

ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL ASPECTS OF COVID-19 OUTBREAK AMONG MIGRANT WORKERS IN SINGAPORE

– A COLLABORATIVE MODEL BETWEEN HEALTHSERVE (A MEDICAL NGO) AND OTHER HEALTHCARE STAKEHOLDERS

VERSION 2.0

(an adaptation and application of the Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak developed by the IASC's Reference Group on Mental Health and Psychosocial Support in Emergency Settings)

References:

1. <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>
2. https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
3. https://www.who.int/mental_health/emergencies/IASC_guidelines.pdf

Introduction and Executive Summary

The migrant worker population especially those in gazetted 'isolation areas' and those undergoing treatment for COVID-19 are at risk for mental distress; this distress can result in uncooperativeness, anxiety, depression, suicidal risks and violent behaviours. This is the so-called "second outbreak" – the psychological contagion that causes no less significant collateral damage.

Neglecting mental wellbeing and psychosocial care of migrant workers is detrimental to both the individual and the host community, as well as the healthcare system that is already straining to contain the main outbreak.

All stakeholders involved in the care of migrant workers in any setting – dormitories, hospitals, isolation facilities – have a part to play in addressing their mental health and psychosocial aspects of care during this COVID19 pandemic, and ensure that further marginalization of this vulnerable group is prevented.

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## Possible Mental Health And Psychosocial Responses of Migrant Workers to COVID-19

In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
- Fear of not being able to financially support family back home especially if they have pressing needs
- Fear of being socially excluded/placed in quarantine because of being associated with the disease
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Fear of being separated from friends and comforting routines due to quarantine regime
- Feelings of helplessness, boredom, loneliness and depression due to being isolated
- Fear of being deported back to home country

Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. These stressors include:

- Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not 100% clear
- Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected
- Risk deterioration of physical and mental health of vulnerable individuals if other care and support is not in place. For example, workers who have pre-existing chronic diseases such as Diabetes may run out of medications.

The constant fear, worry, uncertainties and stressors in the population during the COVID-19 outbreak can lead to long-term consequences within communities, and vulnerable individuals:

- Deterioration of social networks, local dynamics and economies
- Stigma towards surviving patients resulting in rejection by communities
- Possible higher emotional state, anger and aggression against government and frontline workers especially during prolonged quarantine
- Possible mistrust of information provided by government and other authorities

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of lack of knowledge, rumours and misinformation.

Social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected or quarantined.

## Recommendations For A Consolidated Mental Health And Psychosocial Support Response To The Migrant Worker Community In Singapore

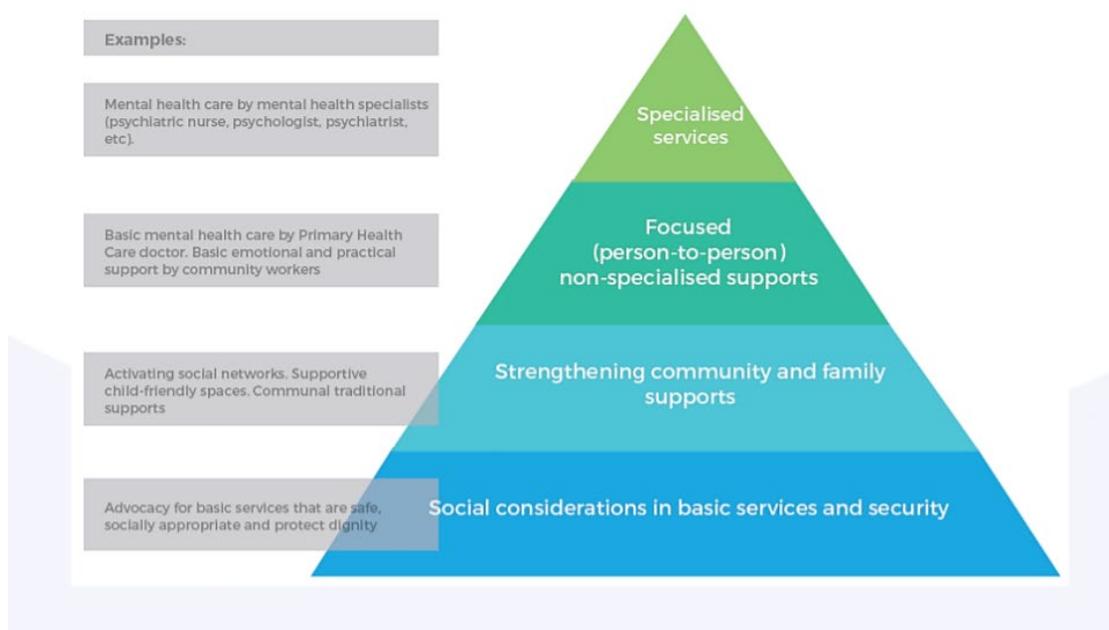
These recommendations were made in consideration of several pre-existing issues of the migrant worker community:

1. They are displaced from their communities of origin and are therefore less able to harness the appropriate resources for coping from their families and friends.
2. Language barriers prohibit them from gaining access to information and resources targeted at the local population.
3. Access to resources from local Non-Governmental Organisations (NGO) specifically serving migrant worker populations have also been reduced or are in the process of being cut off due to the need for isolation and quarantine.
4. The level of trust and communication between workers and employers cannot be assumed and therefore there will be disparate levels of vulnerability among the large number of individual workers.
5. Language and cultural barriers prohibit or make it challenging for general health services to incorporate mental health and psychosocial support to this population.
6. This population has not been represented in major multi-agency collaborations and hence their needs are unidentified and unaddressed.
7. There are scarce pre-existing mental health resources specific for the migrant worker population to be tapped on, or they were in the process of being developed before the occurrence of the outbreak.
8. Their pre-existing undesirable living environments and culturally relevant coping strategies such as alcohol use likely increase their medical and psychological vulnerabilities, instead of being protective.
9. Pre-existing social stigma and discrimination may affect the quality of care provided by frontline workers deployed to services for the migrant worker population.
10. Chronic diseases in migrant workers are usually under-declared as this may affect the renewal of their work passes. Hence, this prohibits their access to local healthcare services and their conditions may be sub-optimally controlled.

## Necessary Key Activities

1. Ensure that accurate information about COVID-19 is readily available and accessible. Information should include evidence-based practice for preventing transmission, how to seek out healthcare support, as well as messages to promote psychosocial wellbeing.
2. Train volunteers and staff (if possible) on essential psychosocial care principles, psychological first aid and how to make referrals when needed.
3. Ensure that a functioning referral pathway for persons with psychological distress is activated between all sectors involved and that all actors operating in the response are aware of and use such a system.
4. Establish measures to reduce the negative impact of social isolation in quarantine sites.
  - a. Communication with family and friends outside of the site, as well as measures that promote autonomy (e.g. choice in daily activities) should be facilitated and promoted.
  - b. Develop activity toolkits that promote resilience and hope.
  - c. Experience indicates that persons in quarantine who can make choices during their day (e.g. meal choices), have access to structured activities, have a routine and receive information updates (on notice boards or through text messages) are likely to cope better than individuals confined to an isolated area with decreased autonomy.

**Figure 1: Intervention pyramid for mental health and psychosocial support**

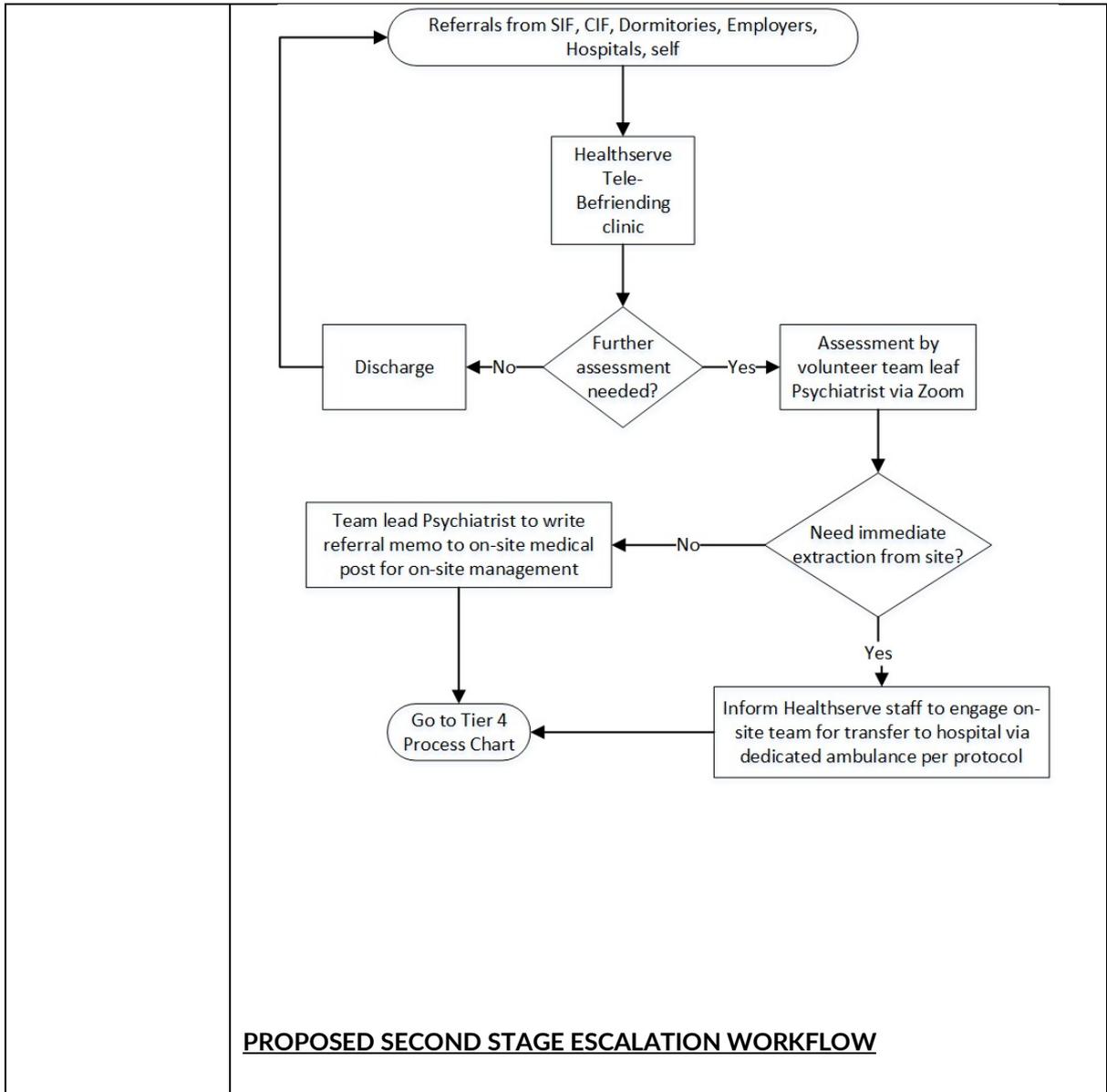


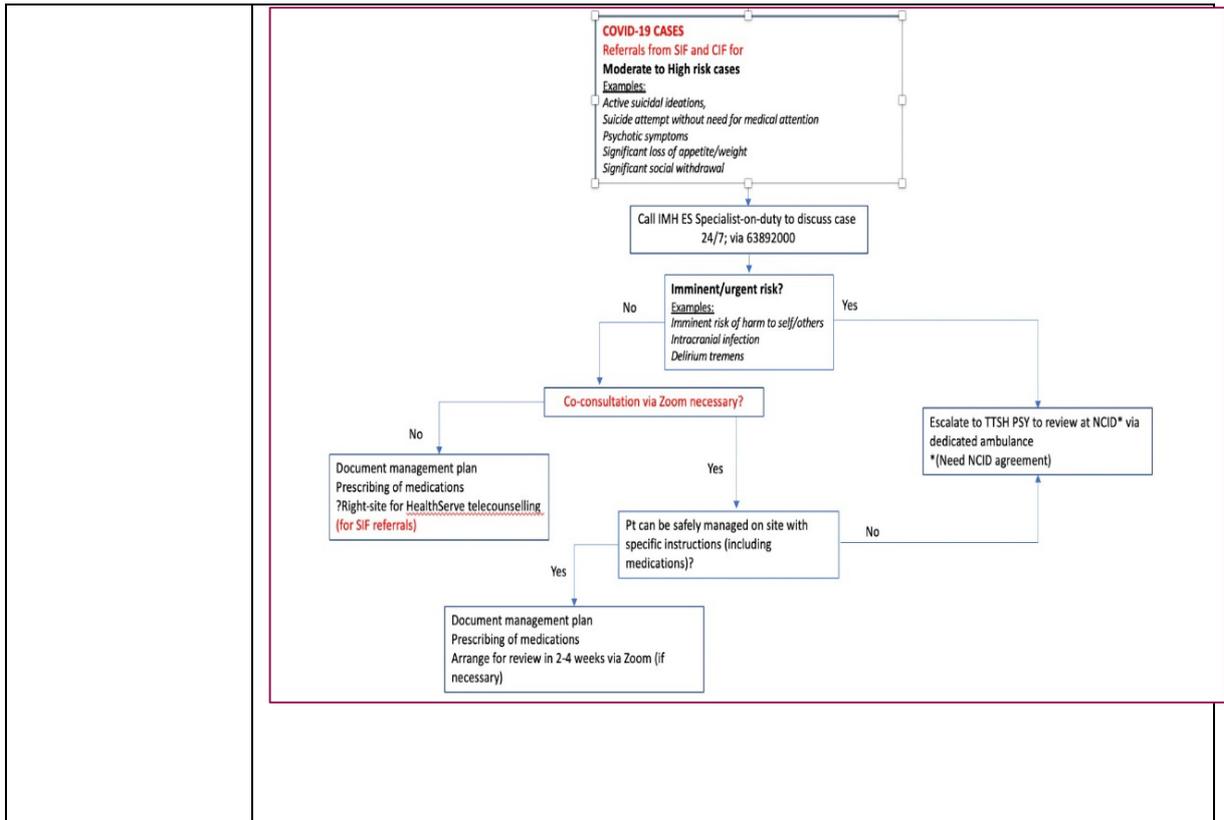
**Table 1. Recommended Model of Mental Health and Psychosocial Support**

| Tier of Intervention Pyramid                                                                                                                                                                                                                                                                                                 | Interventions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Tier 1</b></p> <p>Social considerations in basic services and security</p> <p>Basic themes in establishing sense of safety:</p> <ul style="list-style-type: none"> <li>• sensual comforts (e.g. preferred foods)</li> <li>• habitual comforts (e.g. familiar routines)</li> <li>• hearing and feeling heard</li> </ul> | <ul style="list-style-type: none"> <li>• enable autonomy over simple daily routines that are culturally and religiously appropriate:               <ul style="list-style-type: none"> <li>- provide resources/equipment needed to maintain dignity in lifestyle e.g. housekeeping necessities, toiletries, food for cooking comfort foods (within appropriate social distancing measures &amp; contexts)</li> </ul> </li> <li>• provide freedom, space, resources for religious rituals</li> <li>• ensure basic, positive daily communications through any broadcasting system in appropriate languages</li> <li>• give adequate advanced notice and information about any upcoming transitions, e.g.               <ul style="list-style-type: none"> <li>- transfers from dormitory to hospital or isolation facility or discharge back</li> <li>- explain their medical condition, reason for transition, what to expect after transition etc</li> </ul> </li> <li>• repeat and reinforce information post-transition similarly</li> <li>• have staff trained in <b>Psychological First Aid</b> to Look, Listen and Link</li> <li>• provide a means for feedback and concerns to be raised and addressed e.g.               <ul style="list-style-type: none"> <li>- message boards,</li> <li>- WhatsApp chat groups,</li> <li>- daily face-to-face check-ins, and</li> <li>- ensure timely updates on the concerns raised</li> </ul> </li> <li>• provide information and access to COVID19 specific information, e.g. <a href="https://covid19.HealthServe.org.sg/">https://covid19.HealthServe.org.sg/</a></li> <li>• provide information and access to self-help resources, e.g. HealthServe hotline +65 31384443 or <a href="https://bit.ly/hstok2me">bit.ly/hstok2me</a></li> <li>• written information in the form of care cards or health booklets can be helpful but <b>audio-visual forms are preferred</b> because verbal comprehension abilities are generally stronger than reading comprehension</li> <li>• ensure access to chronic disease management</li> </ul> |

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| <p style="text-align: center;"><b>Tier 2</b></p> <p>Strengthening personal resilience and community and family supports – activating social networks, supportive spaces</p> <p>Basic themes:</p> <ul style="list-style-type: none"> <li>• connection</li> <li>• communication</li> <li>• contribution</li> <li>• meaning</li> </ul> | <ul style="list-style-type: none"> <li>• HealthServe website to be regularly refreshed with mental wellness content</li> <li>• Encourage self-enablement and empowerment</li> <li>• Provide resources for suggested appropriate pleasurable activities, e.g. <ul style="list-style-type: none"> <li>- games (playing cards, carrom, chess, etc)</li> <li>- craft work, art/drawing</li> <li>- outdoor movie screening</li> <li>- etc</li> </ul> </li> <li>• Plan special activities, foods, occasions to be looked forward to</li> <li>• Enable celebration of significant cultural/religious festivals in appropriate ways</li> <li>• Encourage helping and looking out for each other who are in the same cohorted space, and have autonomy over their space (e.g. 'Cleanest Room / Corridor / Block' competitions)</li> <li>• Encourage ground-up initiatives and ideas on activity scheduling and system improvements</li> <li>• Announce and celebrate achievements</li> <li>• Harness technology to enable new ways of expression, communications and communal activities</li> </ul> |
| <p style="text-align: center;"><b>Tier 3</b></p> <p>Non-specialised supports - basic emotional and practical support by community workers</p> <p>HealthServe “Tele-Befriender” service in the form of 1:1 or group sessions,</p>                                                                                                    | <p><b><u>Hospitalized or Quarantined Workers</u></b></p> <ul style="list-style-type: none"> <li>• Prepare a pool of available translators and have a low threshold for calling on them for help</li> <li>• develop communications scripts for use between patient/HCW and HCW/patient’s NOK</li> <li>• include aspects from Tier 1 and Tier 2 in admissions orientation (such as sources of information and self-help)</li> <li>• posters and informational materials on <b>HealthServe’s hotline +65 31384443</b> to be displayed prominently for awareness and self-help</li> <li>• referral pathways for onsite medical teams to refer cases to HealthServe Tele-Befriender service or onsite teams to allow access to HealthServe to provide outreach</li> </ul>                                                                                                                                                                                                                                                                                                                       |

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| <p>fronted by volunteers and supervised by mental health experts</p>                               | <ul style="list-style-type: none"> <li>○ <b>all attending HCWs / doctors at medical posts are advised to proactively detect signs of emotional distress</b></li> </ul> <p><b><u>Dormitory Workers</u></b></p> <ul style="list-style-type: none"> <li>• Posters and informational materials on <b>HealthServe's hotline +65 31384443</b> to be displayed prominently at medical post</li> <li>• referral pathways for onsite medical teams to refer cases to HealthServe Tele-Befriender service or onsite teams to allow access to HealthServe to provide outreach <ul style="list-style-type: none"> <li>○ <b>all attending HCWs / doctors at medical posts are advised to proactively detect signs of emotional distress</b></li> </ul> </li> <li>• employers and dormitory managers can also refer to HealthServe Tele-Befriender service by sending a text message to the <b>Healthserve hotline +65 31384443</b></li> </ul> |
| <p><b>Tier 4</b></p> <p>Specialised services – mental health care by mental health specialists</p> | <ul style="list-style-type: none"> <li>• Cross-referral across healthcare institutions to accord appropriate care for individuals requiring more intense intervention</li> <li>• Early involvement of skilled resource from tertiary hospitals and national institutes for just-in-time care</li> <li>• Proposed workflows for National Healthcare Group cluster as illustrated below (may be adapted for other clusters / partners):</li> </ul> <p><b><u>PROPOSED FIRST STAGE ESCALATION WORKFLOW</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                   |





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