



# Guide on Psychological First Aid

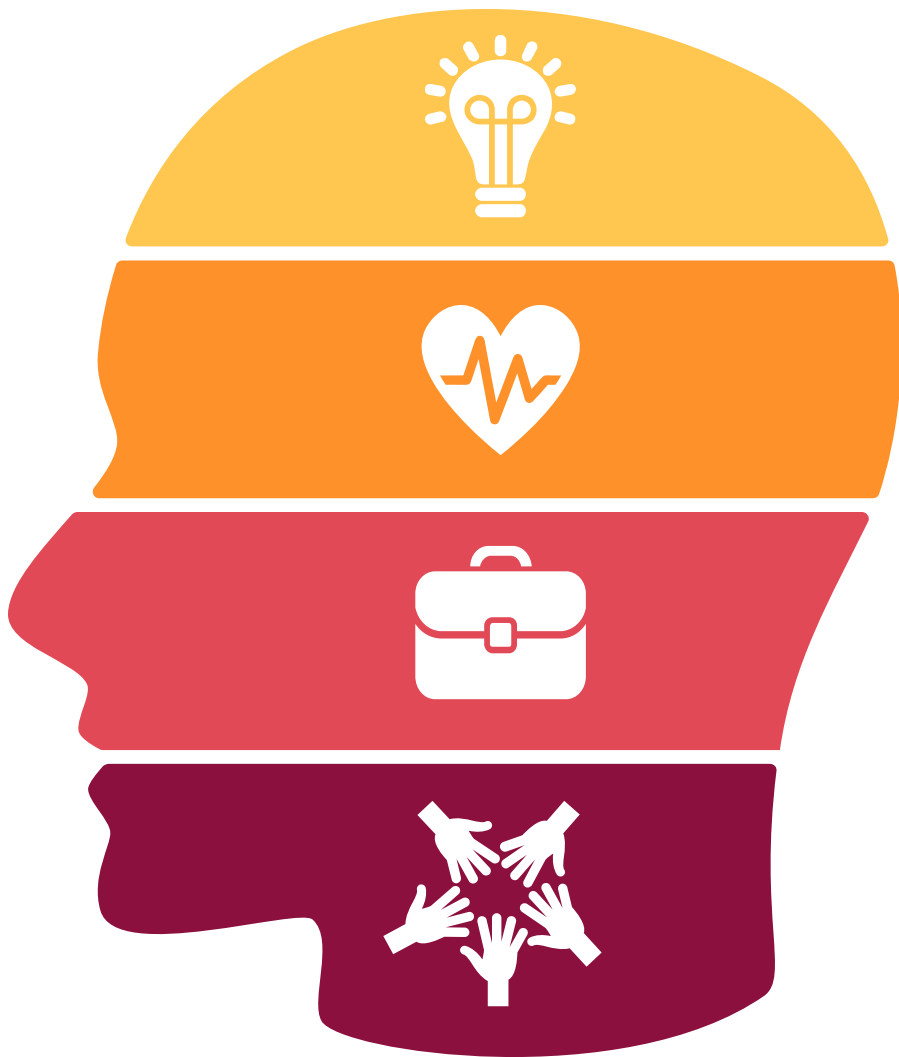
*Looking out for our migrant brothers*

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*Official (Closed)*

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Mental health is about how we **think, feel and act** when we face with ups and downs in our lives. **Good mental health is more than just the absence of mental illnesses.** It is a **state of well-being** in which an individual realises his own abilities, can cope with the stresses of life, and can work productively.

# What are some **triggers** of distress and worry amongst Migrant Workers (MWs)?




## Employment

- Fear of not being able to work and losing job if quarantined
- Fear of being deported back home
- Financial scams where MW loses savings
- Employers do not pay salaries on time, are unreachable




## Social

- Fear of change of environment if moved to a new dorm or put in quarantine
- Fear of being socially isolated and rejected from community because of association with Covid-19, mental illness
- Issues in romantic or family relationships



## Health

- Fear of falling ill and dying from disease e.g. Covid-19
- Fear of poor health if they cannot get medicines from home
- Stigma to seek help for mental illness
- Fear of financial burden if seek treatment e.g. for Covid-19, mental illness



## Family

- Fear of not being able to pay off loans to support family back home
- Feeling grief, helplessness and fear of losing family back home if they fall ill, face natural disasters

# Managing situations on the ground

One should follow the **3Ls – Look, Listen and Link**, when responding to a situation where a MW is in acute distress

## 1. LOOK

- Scan for the issue
- Assess the situation
- Conduct check on yours & MW's safety



## 2. LISTEN

- Stay calm
- Enquire for details
- Reassure the MW

## 3. LINK

- Connect MW to appropriate resource
- Follow up on MW's well-being
- Support MW in his recovery



# How to tell if a MW is in distress?



You may see or hear of this...

1

## Early/mild symptoms

- i. Difficulty in sleeping
- ii. **Change in behavior or mood swings**, especially - after phone call from home (e.g. argumentative, irritable, feeling sad, tearfulness, excessive alcohol intake)

2

## Late/serious symptoms

- i. **Signs of self-harm** on body
- ii. Turning violent
- iii. Actively **planning and/or talking about** suicide
- iv. Appearing delusional, saying unusual things
- v. Complaining of fear, difficulty breathing

*Other signs to watch out for if a MW is:*

- i. Refusing to eat
- ii. Not sleeping at all and roaming around dorm late at night
- iii. Did not report to work/took rest days suddenly, and did not seek medical attention

# What to do if a MW is showing **early/mild symptoms** of distress?



1

**Early/mild symptoms**

1

Reach out to the MW or get their block/room mates/buddy to find out if he is okay, and whether he is facing problems.

If you know that the MW is facing some problems and may benefit from talking to a counsellor/fellow ambassador, you can do the following:

Note: Seek MW consent on the below options before proceeding.

a) Help MW to call the **helplines** run by NGOs

- HealthServe at **3129 5000** – *has 24/7 crisis helpline for counselling services*
- Migrant Workers Centre at **6536 2692** - *has 24/7 helpline, but no medical/counselling expertise*
- Hear4U at **6978 2722 (Tamil) 6978 2723 (Bengali) 6978 2724 (Mandarin) 6978 2725 (English)** - *offers WhatsApp text-based helplines*

**OR**

2

b) Bring the MW (or allow the MW's fellow dorm friend if accessible to accompany him) to the **nearby medical centre**. Alternatively, help the MW use the telemedicine service on the FWMOMCare app.

Do inform the FAST team for the dorm (if MW resides in a dorm) so that they can provide support to MW. Do also seek consent from MW before doing so.

# What to do if a MW is showing **late/serious symptoms** of distress?



If you suspect the MW has an **intent of self-harm or violence**...

**1**

Call **995/999 AND inform** the MW's **employer**<sup>1</sup>

**2**

Ensure that the distressed MW has been **conveyed to a medical centre or to IMH**, if possible. SPF will manage conveying the MW to a medical centre/IMH.

**3**

**Check-ins/look out for MW (along with the MW's block/roommates/buddy)** after he is discharged and returns to dorm. [Currently with IMH's cases, HealthServe is performing the post-discharge case management role]<sup>2</sup>

If you think the MW has **no intent of self-harm or violence**, **there is no need to call 995/999. Directly call the MW's employer**, and ensure that the distressed MW has been conveyed to a medical centre or to IMH, if possible. Employer should manage the conveyance of the MW to a medical centre/IMH.

<sup>1</sup>Employer details can be retrieved from dorm operator or MOM

<sup>2</sup> If not already connected to counselling, seek MW's consent and connect the MW to the counselling helplines provided on Pg 6

# How can you help prevent suicide incidents?



2

Late/serious symptoms

- Most suicides are **impulsive acts**. MW did not plan for it.
- Some suicide incidents are triggered by a distressing call e.g. news from family, partner back home etc.
- Common methods of MW suicides are in the dorms by hanging or jumping\*
- Common triggers of suicides have been **financial distress, extra-marital/relationship issues\***

## ***Hazardous Material***

Check with dorm operators that they have **removed, locked up or restricted free access to hazardous material** such as ropes, electrical cables, insecticides/pesticides, ladders, rooftop access etc.



## ***Be Vigilant***

Keep an eye out for:

- a) MWs showing **signs of distress**
- b) MWs who are **reserved, new to a dorm/employer** – they may have weaker social networks/protection. Pair them up with a buddy so they have someone to talk to.

*(You may notice these or dorm-mates/friends/security may alert you)*



## ***Escalations***

Ensure the dorm cleaning staff or security team **alert MOM's FAST officers** if they notice anything unusual (e.g. find hazardous material, distracted MWs) when they go around the dorm to do their tasks



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