	441	33.5
51 Years	6	0.5
Mean age:	29±6.212	
Sex		
Male	572	43.5
Female	744	56.5
Marital Status		
Single	776	58.3
Married	506	38.4
Separated	5	0.4
Divorce	24	1.8
Widowed	14	11
Religion		
Christianity	1040	79.0
Islam	276	21.0
Ethnicity		
Hausa	208	15.8
Igbo	104	7.9
Yoruba	127	9.7
Edo	670	50.9
Others	207	15.7
Region Returned from?		
Europe	2	0.2
North America	2	0.2
North Africa	1168	88.8
West Africa	128	9.7

Figure 1 illustrates the reasons for migration among respondents. The leading reason cited was the pursuit of a better life or improved living conditions, reported by 43.2% of participants. This was closely followed by experiences of torture, which accounted for 38.6% of the reported reasons for migration. Economic hardship was cited by 12.1%, while 8.6% migrated due to unemployment. A very small proportion (1.1%) reported being victims of kidnapping as their primary reason for migration.

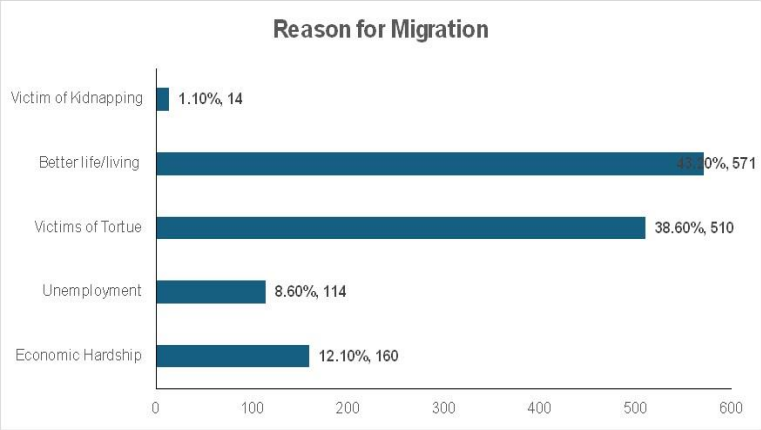

Figure 1. Reasons for Migration by returnee

Figure 2 presents the distribution of reasons why respondents eventually returned. The most frequently reported reason was unemployment (24.1%), indicating that the inability to secure stable work significantly influenced the decision to return. Labour exploitation was the second most common reason (22.3%), highlighting poor working conditions as a major driver of return. Victimization from torture was also a prominent factor, reported by 20.6% of respondents, while medical reasons accounted for 20.3%. Mental health and psychosocial support (MHPSS) needs were reported by 16.9%, suggesting a considerable burden of psychological distress among the returnees. Sexual exploitation (16.1%) and unstable living conditions (13.5%) were other notable reasons. Voluntary return was chosen by 12.9%, while pregnancy accounted for 8.4% of returns. Less frequent reasons included being a single parent (4.4%), unemployment (4.0%), gender-based violence (3.8%), and kidnapping (3.4%).

Figure 2. Reasons for Eventual Return by Returnee

Assessment of Mental Health Status of Respondents

Table 2 shows a high burden of mental health challenges among the 1,316 respondents in the month preceding the survey. More than four-fifths of respondents reported increased sleep problems, with 84.8% experiencing trouble sleeping “rather more than usual” or “much more than usual.” Similarly, anxiety and worry were highly prevalent, as 83.5% reported

feeling anxious more than usual, indicating widespread psychological distress. Depressive symptoms were also prominent. About 82.5% of respondents reported feeling down, depressed, or hopeless more than usual, with a notably high proportion (39.3%) reporting this "much more than usual." Difficulties with concentration were common, affecting 42.4% of respondents at elevated levels, potentially reflecting impaired daily functioning. Exposure to trauma-related symptoms was particularly severe. A striking 86.1% of respondents reported experiencing flashbacks or disturbing memories related to migration or displacement more than usual, with nearly seven in ten (69.2%) reporting this "much more than usual," suggesting a substantial burden of post-traumatic stress symptoms.

Feelings of strain, low self-confidence, and being overwhelmed were also widespread. Over 74% felt constantly under strain, 56.5% reported losing confidence in themselves more than usual, and 55.1% felt overwhelmed by their problems. Although feelings of hopelessness about the future were less extreme compared to other symptoms, more than one-third (38.4%) still reported elevated hopelessness. Despite the high prevalence of mental health symptoms, help-seeking behavior was relatively low.

Table 2. Assessment of Mental Health Status of Respondents

Variables	Frequency (n=1316)	Percentage (%)
In the past month, have you had trouble sleeping?		
Not at all	169	12.8
No more than usual	31	2.4
Rather more than usual	749	56.9
Much more than usual	367	27.9
In the past month, have you felt anxious or worried?		
Not at all	159	12.1
No more than usual	57	4.3
Rather more than usual	860	65.3
Much more than usual	240	18.2
In the past month, have you felt down, depressed, or hopeless?		
Not at all	159	12.1
No more than usual	68	5.2
Rather more than usual	569	43.2
Much more than usual	520	39.3
In the past month, have you had difficulty concentrating?		
Not at all	160	12.1
No more than usual	598	45.4
Rather more than usual	328	24.9
Much more than usual	230	17.5
In the past month, have you lost interest in activities you usually enjoy?		
Not at all	74	5.6
No more than usual	516	39.2
Rather more than usual	395	30.0
Much more than usual	331	25.0
In the past month, have you experienced flashbacks or disturbing memories related to migration or displacement?		
Not at all	16	1.2

No more than usual	167	12.7
Rather more than usual	222	16.9
Much more than usual	911	69.2
Have you experienced any other mental health symptoms not listed above?		
Not at all	169	12.8
No more than usual	739	56.2
Rather more than usual	74	5.6
Much more than usual	334	25.4
Have you sought any form of mental health support since returning?		
Not at all	190	14.4
No more than usual	772	58.7
Rather more than usual	341	25.9
Much more than usual	13	1.0
Do you sometimes feel hopeless about the future?		
Not at all	163	12.4
No more than usual	647	49.2
Rather more than usual	240	18.2
Much more than usual	266	20.2
Have you ever felt overwhelmed with your problems?		
Not at all	157	11.9
No more than usual	434	33.0
Rather more than usual	569	43.2
Much more than usual	156	11.9
Do you feel constantly under strain?		
Not at all	105	8.0
No more than usual	234	17.8
Rather more than usual	826	62.8
Much more than usual	151	11.5
Have you ever lost confidence in yourself?		
Not at all	114	8.7
No more than usual	459	34.9
Rather more than usual	596	45.3
Much more than usual	147	11.2
Total	**1316**	**100.0**

Factors Associated with Mental Health Status of Returnee Migrants

Table 3 presents the bivariate and multivariate logistic regression analysis of factors associated with mental health status among returnee migrants. Sociodemographic characteristics, such as sex, were significantly associated with mental health status. Female respondents were five times more likely to report poor mental health compared to males (AOR = 5.499, 95% CI: 2.186-13.831, $p < 0.001$).

Table 3. Multivariate Logistic Regression Analysis of Factors Associated with Mental Health Status among Returnee Migrants

Variable	COR	95% Cl	P value	AOR	95% Cl	P value
Sex						
Male	Ref			Ref		-
Female	29.576	14.940-58.550	<0.001*	5.499	2.186-13.831	<0.001*
Marital status						
Single	Ref		-	Ref		-
Married	0.338	0.240-0.477	<0.001*	0.766	0.416-1.410	0.392
Separated	0.331	0.036-3.013	0.327	0.198	0.016 – 2.481	0.210
Divorced	1.906	0.253-14.362	0.531	0.588	0.014-25.057	0.781
widowed			-			
Religion						
Christianity	111.024	58.579-210.422	<0.001*	0.119	0.044-0.319	<0.001*
Islam	Ref		-	Ref		-
Ethnicity						
Hausa	Ref		-	Ref		-
Igbo	87.744	26.801-287.264	<0.001*	8.384	1.733-40.562	0.008*
Yoruba	45.571	18.770-96.552	<0.001*	7.646	2.488-23.495	<0.001*
Edo	1661.350	228.422-12083.244	<0.001*	204.632	24.205-1729.954	<0.001*
Others	511.567	70.108-3732.810	<0.001*	156.935	18.680-1318.446	<0.001*
Education						
None	Ref		-	Ref		-
Primary	0.838	0.540-1.299	0.429	1.657	0.761-3.477	0.209
Secondary	5.151	3.391-7.825	<0.001*	1.187	0.531-2.651	0.677
Tertiary	4.556	2.008-10.337	<0.001*	0.269	0.064-1.123	0.072
Dropped out	-		-			-

**p<0.05 statistically significant, COR (Crude odd ratio), AOR (Adjusted odd ratio).*

Discussion

This study's findings show that the leading reason for migration was the pursuit of a better life (43.2%), followed by experiences of torture (38.6%), economic hardship (12.1%), and unemployment. These findings align with existing literature, which has shown that migration from sub-Saharan Africa is strongly motivated by aspirations for improved socioeconomic conditions and safety, as well as by coercive circumstances, including violence and persecution [16, 17]. The high percentage of torture-related migration underscores the severe risks and vulnerabilities faced by Nigerian migrants, echoing findings from studies multiple where many Nigerian migrants experience inhumane treatment [18, 19].

On the other hand, the reasons for return were largely associated with structural and psychosocial difficulties. Torture (24.1%) and labour exploitation (22.3%) were the most frequent reasons, followed closely by being a Single Parent (20.6%) and medical issues (20.3%). This pattern supports studies in West Africa which show that forced returnees often come back due to failed migration projects, poor labour conditions, and health challenges (Carling & Collins, 2018). The prominence of mental health and psychosocial support needs among reasons for return suggests that

psychological distress plays a significant role in shaping return decisions. This is consistent with research in Gambia, where returnees reported high levels of trauma, psychosocial strain, and stigmatization, often leading to voluntary or assisted return [20]. Many Nigerian migrants face severe trauma during migration, including violence, dangerous crossings, and harsh detention conditions in Libya, which contribute to high rates of PTSD [21]. On return, many struggle with stigma, unemployment, limited healthcare access, and long-term health problems, further worsening their mental health [10]. However, to address these issues, the International Organization for Migration (IOM) has developed psychosocial support programs, including training sessions on mental health conditions such as depression, suicide, psychoses, and substance abuse, tailored to the Nigerian context [11].

The mental health assessment revealed troubling levels of psychological distress. A large proportion of respondents reported symptoms such as difficulty sleeping, anxiety, depression, and loss of interest in daily activities. Flashbacks or disturbing migration-related memories were the most severe symptom, with others reporting them "much more than usual." These findings point toward PTSD symptoms, which have been well-documented among returnee migrants exposed to torture, trafficking, and violence [18]. However, only a small percentage of returnees reported actively seeking mental health support, suggesting a major treatment gap. Barriers may include stigma, limited awareness, poor access to services, and cultural interpretations of mental health. Similar treatment gaps have been reported in studies from Nigeria and Ghana, where less than 20% of people with mental disorders receive adequate care [5, 22].

Multivariate logistic regression analysis of factors associated with mental health status among returnee migrants confirmed that sex, religion, and ethnicity remained significant predictors of mental health status after adjusting for confounders. Female respondents had significantly higher odds of poor mental health compared to males (AOR:5.499: $p<0.001$), even after adjustment, reinforcing gender as a critical determinant. Religion showed a protective effect, with Christianity associated with lower odds of poor mental health (AOR 0.119:$P<0.001$) compared to Islam after adjustment, which may reflect differences in social support networks, coping mechanisms, or community integration. Ethnicity emerged as a strong predictor, with several ethnic groups such as Igbo, Edo, Yoruba and others showing markedly higher adjusted odds of poor mental health compared to the Hausa, indicating potential structural, cultural, or contextual disparities influencing mental health outcomes among returnees.

Conclusion

Returnee migrants in Nigeria experience significant mental health challenges rooted in traumatic migration experiences, economic hardship, and reintegration difficulties. The high prevalence of mental health symptoms and the significant associations with sex, ethnicity, and religion underscore the urgent need for targeted mental health and psychosocial support, alongside inclusive reintegration and livelihood interventions for returnee populations. The study also highlights the need for a coordinated national response that integrates mental health care into reintegration programs, strengthens community-based support systems, and promotes awareness to reduce stigma. Sustainable, gender-sensitive, and trauma-informed interventions are essential to enhance the psychological wellbeing and social reintegration of returnee migrants in Nigeria.

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Conflict of Interest

There is no conflict of interest among the authors.

Ethical Approval

Ethical approval was sought and obtained from the Nigeria Institute of Medical Research (NIMR). The reference number for the ethical approval is (IRB/24/017). Informed consent was obtained from all study participants, ensuring their voluntary and informed participation in the research. To protect participants' privacy, measures were taken to ensure the anonymity and confidentiality of their responses and personal information. Ethical approval was also sought from NIMR to ensure that the study adheres to ethical standards and safeguards the well-being and rights of all participants.

Data Availability Statement

The datasets generated and analyzed during the current study are not publicly available due to ethical restrictions related to the protection of participants' privacy and confidentiality, as the data contains sensitive information on the mental health and psychosocial experiences of returnee migrants. De-identified data may, however, be made available from the corresponding author upon reasonable request and subject to approval by the Nigeria Institute of Medical Research (NIMR) ethics committee, in line with the approved ethical protocol.

Author Contributions

- **Olatunji Joshua Awoleye:** Conceptualization, Methodology, Data Curation, Investigation, Writing – Original Draft, Funding Acquisition.
- **Florence Ngozi Uchendu:** Supervision, Writing – Review & Editing, Project Administration, Funding Acquisition.
- **Olaniyi Felix Sanni:** Formal Analysis, Methodology, Data Curation, Writing – Review & Editing.
- **Kazeem Uthman:** Conceptualization, Writing – Review & Editing, Supervision.
- All authors read and approved of the final manuscript.

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