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# Exploring Psychosocial Factors Affecting the Mental Well-Being of Non-Domestic Migrant Workers in Singapore: A Qualitative Study

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**Abstract. Objectives:** Migrant workers in Singapore face unique challenges that impact their mental well-being as they adjust to a foreign environment. This study examines the psychological and social factors influencing their mental health before, during and after the COVID-19 pandemic, including job conditions, living environments, social relationships, and cultural pressures. We also assess the effectiveness of existing mental health support systems and their accessibility to migrant workers. **Methods:** We conducted semi-structured interviews based on a qualitative survey among migrant workers during health screenings to gather insights into their mental well-being and awareness of available mental health services. Responses were then analysed using a thematic analysis to identify key factors affecting their mental health. **Results:** Preliminary findings suggest that poor mental well-being among migrant workers is primarily influenced by physical exhaustion, low wages, relationship stress, cultural pressures, and homesickness. Conversely, mental health improves with participation in dormitory activities and quality time with family and friends during rest periods. However, limited awareness and access to mental health services create additional barriers for those who may need support, which may lead to further deterioration in mental health. **Conclusion and Implications:** Our findings indicate the need for targeted mental health interventions and enhanced support services for migrant workers in Singapore. Addressing these external stressors and promoting awareness of mental health resources are essential steps to ensure their sustained mental well-being.

**Keywords:** Migrant Workers, Mental Health, Psychosocial Factors, Qualitative Study

## Introduction

Under the Employment of Foreign Manpower Act (EFMA) regulating the import of foreign labour into Singapore, unskilled and low-skilled workers are employed under the Work Permit (WP) scheme, while higher-skilled workers are employed under the Employment Pass (EP) scheme. Within this bifurcated labour migration model, unskilled and low-skilled WP holders are treated as a transient workforce with little job security or opportunities for social advancement within the host society (Yeoh, 2006), while higher-skilled EP holders are allowed to change jobs freely, bring dependents to Singapore and integrate into the community by applying for permanent residency here (Farwin et al., 2023).

Contemporary migration is a complex phenomenon founded on the intention of betterment or escaping unfavourable factors in one's home country. While not a universally distressing experience, relocation to these foreign environments lacking in familiar social, cultural, or linguistic structures exacerbates social stressors, with migrants being more vulnerable to developing mental health issues (Virupaksha et al., 2014). While Singapore's migrant worker program serves as a cost-effective source of labour to fulfil labour shortages and fuel its economic engine, this state-managed temporary migration precludes the integration of low-skilled WP holders into local communities, compounding mental health risks experienced by this already vulnerable population.

Stressors such as social isolation and discrimination are commonly experienced by migrant workers due to a lack of social networks in a foreign country, and local perceptions of migrant workers as foreign with a "lower status". Such stressors adversely impact social support essential for coping with stress, while lowering self-esteem and sense of belonging, thus significantly predisposing workers to mental health issues (Farwin et al., 2023; Hussain et al., 2024; Yong et al., 2023). Notably, other stressors contributing to this include poor living conditions due to workers living in stuffy, congested dormitories causing poorer sleep quality and lack of privacy, as well as limited access to healthcare because of language barriers, cultural differences, unaffordability, and employer gatekeeping (Farwin et al., 2023; Hussain et al., 2024; Yong et al., 2023).

As of December 2024, there were 1,165,900 WP holders in Singapore, including 301,600 migrant domestic workers and 456,800 non-domestic workers employed in the labour-intensive construction, marine shipyard and processing (CMP) sectors (Ministry of Manpower Singapore, n.d.-a). Most male migrant non-domestic workers come from low-income countries such as Bangladesh, India, and Myanmar (Ministry of Manpower Singapore, n.d.-b, n.d.-c). In Singapore, particularly in the context of mental healthcare, there is a lack of accessibility for non-domestic male WP-holding migrant workers (henceforth referred to as MWs) for mostly financial and cultural reasons (Yong et al., 2023). In addition to the language barrier between local healthcare providers and MWs (Ang et al., 2020; Migrant Death Map, n.d.; Rajaraman et al., 2020), MWs in Singapore

do not enjoy subsidies for psychological support either, as government-mandated insurance coverage only subsidises medical consultations (Migrant Death Map, n.d.; Ministry of Manpower Singapore, n.d.-d, 2023a; Rajaraman et al., 2020). This has ultimately led to many delaying getting help and treatment, with most cases going undiagnosed (Migrant Death Map, n.d.; Rajaraman et al., 2020).

The limited accessibility of mental health treatment for MWs is particularly concerning, given the high prevalence of mental health issues within this population in Singapore, including depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) (Bustamante et al., 2018; Harrigan & Koh, 2025; Lurie, 2009; Palaniappan et al., 2023; Saw et al., 2021). A systematic review by Hasan et al. conducted in 2021 showed that the overall prevalence of depression and anxiety in MWs worldwide was 38.99% and 27.31% respectively. The prevalence of PTSD among migrants was 25% in a systematic review of the prevalence of anxiety and PTSD in immigrants by Amiri in 2022. This high prevalence has been attributed to social stressors such as discrimination, lack of rights, stress from employers (Amiri, 2022; Bustamante et al., 2018; Harrigan et al., 2017; Hasan et al., 2021; Lurie, 2009; Palaniappan et al., 2023; Trabsa et al., 2023) and trauma experienced during the migration process (Bustamante et al., 2018; Eiset et al., 2022).

Additionally, movement restrictions and quarantine measures during the COVID-19 pandemic had most likely worsened the mental well-being of MWs (Migrant Death Map, n.d.; Saw et al., 2021). During this time, the MW population in Singapore experienced disproportionately high rates of infection compared to the general Singaporean population due to the tight living arrangements and close proximities within the confines of dormitories (Koh, 2020), with dorm residents constituting 94% of Singapore's 58,000 COVID cases as of October 12, 2020, just 9 months after Singapore's first confirmed case (Yuen & Lim, 2020). MWs were often housed in factory-converted dormitories (FCDs) or makeshift housing, which were densely populated and ill-equipped (Yuen & Lim, 2020). One such FCD, housing 500 men, had only a single isolation room that could accommodate just 3 to 4 sick individuals at a time (Chew, 2020). To reduce density in dormitories, many MWs were relocated to newly built quick-build dormitories (QBDs) with limits on the number of beds per room and fewer residents sharing common facilities such as toilets, bathrooms and sick bays (Ministry of Manpower Singapore, 2020a; Yuen & Lim, 2020).

To situate this issue in our local context, this study aims to investigate the psychological and social factors influencing their mental health before, during and after the COVID-19 pandemic, including job conditions, living environments, social relationships, and cultural pressures. We also aim to assess the effectiveness of existing mental health support systems and their accessibility to migrant workers. This was conducted as part of our broader general health screening programme, Migrant Health

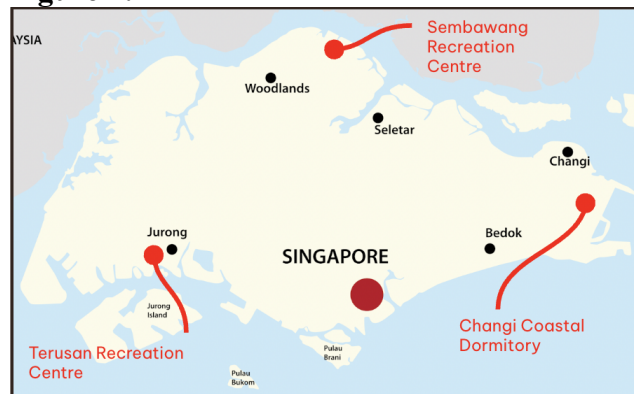
Matters (MHM), which the research team conducts at recreation centres and dormitories around Singapore. More details on the screening can be found in a previous publication by our study team (Kon et al., 2024).

## Methods

### Overview of Study Design

We conducted semi-structured individual interviews among MWs to gather insights into their mental well-being and awareness of available mental health services. The interviews were conducted across 3 data collection centres: Changi Coastal Dormitory (East), Sembawang Recreation Centre (North), and Terusan Recreation Centre (West) for a more representative coverage of the island-wide migrant population. The sample population totalled 55 ( $n = 4$  from Changi,  $n = 46$  from Sembawang, and  $n = 5$  from Terusan as seen below in Figure 1). The majority of interviewees were at recreational centres as a variety of MWs from different dormitories and occupations could be found, ensuring a broader sample, and because recreational centres feature a steady throughflow of migrant workers for interviewing.

**Figure 1:** Location of data collection centres in Singapore.



MWs were eligible for the study if they were at least 21 years old, held a Work Permit pass or Special Pass card, and consented to being audio-recorded. Contact was facilitated through on-site recruitment at the 3 data collection centres. After they finished their health screenings, every other migrant worker was asked verbally if they wished to be interviewed, but most did not give their consent. English-language abilities did not affect the selection of interviewees.

MWs were surveyed using only a standardised list of questions in a Google Form, which was administered by the same personnel to ensure consistency in the extent of probing questions asked to elicit more thorough responses from the semi-structured interviews. Questions were phrased broadly and in an open-ended manner to reduce questioning bias. Translators in Bengali, Tamil, and Mandarin were also on hand to ensure

that MWs fully understood the questions and were able to clarify with interviewers if their understanding of the questions was limited. Responses were then coded and analysed using a thematic analysis to identify key factors affecting their mental health, which were then mapped into a schematic map (Figure 3) to better address the research question.

### **Data Collection**

Before each interview, we explained study objectives to participants, informed them that data would be kept strictly confidential and obtained their informed consent in accordance with the Helsinki Declaration.

Questions were selected to revolve around the following themes:

1. Administrative information (age, occupation, etc.)
2. General mental health and factors affecting it (living conditions, stressors, etc.)
3. Support structures and coping mechanisms (family and friends, social relationships, etc.)
4. Role of culture (religion, traditional stigma, differences with locals, etc.)
5. Support services (awareness and receptiveness towards mental healthcare services in Singapore, etc.)

These questions were adapted from a recent paper on the mental health of migrant workers in Singapore (Farwin et al., 2023). The full list of questions can be found in the Appendix. All interviews were audio recorded, and recordings were transcribed verbatim. Interviews were conducted until data saturation was believed to have likely occurred. Interviews generally lasted up to 30 minutes each. The researchers have conducted due diligence in maintaining an objective viewpoint by comparing notes and experiences with each other.

### **Data Analysis**

We undertook our thematic analysis within the following phases, following the model outlined by Braun & Clarke (2006), and Naeem et al. (2023).

1. Recognising and listing the data (parts of patterns), that is, carefully reading and rereading all collected material;
2. Combining nascent patterns into themes, which included generating our initial codes, creating transcripts of all relevant material, to help convert it in its raw form (expert reply, published study) into a more usable form (notes and nodes);

3. Searching for themes and recognising subthemes and sub-patterns, in particular taking note of recurring patterns in the material and beginning to cluster results according to different “families”;
4. Further synthesising subthemes into themes, and refining both the unit of analysis (our “theories”) as well as the ‘families’ with which they belong;
5. Reviewing and refining themes through intense discussions within the authoring team about theory identification, placement, and interpretation;
6. Formulation of results, finalising our themes, and drafting the analysis.

In the results section, we then share the themes identified in table form, with 1 or more supporting statements from the transcripts of the MW interviews.

## Results

All 55 participants are of either Bangladeshi or Indian nationality, which includes populations of heterogeneous cultural and religious backgrounds. They are employed in the construction, marine shipyard, or processing (CMP) sectors. While Islam was common among Bangladeshis, though most Indian workers were from the South Indian state of Tamil Nadu, there remains notable variation in their religious background, ranging from Hinduism and Buddhism (more common) to Christianity and Sikhism (less common).

### Migrant Workers in Singapore: A Life in Stages

**Figure 2:** Infographic describing emotional shifts throughout a MW’s working life in Singapore, from pre-COVID, COVID, to post-COVID periods.

### Emotional Shifts Throughout The Migrant Workers’ Working Life in Singapore



Upon analysis, we note that the general feelings of the MW population can be broadly divided into 3 periods: the 1) initial period, 2) COVID period, and 3) current period as seen from Figure 2 above. Only responses from MWs who began residing in Singapore prior to the emergence of COVID-19 in 2020 were included in the analysis. The general trend highlights that in the initial period, MWs felt emotions more reflective of the migration process. During COVID, their emotions were parallel to those felt by others in Singapore and even worldwide (Saw et al., 2021). After COVID, the MWs seem to feel content regarding perceived improvements to their daily lives and standard of living, which were enacted only post-pandemic, while some felt general fatigue towards life.

**Table 1:** Participant code and associated quote from the transcript on the 3 periods of emotional shifts.

Emotion	Code	Quote from Transcript
1 - Initial Period		
Happy	S07_1.1	“I no pressure..feel happy overall”
	S21_1.2	“No problems with company... beautiful country so I am so happy”
Fearful	S17_2.1	“I was scared when I first come”
Lonely	S11_2.1	“I felt lonely at the start”
2 - COVID-19 Period		
Comforted	S05_1.1	“That time I was in Singapore, not bad and I always taken care of, makan, so everything was good. Mental well-being was good. I accept that there is COVID, because this one all countries have. During the recovery period, I was feeling okay because they gave masks, makan, hand sanitary, soap, to protect you everywhere, everytime I go supermarket everything is good, so I like. My mental wellbeing was good.”
	S06_1.1	“Happy with Singapore government..took care of everything so I felt okay. Not sad to be locked down...can save money... I felt safe”
Unaffected	S15_2.1	“I was in quarantine, but was no issues...Could communicate freely.”

Distressed	S02_1.1	“Some of us distressed cause cannot go out”
	S03_1.1	“I was scared and missed my family”
Bored	S08_2.1	“I was just bored”
3 - Current Period		
Content	S03_1.1	“I am happier because we are transitioning back to pre-COVID period”
	C04_1.1	“Things got better after COVID”
Drained	S10_2.1	“I am drained out now”

As seen from Table 1 above, the complex nature of migration can be captured in the diversity of responses in the initial period, reflecting the varying emotions and perceptions experienced by MWs. During COVID, MWs were generally satisfied as their bread and butter needs were being met, though many were worried due to the high infection rates in dormitories and their home countries. After COVID, most MWs were relieved at the return to normalcy and stability in their routines.

Situating these perspectives in the context of Singaporean society, MWs in Singapore are housed in workers’ dormitories close to their site of work for convenience, often in remote or industrial areas in the periphery of Singapore’s urban landscape, and away from community hubs served by locals or public amenities such as train stations (Ng, 2020). This housing stratification displayed could also be one of the reasons contributing to MWs feeling less ‘welcome’ and integrating poorly into the rest of the local population (Yeoh & Lam, 2022). Cases of xenophobia have also previously been reported (Alkhatib, 2022). Moreover, while MWs may be able to live with and connect with peers with similar cultural backgrounds, MWs from East Asia or Southeast Asia, which represents a minority of the predominantly South Asian MW population, experience an additional barrier to social integration within their immediate living environments, such as dormitories and recreation centres.

During the COVID-19 pandemic, MWs had to adapt to heightened concerns regarding infection transmission, alongside stringent movement and safety restrictions implemented for their protection (Saw et al., 2021). From our visits in 2024, these QBDs were found to have limited recreation areas (e.g. sports facilities, activity rooms) whereas FCDs and makeshift housing units had none, with MWs frequenting nearby recreation centres on their days off instead. This lack of personal and recreational spaces, coupled



with restricted access to such facilities, likely contributed to the heightened experiences of distress and boredom reported by MWs during this period.

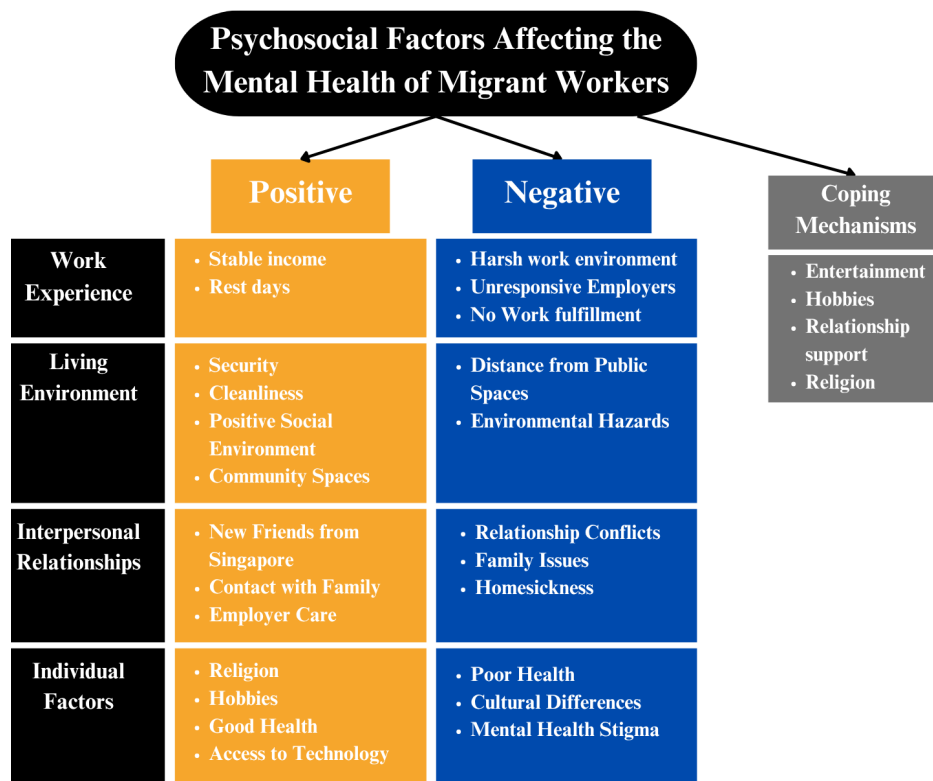
Poor mental health was also exacerbated by feelings of isolation due to separation from their loved ones at home, especially in times of crisis such as the COVID-19 period (Yee et al., 2021). However, many MWs commended the Singaporean government for its responsive support, such as the provision of supplies and assistance, which played a substantial role in sustaining their positive mental well-being (Hildon et al., 2022).

Following the pandemic, various changes were made by the Singaporean government to better support the MW community, including the establishment of the Primary Care Plan. It greatly subsidises the cost of medical consultations for each MW and consolidates the operation of medical facilities into 6 geographical clusters, each operated by a private contractor. Health screenings are also subsidised and highly encouraged to better manage the MWs' physical health (Ministry of Manpower Singapore, 2022). Dormitory living conditions were also improved by the Dormitory Transition Schemes following public outcry, which could have contributed towards the feelings of contention (Ministry of Manpower Singapore, 2023b). However, despite initiatives like the PCP and Dormitory Transition Scheme, there remain deeply rooted systemic issues in the MW scene, such as unfair termination, unpaid wages, and unsafe transportation, which may have roused feelings of dejection among others (Kumarr & Bal, 2024).

### **Psychosocial Factors**

We constructed a schematic map (see Figure 3) to summarise the overall themes raised in the interviews. Of note, 5 common themes of concern were consistently raised, namely: working experience, living environment, interpersonal relationships, individual factors, and coping mechanisms. Among these, the first 4 can be clearly delineated into positive versus negative contributing factors, while the coping mechanisms are not polarised.

**Figure 3:** Schematic map of psychosocial factors affecting the mental health of MWs.



The tables below (Tables 2-6) include the quotes from the interview transcripts which support the positive and negative contributing factors raised for each of the 5 common themes of concern.

**Table 2:** Participants code and associated quote from the transcript on working experience.

Factor	Code	Quote from Transcript
Positive Working Experience		
Stable income	S20_1.2	“So happy, because I come here to <i>earn money</i> , I send to family, family so happy, so all is good.”
Rest days	S18_1.2	“Relax... Sunday all the time relax.. Only Sunday off.. <i>Full day rest</i> ”
Negative Working Experience		
Harsh working	C01_1.1	“Old company sometimes had to <i>work under the sun</i> but with them for 9 years.”

conditions		
Unresponsive employers	S20_1.2	“My company, they did not settle one...because company very big so <i>will not get any response</i> ”
No work fulfilment	S07_1.1	“ <i>Difficult to do something that I find more meaningful than my current career</i> ”

MWs in Singapore earn far less than the average local, but more than what they could earn in their country of origin, so many choose to work in Singapore to increase their family income. Regulations are also in place to ensure MWs receive sufficient rest every week. However, enforcement of these work regulations remains an issue, with cases of poor adherence to contract terms and unfair treatment of the MWs consistently being reported yearly (Kumarr & Bal, 2024). Many MWs also take large bank loans in their home country to pay the recruitment fee to travel to Singapore, which can be upwards of S\$5,000 to S\$16,000 (Ganesan & Tham, n.d.). Not only does this require many months of salary to pay off, but many are also deceived into taking up jobs which differ from what was previously advertised back in their home country (Ganesan & Tham, n.d.).

**Table 3:** Participant code and associated quote from the transcript on living environment.

Factor	Code	Quote from Transcript
Positive Living Environment		
Safe and good security	C01_1.1	“Singapore is <i>safe because of good rules</i> ”
Clean	S12_2.1	“ <i>Cleanliness..Spend times with friends and to MBS and parks.</i> ”
Positive social environment	C04_1.1	“ <i>Feel welcome and happy</i> ”
Community spaces	S01_1.1 S04_1.1	“ <i>See very good places outside, buildings make me happy, go with friends too have fun.</i> ” “ <i>There are community centre and RC programmes. I play Carrom and games, and makan food.</i> ”
Negative Living Environment		
Lack of accessibility	C04_1.1	“ <i>Problem with this dorm is no bus to go out. Even on Sundays, too far to go out. Hard to socialise</i> ”

Environmenta l hazards	S04_1.1	“We like natural area with natural air, I don't like the city, <i>oxygen not good.</i> ”
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We note that the MWs appreciate the general environment of Singapore, citing cleanliness, security, and the presence of community living spaces as some reasons why it is a desirable place to work and reside in. However, many of these spaces are inaccessible to them. As previously raised, MWs live in remote parts of the island, away from the local population, and access to these areas tends to be limited (Chew, 2020; Yuen & Lim, 2020). Environmental hazards such as dust and pests have also been cited as contributing factors.

**Table 4:** Participant code and associated quote from the transcript on interpersonal relationships.

Factor	Code	Quote from Transcript
Positive Interpersonal Relationships		
New friends	S06_1.1	“Got friends to bring him out. Always meet every week.. <i>Community and friends are very good</i> ”
Family back home	S03_1.1	“Sometimes after work, <i>calling and talking to family makes me feel better.</i> ”
Employer care	S19_1.2	“Last time I got accident but <i>company all take care... money also give</i> ”
Negative Interpersonal Relationships		
Relationship conflicts	S10_2.1	“ <i>Fights (with my partner) make me feel upset.</i> ”
Homesickness	S03_1.1	“After coming to Singapore, missing the family but yet earning is okay. But <i>missing the family.</i> ”
Family issues	S04_1.1	“My mother and father are not happy because I am not married. <i>I find it difficult to connect with them.</i> ”

Interpersonal relationships, such as new friendships were unsurprisingly cited as positive factors influencing mental health. Many also brought up family, as it helped them rationalise their stressors as a personal sacrifice towards the betterment of the lives of their family members, in terms of sending remittances home. A number also cited supportive superiors as a factor. Conversely, relationship stressors with their partners and family affected their mental health, as well as homesickness. This is because some migrant workers experience strained

relationships with spouses possibly due to prolonged lack of in-person interaction.

**Table 5:** Participant code and associated quote from the transcript on individual factors.

Factor	Code	Quote from Transcript
Positive Individual Factors		
Hobbies	S06_1.1	“Go <i>play cricket</i> outside on the weekend.. <i>play games</i> as hobbies”
Religion	S05_1.1	“I feel comfortable talking to God through prayers.. <i>help can only come from God</i> ”
Access to technology	T01_1.1	“ <i>Watching videos on phone</i> ”
Good health	S40_2.2	“ <i>Staying healthy</i> (makes me happy in Singapore)”
Negative Individual Factors		
Poor health	S04_1.1	“ <i>Biggest problem is health conditions</i> , because.. outside catering...is not good, I not happy with the ‘makan’”
Cultural differences	S06_1.1	“Some people good, some people not good. <i>Don't want to talk because of differences in religion and country.</i> ”
Mental health stigma	S10_2.1	“Mental health is <i>frowned upon</i> ”
	S12_2.1	“Mental health is <i>very expensive</i> in Bangladesh”

A number of personal factors were raised in Table 5 above. Hobbies are generally widely supported by authorities in Singapore. Recreation centres are built with courts to promote sports such as cricket or kabaddi, and purpose-built (PBD) or quick-build (QBD) dormitories usually have a gym and activity room for recreational purposes, facilitating activities such as table tennis or movie screenings. For some workers, their religion traditionally emphasises the importance of hardship in defining one’s journey in life, and they use this to rationalise their challenges. WiFi and charging ports are a common provision in dormitories, which workers rely on for leisure internet browsing and for communication with friends and family. Some also cited good medical support.

Healthcare issues focused on chronic conditions such as musculoskeletal pain, presbyopia and high blood pressure, which often went unmanaged due to the high costs of local healthcare, directly tied to poor awareness or access to health services (Ang et al., 2020b; Ministry of

Manpower Singapore, n.d.-d, 2023a). For example, a 2020 survey on whether low-wage MWs in Singapore are receiving adequate healthcare in public healthcare institutions found that 73 per cent reported not having received any insurance information from their employers (Ang et al., 2020a).

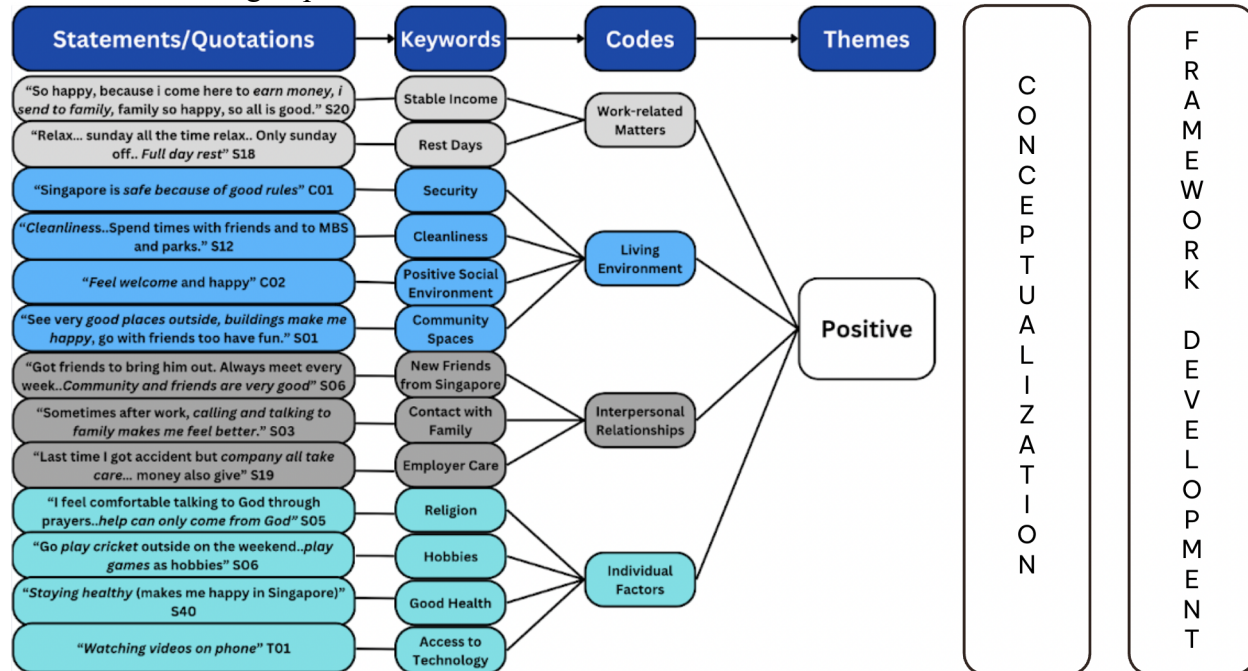
Cultural differences within and outside the MW community also persist, with limited opportunities for meaningful cultural exchange. There is currently little effort made for MWs to learn about one another's backgrounds, to engage with local Singaporean culture, or for Singaporeans to better understand MWs. As most MWs originate from conservative South Asian societies, males inhabit the cultural role of a breadwinner of a household and are expected to show resilience in the face of adversity, with many striving to fulfil this provider role at all costs and experiencing growing emotional distress when unable to do so (Awan et al., 2025).

**Table 6:** Participant code and associated quote from the transcript on coping mechanisms.

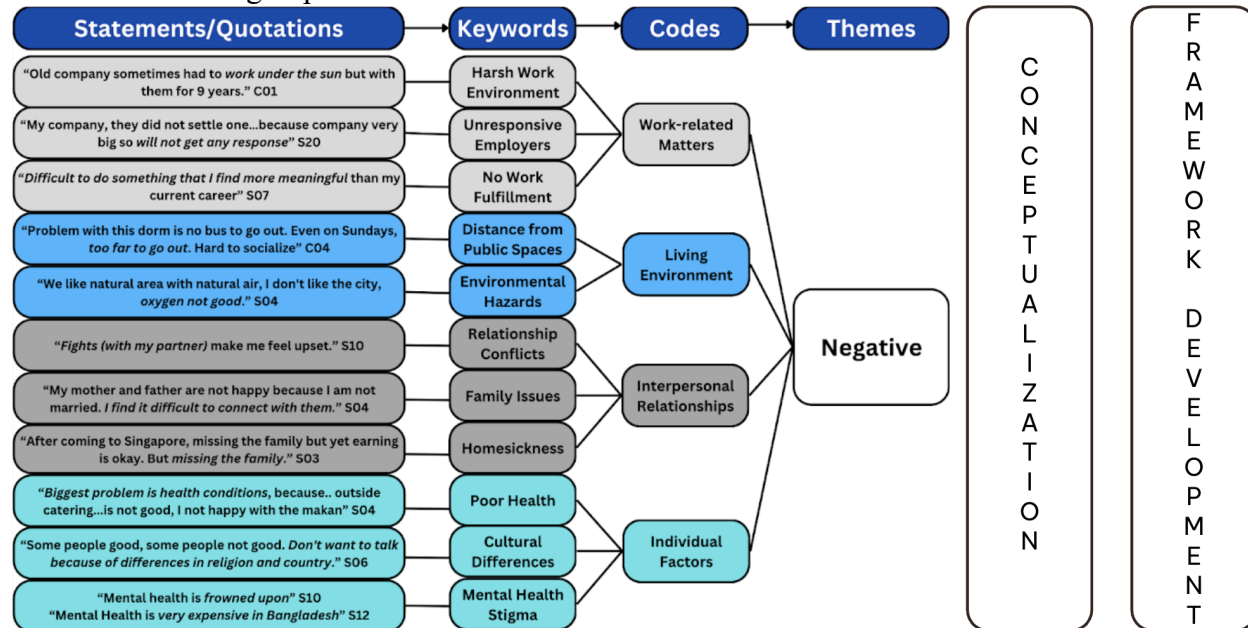
Factor	Code	Quote from Transcript
Entertainment	S38_2.2	"I like to <i>listen to music, watch movie</i> "
Hobbies	S04_1.1	"I <i>play football and cricket</i> when I am very stressed."
Relationship support	S02_1.1 C03_1.1	"I will <i>call father and mother</i> then feel better" "I will talk to a <i>close friend in Bangladesh</i> "
Religion	S05_1.1	"I do <i>prayers, it's always prayers.</i> "

To cope with stressors, MWs report turning to either entertainment, hobbies, friends and family, or their faith for support. The following figures (Figures 4-5) summarise the thematic analytical process which has guided us towards extracting the 5 main themes of concern and their contributing factors.

**Figure 4:** Overview of the thematic analysis process, in accordance with the 6-step guideline, for factors contributing to positive mental health of the MWs.



**Figure 5:** Overview of the thematic analysis process, in accordance with the 6-step guideline, for factors contributing to poor mental health of the MWs.



### **Evaluation of Local Mental Health Services**

When the respondents were asked as part of the interview regarding how aware they were of mental health services available to them, we found that nearly half of them were not aware of any mental health services available for their use.

MWs are provided with health information within the first week of their stay, with employers encouraged to share various mental health resources such as helplines and psychological first aid (Ministry of Manpower Singapore, 2020b). However, critical information surrounding mental health support can be drowned out by the plethora of other administrative content shared with the MWs. With literacy not being a mandatory requirement for work permit holders, MWs may have difficulty understanding and internalising this information even when the content is translated and printed in their native language (Ministry of Manpower Singapore, n.d.-e). We have experienced this firsthand at our health screenings, where several MWs were unable to read our materials and required translators to help them understand the information.

There is also an active fear of deportation among the MWs, which leads to the withholding of crucial information even from parties which could provide support (e.g. employers, medical doctors) (Hildon et al., 2022). In a 2015 study, 64% of workers with an injury or salary claim filed with the Ministry of Manpower reported being threatened with deportation by their employer, and those who had been threatened were 50% more likely to experience symptoms of serious mental illness compared to those who had not been threatened (Harrigan & Koh, 2025).

Upon questioning, we provided the respondents with an outreach segment detailing the array of mental health support services at their disposal. These included the work of non-governmental organisations such as HealthServe (2021), ItsRainingRaincoats (2024), and the Migrant Workers' Centre (n.d.). The research team's work under Migrant Health Matters (MHM) also provides support with our mental health screening services and free follow-up counselling with qualified psychotherapists in partnership with The School of Positive Psychology (Kon et al., 2024). The Ministry of Manpower has also collaborated closely with employers and dormitories to promote mental health among the MWs through education and outreach (Awan et al., 2025; Ministry of Manpower Singapore n.d.-f, 2020c).

After sharing about the various mental health services available to MWs, respondents were asked if they thought that the mental healthcare in Singapore was good enough to help them. 95.7% (n = 45) of the respondents indicated that they felt this support system in place for them was sufficient to help them in times of need, a notable shift from the initial 44.7% who were previously unaware of such services. This contrast highlights the critical need for stronger outreach and education efforts for mental health in particular.



**Table 7:** Participant code and associated quote from the transcript to show the suggestions of the interview participants for improving mental health outreach and awareness

Factor	Code	Quote from Transcript
More Frequent Screenings	S13_2.1	“Good, but I feel <i>not frequent enough</i> .”
More Awareness	S30_2.1	“Very good, but <i>more awareness to contacts</i> would be good.”

## Discussion

In this section, we outline areas of improvement by authorities and organisations, the limitations of this study, as well as future research possibilities on this topic.

### Areas of Improvement - Initiatives

Many factors contributing to positive and negative mental health are not policy-level concerns. MWs, while embedded in a deep network of stressors relating to their lived experiences in Singapore, ranging from living conditions to isolation from their families, have developed extensive social support networks and coping mechanisms that allowed them to maintain positive mindsets in an adverse environment.

We note that these pillars of positive mental health include friends, close contact with family at home, hobbies, entertainment, and religion, most of which are very personal and differ from individual to individual. However, we also observe that nearly all of these pillars are also double-edged swords, which could cause great mental distress when cracks form. What could then be done to better reinforce these pillars is to implement low-level initiatives across a wide spectrum of the population.

Opportunities to speak with family over the phone could be intentionally coordinated (e.g. Father’s Day events, Deepavali, Hari Raya and other festivities) to strengthen MWs’ connection with family. Team bonding activities (e.g. day outings) can be intentionally designed to improve camaraderie between colleagues or dormitory mates to allow them to better understand one another and improve each MW’s social network locally. Outreach programmes to promote healthy hobbies (e.g. sports) can also act as a new source of stress relief and connect like-minded MWs with one another. Additionally, sustained engagements between Singaporean volunteers and MWs could result in the normalisation of cross-cultural interactions and a more positive outlook towards these guest workers, promoting local integration of MWs beyond accessibility to public transport and community spaces alone.

### **Areas for Improvement - Policy**

In terms of policy, more can be done to augment the proposed initiatives. First, outreach and education efforts have to be further developed through various fronts, such as employers, healthcare providers, and dormitory managers, as non-governmental organisations are currently doing the bulk of the heavy lifting.

More importantly, enforcement of employment laws and penalties for recalcitrant employers must be stricter. This would reduce the fear of speaking up among MWs and improve the overall care of each MW with better access to the support system that is already in place for them. Regulations must tighten around factors such as transport as well, to ensure that accessibility to public transport and community spaces from peripherally located dormitories is assured.

### **Study Limitations**

The main limitation of this study is the presence of a sampling bias. As the respondents were randomly recruited at the recreation centre, the study population lacks representation of MWs who may have severe mental health distress and may not be active in social areas such as the recreation centre. In addition, those who agreed to be interviewed would likely be more willing to share personal information with others, and thus be more mentally well, than those who were struggling with a mental health condition.

Moreover, the sample size of the study is rather small, and the number of data collection centres is limited. The duration of the interviews was also limited, and the depth of probing questions was constrained by this time limit. For instance, while some participants briefly mentioned feelings of isolation during the COVID-19 dormitory lockdowns, time limitations prevented further exploration of how these experiences shaped their current mental well-being. Due to the short duration, there were also instances where the conversation lacked depth, either because the migrant workers were hesitant to share more personal details or needed more time to feel comfortable opening up about sensitive experiences such as emotional distress, interpersonal conflict, or difficult living and working conditions.

### **Future Work**

Future work could explore a more comprehensive, in-depth semi-structured interview format or focus group discussions with a small number of participants. Participants could also be recruited from a larger number of data collection centres, and the study duration could be lengthened to increase the sample population size. To resolve the issue of a lack of representation of MWs with poorer mental health, we could explore dormitory visits with door-to-door outreach instead. Ongoing studies are also looking to evaluate the efficacy of mental health outreach, as well as mental health interventions such as cognitive behavioural therapy (CBT) on the MW population.

## Implications

This study highlights the multifaceted nature of migrant workers' (MWs) mental health in Singapore, shaped by intersecting psychosocial factors such as working conditions, living environments, social relationships, and cultural barriers. While MWs often rely on individual coping mechanisms like religion, hobbies, and friendships, systemic issues—such as poor work environments, isolation in remote dormitories, language barriers, and limited awareness of available mental health services—continue to undermine their well-being. Although post-pandemic improvements in healthcare access and dormitory living were noted, emotional responses remained mixed, suggesting that reactive policy changes may not sufficiently address longstanding structural inequities. Protective factors such as stable income, social connection, and spirituality provide resilience but may become sources of vulnerability when disrupted.

Enhancing the accessibility and acceptability of mental health support among MWs in Singapore necessitates the implementation of low-threshold, culturally responsive interventions such as dormitory-based psychoeducation, linguistically tailored resources, and peer-led support systems. Emotional fluctuations observed across the pre-, during-, and post-COVID periods underscore the need for sustained, adaptive frameworks of care. Strengthening avenues for family contact, fostering social cohesion, and integrating recreational opportunities can reinforce protective psychosocial dimensions. At the policy level, robust enforcement of employment safeguards and anti-discrimination measures is essential to ensure psychological safety and equitable access to support. These findings collectively advocate for a coordinated, multi-level approach that combines structural reform, culturally competent service delivery, and community-grounded mental health strategies within Singapore's migrant worker ecosystem.

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### **Availability of Data and Material**

Due to the sensitive nature of the data, the authors are not able to reveal the full transcripts of the conversations held with the study participants.

### **Conflict of Interest**

The authors declare that they have no conflicts of interest.

### **Author's Contributions**

KXK, BYT, and AWXL are credited as co-first authors. KXK, BYT, and AWXL collected the data and wrote the manuscript. KA, IH, HEC, and SSC collected the data and contributed to the manuscript. TKHF and MWRK reviewed and edited the manuscript.

### **Informed Consent**

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants for being included in the study.

### **Ethics Approval**

This study was reviewed and approved by the Academic Board of The School of Positive Psychology.

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## Appendix

**Table 1:** List of opening questions for semi-structured interview. Further probing questions are asked specific to the responses given by the MWs.

Q1	What is your age and occupation?
Q2	What was your mental health like when you first started working in Singapore?
Q3	What is your general mental health while living in Singapore?
Q4	How was your mental health affected when covid hit and has it recovered post-covid?
Q5	What are some things that make you feel happy or supported in Singapore?
Q6	What are some things that make you feel sad, worried or upset in Singapore?
Q7	Who do you go to when you feel sad, worried or upset?
Q8	Are you still able to stay close to your family and friends back home?
Q9	Are you in a relationship? How does your relationship make you feel?
Q10	Are there any cultural pressures or expectations that affect your mental health?
Q11	Is there stigma about mental health in your culture? If yes, how does it affect the way you deal with mental health?
Q12	What religion do you follow and how does your religion impact your mental health?
Q13	What is the most important thing in your life?
Q14	How do you feel about the cultural differences between you and Singaporeans?
Q15	Are you aware of mental health services available for you?
Q16	What mental health services would you go to for help?
Q17	Do you think that mental healthcare in Singapore is good enough to help you? Any other feedback for us?

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