
Article

'I doubt myself and am losing everything I have since COVID came'- The Case Study of Mental Health and Coping Strategies among Undocumented Myanmar Migrant Workers in Thailand

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Abstract: Migrant population have always been vulnerable for high burden of social exclusion, mental disorders, physical illness and economic crisis. The current COVID-19 pandemic has further created the frantic plight among them, particularly for the undocumented migrant workers in global south. We have conducted a mixed method study among the undocumented Myanmar migrant workers (UMMWs) in Thailand to explore how the COVID-19 disruption has impacted on their mental health and what are the coping strategies adopted by them. Following the onset of COVID-19 and the recent coup d'etat in Myanmar, our current study is the first attempt to understand the mental health status and predicament of this neglected migrant group. A total of 398 UMMWs were included in the online survey among whom 23 participated in qualitative interviews. The major mental health issues reported by the study participants were depression, generalised anxiety disorder, frustration, stress and panic disorder while loss of employment, worries about the pandemic, social stigma, refused access to healthcare, lockdown and fear of detention were the predominant contributing factors. In response, we identified two key coping mechanisms- coping at personal layer (listening to music, playing online game, praying, self-motivation) and social layer (chatting with family and friends, visiting religious institutions). These findings point to the importance of policy and intervention programs aimed to uphold mental health at such humanitarian conditions. Sustainable institutional mental health care support and social integration for the migrant workers irrespective of their legal status should be ensured.

Keywords: mental health; migrant health; undocumented migrants; COVID-19; coping strategy; Myanmar; Thailand; mixed method

1. Introduction

In 2020, there were 281 million international migrants, which is equivalent to 3.6 % of the global population [1]. During the unprecedented COVID-19 pandemic, migrant population are one of the most vulnerable groups with higher risk of the infection due to their poor housing, hygiene circumstances and impossible social distancing practice [2-4]. The COVID-19 pandemic has negatively affected the health and socioeconomic status of this migrant population [5-7]. Particularly, the undocumented or irregular migrant workers in global south are particularly in grave situation during this pandemic due to difficult access to healthcare and social support [8].

Over the years, Thailand has become the primary destination for economic migrant workers from ASEAN member countries. They are typically employed in 3D tasks (dirty,

dangerous, demanding), which the local people do not wish to undertake, such as construction, agricultural and animal husbandry, services, and fishery-related sectors (seafood)[9]. As of 2019, approximately, 4.9 million foreign workers live in Thailand and the migrant workers from Myanmar account for 68 % of this population [10]. However, at least 1.25 million of them are undocumented Myanmar migrant workers (UMMWs) who are not insured under the social security schemes (SSS) [11]. Despite the return of 60,000 to 2,000,000 migrant workers to home countries from Thailand following the COVID-19 surge in 2020 [12], Myanmar migrant workers were unable to return because of the closure of the brooder, military coup and political turmoil in their home country. Thus, the number of UMMWs is expected to rise after the COVID-19 disruption due to loss of jobs, travel restrictions, or community lockdowns and office closures that make it challenging to extend work permits or passports. For example, Thai authorities have locked down around 40,000 Myanmar migrant workers in their dorms to avoid the transmission of COVID-19 infection when the second waves arrive in the Samut Sakhon province in December 2020 [13]. Thailand's government does not have housing legislation for migrant workers. Migrant workers are exposing higher risk of COVID-19 transmission due to low convergence of mask, overcrowded housing condition and, making hygiene and impractical social distancing. Up to April 2021, for example, approximately 166,000 COVID-19 infections were among migrant workers, which was 7.8 % of the total infections in Thailand [14]. In addition, they also suffered from various mental health difficulties which are not documented.

Many of the migrant workers infected with COVID-19, have been fired by their employers for fear of spreading the virus, as well as from their housing since they were residing in employer-provided accommodation and could not pay the rent anymore [15]. An estimated 2 million undocumented migrants are excluded from the nationwide COVID-19 vaccination program and are ineligible for government monetary support [16]. They have limited access to COVID-19 testing and medical treatment due to cost concerns and the fear of being imprisoned and deported [15]. They are overburdened by no income source and debt, which contribute to their psychological distress [17].

The aims of this study were to explore how the COVID-19 has impacted on the mental health of UMMWs in Thailand and what are the coping strategies adopted by them. Understanding their hardships and problems is critical to provide comprehensive support needed since healthy workers contribute to the economic success of both their home country and their destination.

2. Materials and Methods

Study settings and study design

This is a convergent parallel mixed method study among UMMWs in Thailand. This study was conducted between 1 September 2021 – 31 January 2022. A convergent parallel mixed method research design combines qualitative and quantitative data collection and interpretation to answer a single or set of research questions [18].

Recruitment and sampling

We employed multistage snowball sampling to find the participants. First, online survey questionnaires were distributed to a number of Migrant Worker NGOs and Community Based Organizations, Migrant Self-Help Organizations, and migrant communities via online platform (Messenger and WhatsApp) group chat in Thailand. The questionnaires were adapted from an earlier survey conducted by International Organization for Migration[19] and Baloran *et al* [20] to fit the objectives of this study. A total of 398 UMMWs participated in online survey. Table 1 provide the brief sociodemographic characteristics of survey participants.

At the end of the online survey, participants were asked if they wished to participate in an in-depth interview for the purpose of the qualitative interview and those who agreed were invited to leave with their contact information. The researcher then contacts them and arranges an interview based on their availability. For those who available schedule

concurrent with other were grouped into Focus Group Discussions (FGDs), and others were interviewed individually using semi-structured interviews. Participants were also invited to recommend or recruit more members who met the interview requirements. All of the participants were asked about how the COVID-19 pandemic affected their livelihood and mental health, and how they coped to overcome those challenges.

This study included 23 UMMWs who had been working and residing in Thailand for at least a year prior to the COVID-19 pandemic. Among the participants, 11 were interviewed using semi-structured questions, while the other 12 were interviewed employing focus group discussions (FDG). There were 11 men and 12 women among the 23 participants. Among them, 15 were unemployed as a result of the COVID-19 disruption and only 6 of them have employment at the time of the interviews. However, the majority of those employed are self-employed or work on a part-time basis and a few of them have full-time employment. The youngest participants age was 19 while the oldest was 65. Moreover, 6 participants have been infected with COVID-19 at the time of interview. Table 2 provide the brief sociodemographic characteristics of interview participants.

Ethical Consideration

Before beginning the research, ethical approval was obtained from the Postgraduate Student Committee (PSC) of Lingnan University in Hong Kong. Throughout the data collection procedure, the researchers adhered to study ethics, and oral consent was obtained before conducting interviews including audio recording. The written consent was inconvenient for the migrant workers since they had difficulty accessing computers, printing, or scanning after signature. The study's objectives were explained, as well as the interview protocol, which included their voluntary participation and the freedom to withdraw at any point during the interview. The researcher also informs them that their personal profile will be kept strictly confidential and will be utilized under a pseudonym. The interviews were conducted in Myanmar language using the participants' preferred internet platforms (Zoom and WhatsApp), which enable end-to-end encryption to protect their personal information.

Data analysis

The quantitative data analysis was performed using IBM SPSS Statistic for Windows, Version 26. The descriptive statistical analysis, such as percentages and frequencies, were utilized to describe sociodemographic characteristics, mental health status, mental health symptom experiences, and coping mechanisms. For example, for mental health status, the online survey participants were asked (yes or no), whether you believed your mental health had deteriorated as a result of the pandemic. Moreover, We used the thematic analysis guidelines developed by Braun *et al* [21] to identify the various themes that emerged from the interviews. We replayed the audio recording several times before transcribing the narrative line by line based on the interviewer's interpretation, perception, and understanding of the research topic. Furthermore, after completing the transcription, the whole audio recording was played repeatedly and the transcription was thoroughly verified to avoid incorrect or bias translation. The coding is categorized into different themes for analysis based on the comparable experiences from the interviewees.

3. Results

3.1. Sociodemographic characteristics of study participants

Table 1. Sociodemographic characteristics of survey participants (n=398).

Sample Characteristic	Frequency	Percentage
<i>Gender</i>		
Male	188	47.2
Female	210	52.8
<i>Age</i>		
18-29	139	34.9
30-39	145	36.4
40-49	80	20.1
50 above	34	8.5
<i>Current employment status</i>		
Unemployed	156	39.2
Employ	242	60.8
<i><u>Current employment sector (Top 5 answer only)</u></i>		
Construction	56	23.1
Agriculture sector	49	20.2
Domestic work	34	14.0
Factory/ garment production	26	10.7
Retail trade and vendor	14	4.8

Table 2. Sociodemographic characteristics of qualitative participants (IDIs and FGDs) (n=23).

List of participants	Gender	Age	Education background	Religion	COVID-19 infection	Employment status during interview	The last and current employment sector	Year of Stay in Thailand
<i>In depth interview (n=11)</i>								
P1	M	22	Primary	Buddhist	No	Unemployed	Seafood processing	2
P2	F	33	Bachelor	Buddhist	No	Unemployed	Teacher in migrant school	16
P3	M	26	High school	Christian	No	Unemployed	Garment factory	11
P4	F	46	Monastic	Muslim	No	Unemployed	Domestic work	17
P5	F	29	Secondary	Buddhist	Yes	Unemployed	Daily basis	13
P6	M	22	Secondary	Buddhist	No	Part time	Restaurant	12
P7	M	22	Primary	Buddhist	No	Part time	Construction	8
P8	F	40	High school	Buddhist	No	Unemployed	Vendor/self employed	5
P9	F	25	High school	Buddhist	No	Unemployed	Vendor/self employed	6
P10	F	37	Secondary	Buddhist	No	Unemployed	Factory	20
P11	M	21	Primary	Buddhist	No	Part time	Construction	10
<i>Focus group discussion (n=2)</i>								
FGD-1	F	65	High school	Christian	Yes	Unemployed	Self-business	10
FGD-1	F	29	High school	Buddhist	No	Unemployed	Beauty parlour	6
FGD-1	M	50	Secondary	Buddhist	No	Employed	Agriculture sector/farm	27
FGD-1	F	35	Monastic	Christian	No	Unemployed	Cleaner at public school	9
FGD-1	M	27	Secondary	Christian	Yes	Unemployed	Garment factory	9
FGD-1	M	28	High school	Buddhist	No	Unemployed	Daily basis	14
FGD-2	F	24	High school	Buddhist	No	Unemployed	Cleaner at hotel	5
FGD-2	M	44	Secondary	Buddhist	Yes	Employed	Multiple job/Care workshop	9
FGD-2	F	38	High school	Buddhist	Yes	Self-business	Convenience store	15
FGD-2	M	54	Bachelor	Buddhist	Yes	Legal advisor	Legal advisor	13
FGD-2	M	19	High school	Buddhist	No	Unemployed	Factory	3
FGD-2	F	19	High school	Buddhist	No	Employed	Factory	10

3.2. Migrant workers' mental health condition (from quantitative survey)

The mental health status of Myanmar migrant workers in Thailand has been deteriorated following the COVID-19 pandemic, reported by more than half (61.8 %) of 398 online survey participants.

The top 5 mental health issues reported by the study participants were depression (46.98%), generalized anxiety disorder (33.67%), frustration (32.41%), stress (29.40%) and panic disorder (28.14%) as illustrated in Figure 1.

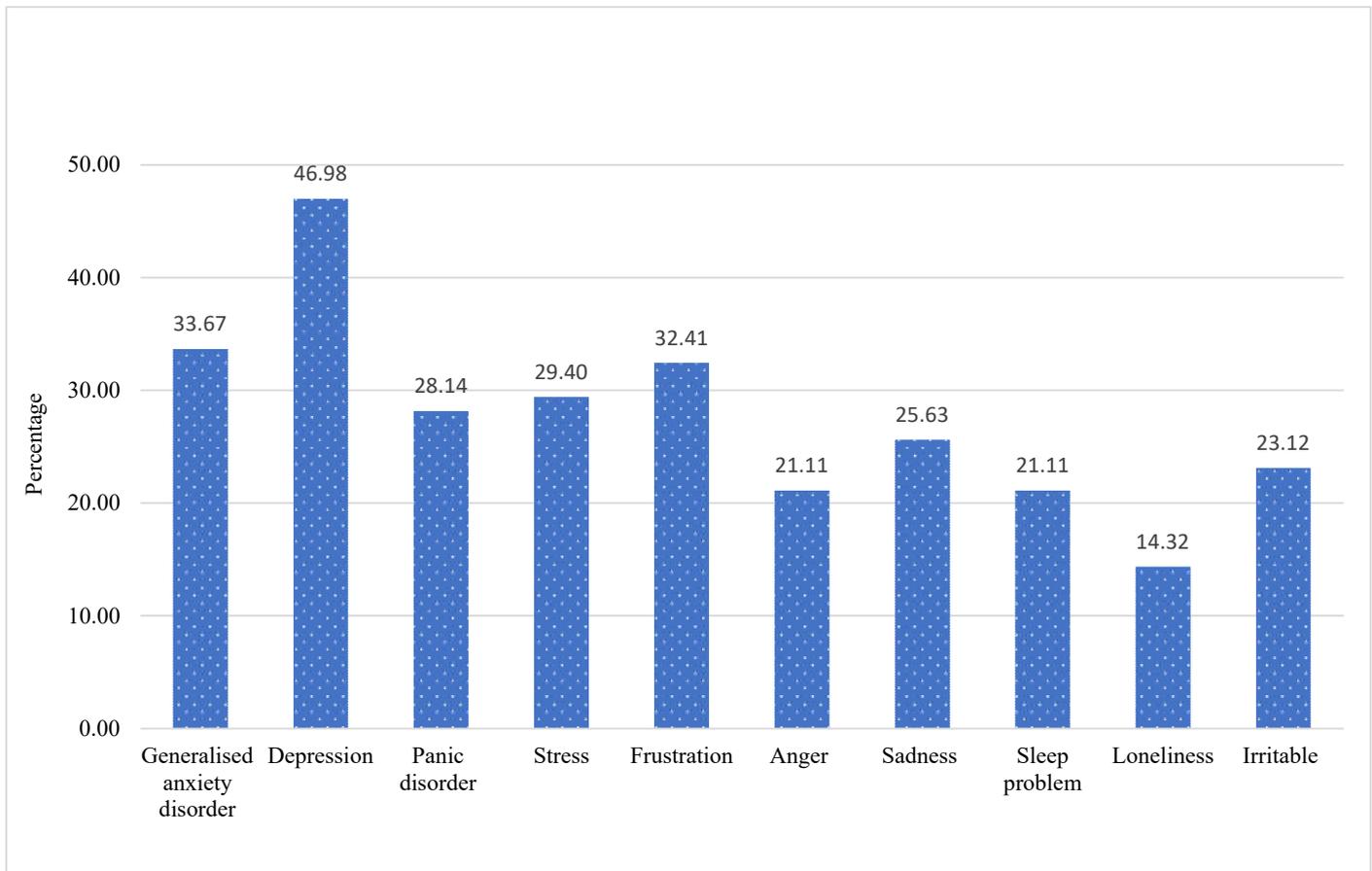


Figure 1. Mental health symptom experiences.

3.3. Major factors that influence mental health

Loss of employment in COVID-19

The survey indicated depression as the most prevalent mental health problem among Myanmar migrant workers because of COVID-19 disruption and loss of employment (figure 1). Many of these migrant workers had large family members back home who relied on remittances to maintain their everyday lives. On the other hand, since the COVID-19 surge, many of them have lost their jobs and are struggling to survive owing to a lack of support and an inability to send money to their loved ones.

'There are no jobs available during COVID-19. Lack of employment is a significant issue since there was no income to survive. I was seriously depressed because I didn't have the income to feed my children due to job loss'- P9 (F)

Furthermore, nearly half (42.2 %) of survey respondents believed the COVID-19 pandemic had caused their life hopeless. Similarly, several participants claimed that they had considered suicide since they have no income to support for their family members.

'My mental health deteriorated for around 5 months during the early phases of COVID-19 in 2020. I am disappointed with my future and have lost my interest in living'- P6 (M)

'I have suffered from depression due to a lack of regular work and income throughout this COVID-19'- P1 (M)

Worries about susceptibility to COVID-19

Most migrant workers stay in the employer-provided housing with their coworkers or family members to reduce their living expenses. Their rooms are tiny and precarious setting where social distancing is difficult to avoid COVID-19 infection. Participants stated that a large number of migrant patients were sent to a quarantine facility which was not equipped with proper healthcare services, and many of them took care of themselves with having a pill like paracetamol. Therefore, they were especially worried when someone near their community is infected.

'I doubt myself and am losing everything I have since COVID came. Because the virus may dwell in money, walls, and other places. Although I usually wore a mask and washed my hands frequently, I felt insecure, which caused me mental fatigue. I felt more mentally stressed when the positive cases were confirmed near the community'- FGD1 participant'

The migrant workers' mental health was deteriorated due to the concern of losing job if tested positive for COVID-19 since many of their coworkers who were infected had been fired by employer without any compensation. Such condition makes them difficult to sleep and overthinking.

'My mental health was suffering the consequences of my anxiety of losing my job and income if I was infected with COVID-19'-FDG 2 participant

'There were times when I couldn't sleep at all. I feel depressed and anxious about contracting with the COVID-19'-P10 (F)

Contacting COVID-19 pandemic and denied access to healthcare

The entire family or residence is at risk of contracting with COVID-19 due to overcrowding living condition if one of the individuals becomes infected. Some participants have been infected with the COVID-19 pandemic and have shared their mental health has deteriorate as they are in foreign countries.

'When I tested positive for COVID-19, I experienced extreme depression because I lost my job; my entire family also tested positive, making it difficult to sleep and eat'- P5 (M)

Furthermore, migrant workers were denied access to medical treatment from public and even private healthcare facilities due to certain allegations that portrayed migrant workers spread the virus. Such public discrimination and denial of access to healthcare service had a negative impact on the migrant worker's mental health significantly.

'While my whole family members were diagnosed with COVID-19, we were unable to get medical treatment in a hospital because Myanmar migrant workers were rejected. I was terrified, depressed, and anxious about what might happen and how I would feel. There had been a lot of sadness, since we are not in our home country'-FDG 2 participant

'We take several medications on our own during the COVID-19 infection. Due to a lack of access to appropriate medical treatment, I suffered from insomnia, mental depression, and irritation'- FDG 2 participant

Specifically, the participants mentioned that migrant workers who has no social networks and who work in remote areas may experience serious mental health issues as a consequence of the loss of employment, a lack of access to medical treatment, and lack of mental and social support.

Lockdown and daily living crisis

Many migrant workers were caught in a community lockdown and could not go to any place. They could not go for work to earn for basic living expenses. Moreover, they get no support from the Thai government or Myanmar's official representatives in Thailand. As a result, they faced starvation and mental depression.

'I was also frustrated by the travel restrictions that prohibited going anywhere including to work. In my mind, there are times when I wanted to take my life. I was unable to sleep for a month and was felt like insane'-P9 (F)

'There are days when there was nothing to eat because I have no money and receive no assistance'- P7 (M)

Worries about family members' safety from COVID-19 infection

Following the military takeover on 1 February 2021, Myanmar's health system has depreciated to the brink of collapse and the COVID-19 infection cases increased significantly during the Third Wave. As a consequence, migrant workers' mental health became worsening as they worry about the safety of their family members.

'My family is in Myanmar, and I am in Thailand. My mental health has deteriorated dramatically since I worried whether family members at home can handle or protect from COVID-19 infection'-FGD1 participant

In particular, the mental health condition appears to be worsened among individuals who is single child and left only their elderly parents, concerning the elderly are more likely to get infections and have a higher mortality rate around the globe.

'In Thailand, I am alone, and my mother is also at home alone. As a consequence, I am concerned for my mother during COVID-19. I sometimes wonder if I have a wing to return home. Sometimes I wish I could go somewhere where no one could hear me scream and cry. I am missing my mother'-FGD1 participant

Fear of detention

Migrant workers are not only afraid of being infected by the COVID-19, but they are also afraid of imprisonment since the Thai authorities have been conducting random raids in the name of COVID-19 prevention measurement and placing those detained into detention centers where social distancing is impractical.

I am worried and afraid of the police rather than contacting COVID-19. I am frightened, and I feel like crazy when I think. Now, the police raid homes and arrest irregular migrant workers, and I cannot sleep because I am afraid of being arrested. (FGD1 participant)

Fear of next waves

The majority of migrant workers have lost their jobs and are facing a humanitarian crisis following the outbreak of the COVID-19 epidemic. They were already traumatized and concerned about the next wave if community lockdown was enforced since many of their family members rely on remittances to living expenses.

'I have been out of work since the COVID-19 outbreak. I am concerned about the next wave if another lockdown would be imposed-FGD1 participant

3.4. Coping strategies of UMMWs for mental health adaptation

The mental health coping strategies are diverse among UMMW's as illustrated in table 3.

Table 3. Coping strategies from COVID-19 infection and mental health.

Coping Strategies	Percentage	Frequency
A. Infection prevention measures		
Follow strict personal protective measures (e.g., mask, handwashing etc.)	84,2	335
Avoid going out in public places to minimize exposure from COVID-19	74,9	298
B. Relaxation activities		
Do relaxation activities, such as listening to music	25,1	100
Play online games	12,8	51
Avoid media news about COVID-19 and related fatalities	6,5	26
Vent emotions by crying, screaming, etc.	5,3	21
C. Religious coping		
Praying, worshipping and reading Bible etc.	29,1	116
D. Using social media		
Use social media such as Facebook	37,7	150
E. Family support		
Chat with family members and friends to relieve stress and obtain support	31,9	127
F. Self-motivation		
Talk and motivate myself to face the COVID-19 outbreak with a positive outbreak	21,6	86
Try to be busy at work that keeps your mind away from COVID-19	7,0	28
G. Professional support		
Consult doctors to reduce stress	1,0	4

Coping strategies to avoid infection and mental distress

To cope up with the COVID-19 infection and anxiety, most (84.2%) of our survey respondents followed strict personal protective measures (e.g., mask, handwashing etc.) while 74.9% avoided going out in public places to minimize exposure from COVID-19.

'I avoid going to crowded or public places by wearing a mask and washing my hands-FGD2 participant

Using social media platform

Almost half (37.7 %) of survey respondents utilized social media to cope with their psychological anguish and loneliness a result of the COVID-19 disruption. Notably, several migrant workers have reported feeling encouraged and psychologically strong after listening to some speakers' social media posts and sharing their stories.

'I was motivated by some motivational Facebook posts. Despite the fact that I did not receive encouragement from others, I improved my mental health by listening to them'- P6 (M)

Chatting with family members and friends

According to one third (31.9%) of survey respondents, chatting with family and friends to relieve stress and obtain support was the most common practice among migrant workers to cope with the COVID-19 disruption consequences.

'I was able to develop my mental health with the encouragement and inspiration from others since I had heard that some individuals were in worse condition than I was-' P8 (F)

On the other hand, sharing psychological counselling and motivation-among COVID-19 patients at migrant workers' quarantine facility, has helped them to overcome loneliness and depression as reported by some participants who had been infected.

'There were many people at the quarantine center, and we were motivated to be strong and support one another'-FGD1 participant

Religious coping

Praying (including reading Bible, and worshiping to God) was also a common practice among migrant workers to overcome anxiety and sadness.

'I pray every night to overcome depression caused by COVID-19. I occasionally sang a religious song to heal my worries'- P10 (F)

'I might be able to protect myself. But I am still concerned about whether my family will be secure or infected with COVID-19. I cope with all my trouble through praying to God'-FGD2 participant

Several participants thanked God for hearing their prayer and sending different donor to provide them foods as they faced darkness, fears, and helplessness.

'I suffered moments of sadness and felt hopeless about my life in many ways. I cannot find employment in Thailand because of the COVID-19. I do not intend to return to Myanmar because the situation worsens following the military coup. Sometimes I felt utterly helpless about how to survive, what to eat, and where to live. So, I spend the entire day praying to God. God has heard my prayer, and I can still manage from various donations for food and shelter'- P3 (M)

Additionally, several migrant workers reported that chatting to religious leaders and participating in group prayers on social media helped them to overcome stress and sadness.

'I pray to God to take away my worries. Since I cannot attend church in person due to social gathering restrictions, I call the pastor and request them to pray for me. We motivate one another and chat about God. As a reason, I do not find it so challenging to handle COVID-19, and I believe it will be over soon'-FGD1 participant

Some migrant workers stated that they eventually considered COVID-19 pandemic as a part of their life journey experiences and managed to cope by praying that it would disappear soon.

'This is the nature of life: something will arrive, and something will depart. By taking care of my health, I can only pray that this pandemic will be ended soo'-FGD1 participant

Self-motivation

Self-motivation was mentioned by migrant workers as one of the tools they utilized to cope with their mental suffering and unemployment challenges following the COVID-19 interruption. One fifth (21.6%) of the survey respondents motivated themselves to face the COVID-19 outbreak with a positive thought that a better life is still on the horizon, and that the epidemic would be curbed someday.

'I am not alone facing this pandemic. Other people too. Such thinking allows to overcome my mental health'-FGD2 participant

'Because of COVID-19, I experienced depression, frustration, and insomnia. However, I realized that this pandemic affects the entire world, not just myself or my country. If I cannot resist, how can other people too? I am motivating myself to endure this epidemic'-FGD2 participant

'As a mother, I keep myself from sinking into depression. We all have a future, and my children do as well. Time will cure this epidemic. So, I try to overcome as much as I can'- P2 (F)

Some migrant workers emphasized the need of remaining psychologically strong and motivated following the pandemic crisis for the sake of their family and social well-being since no one would look after their family members if something unfortunate happens to them.

'Although I was depressed and wanted to commit suicide, I encouraged myself to be strong since I have children, and they must live. I convinced myself that I could do it and not give up no matter what condition'- P9 (F)

'I was depressed, but not so much to end my life condition. I encouraged myself to survive by telling myself that no one would feed my family if I could not work or survive'-FGD2 participant

Listening to music and playing mobile game

Almost one fourth (25.1%) of the migrant workers indicated that they listen to music to cope their anxiety.

'I listen to music to cope with my mental problem. I also pray to be free soon from COVID-19'- P7 (M)

Some migrant workers (12.8 %) reported of playing mobile games to improve their mental health since they focus less about their worries and the COVID-19 situation.

'Compared to the early phases of COVID-19, my mental health is improving now. I listen to music, play mobile games, and watch movies to get rid of my depression although I could not go out and interact with my friends'-P6 (M)

4. Discussion

In this current research, we aimed to study how the COVID-19 pandemic affected the mental health and wellbeing of the migrant workers in Thailand who came from Myanmar along with their coping strategies in response to the mental conditions. This study is novel and exploratory for two reasons. So far, our knowledge, the mental health issues among undocumented Myanmar migrants in Thailand has never been explored. Secondly, the study population found mental health issues and COVID-19 interconnected and therefore, the coping strategies to both mental health issues and infection have been described here. Finally, this is the first study in this population after the pandemic and military coup in Myanmar. The migrant workers from Myanmar in Thailand are a vulnerable group of population in terms of mental health issues. They have reported high mental stress due to language barrier, discernment, tough working situation, and living condition [22].

Depression and anxiety are the most common mental health issues among migrant workers worldwide [23-27]. Globally, depression and anxiety are present among 38.99%

(95% CI = 0.27, 0.51) and 27.31% (95% CI = 0.06, 0.58) migrant workers respectively [28]. This statistic is quite in range with our study findings. Depression (47%) is also the major mental health problem in our study followed by anxiety disorder (34%). The high prevalence (70.8%) of depression among similar population (Myanmar migrant workers) in Malaysia [29] supports this finding and most of them (79.2%) had poor mental well-being according to the WHO-5 Well-Being Index Scale. Depression among migrant workers amidst COVID-19 was found 73% in a study conducted in North India which is almost similar to the Myanmar migrants in Malaysia [30]. However, in another study among Myanmar migrant workers in Thailand (like ours), only 11.9% suffered from the symptoms of depression and/or anxiety before COVID-19 [31]. This study has not mentioned undocumented as study population, and it was conducted before COVID-19. It clearly depicts the detrimental effect of the pandemic on the mental well-being, particularly the depressive and anxiety symptoms of our study population. In addition, the other mental health issues (such as frustration, stress, sleeping disorder and panic disorder) observed in our study participants are also common in-migrant workers [27, 28] and COVID-19 is a triggering factor to escalate them.

From the qualitative investigation, we explored the causative factors behind these mental health problems. Loss of employment during COVID-19 and worries to be infected with COVID-19 were the major concerns for the migrant workers. Joblessness during COVID-19 was a great threat for the mental wellbeing and livelihood for the migrant workers specially who were temporary by employment status. Sudden loss of job resulted in poverty, lack of food and failure to maintain family at home country. Fear of being infected self and family members and lockdown at larger scale made the situation worse while the jobless workers even could not search jobs and earn for daily expenditures. All these phenomena raised depression, anxiety and suicidal tendency among the Myanmar migrant workers in Thailand. Such situations were also observed in similar settings like India [32, 33]. Inadequate or denied access to healthcare services for migrants after contacting COVID is a global truth irrespective of their placement [34-36]. Our study participants also had bitter experience to have denied access to both public and private healthcare system in addition to the false public and institutional allegation of spreading COVID. Inadequate/denied access to treatment coupled with unemployment made themselves to find socially unacceptable. A global survey on migrants' mental health found such stressors (unmet basic, medical and social needs) and discrimination significantly associated with mental problems specially depression and anxiety [37].

While most of the contributing factors of mental health issues among Myanmar migrants in Thailand share the similar global trajectory, we found an unusual and terrifying issue responsible for their mental disharmony, which they labeled as 'Fear of detention'. The Thai authorities is conducting numerous raids in the name of COVID-19 prevention measurement and placing those detained into detention centers where social distancing is impractical, and the undocumented migrant workers are being detained for uncertain duration [38, 39]. The avoidance of healthcare stations by undocumented migrants has been witnessed in many countries including developed ones such as UK due to the data sharing policy of the COVID patients with home ministry [40]. When the global authorities are trying to ensure equitable distribution of COVID treatment and vaccination, such initiatives will just increase the mistrust and delayed control of this deadly pandemic. The International Organisation for Migration (IOM) has also identified the fear of arrest or deportation and mistrust as major barriers to the migrants' access to COVID-19 vaccination [41] and this also applies to healthcare seeking behaviour as well.

To manage their acculturative stress, migrant workers always follow some coping strategies usually dependent on their socioeconomic resource, acculturative stressors, migration status in host country and cultural background/attachment [42-45]. Though the current pandemic is the added stressor for them, the coping mechanisms are mostly similar. We have classified their coping strategies in two layers-personal and social.

Coping at personal layer

Many participants reported to try affordable relaxation activities such as listening to music or playing online games. However, both music and online game engagement have controversial effect on mental health [46, 47]. Interestingly, the Myanmar migrant workers had perceived the infection prevention (IP) as one of the major strategies to avoid stress. Despite economic and social hardship and reduced access to healthcare, most of them (75-84%) strictly maintained personal protective measures such as use of mask and hand-washing and avoided public gathering places to minimize exposure from COVID-19. Without effective community engagement of this vulnerable group, the high uptake of IP measures is encouraging and clearly shows its possibility as mental health support initiative in future, if taken any.

Coping at social layer

Almost one third of the participants found family and friends to be the source of relaxation from the stress such as passing time or chatting with family and friends (through internet). This finding is supported by previous studies [48, 49]. Usually people with no or limited support from employers and authorities during COVID-19, have shown this tendency [50, 51]. Migrant workers are always in lack of mental health support, but undocumented ones are with high burden of stress.

It is discussed that feeling isolated or depressed or having insufficient resource and time for self-reflection had always been linked with faith and religion dependency for migrant workers as a coping step [52-54]. Practicing religious rituals is more often tied to social assimilation to groups with same interest and this is also evident in our study. About one-third participants relieved their stress through reading Bible, and worshipping to God, chatting to religious leaders and participating in group prayers. Dependence on faith and religion in stress situation is very common among migrant workers from South-East Asia and Africa and the findings are in line with other studies [42, 54-56].

Again, workers with less wage, high number of family dependents at home country, lower knowledge level of health system or insurance policy are supposed to suffer from more mental stress with lower number of healthcare visit [57]. Undoubtedly, the situation is worse for undocumented migrant workers. Only 4 out of 398 survey participants in our study (less than 1%) sought professional support for their mental health situation. This depicts the lack of general awareness about the mental wellbeing and insufficient mental health seeking behaviour in this group.

Limitations

Though our study provides important insights on migrant mental health, we have limitations in this study. Firstly, we had to conduct online survey and interview due to COVID situation. The face-to-face interview would yield more detailed information. Secondly, our study included only 23 participants for qualitative interview. However, we have been able to capture major mental health and coping issues from this gender equal (male=11, female=12) sample population. Most importantly, most of the interviewed participants (15 out of 23) lost their jobs due to the pandemic and one fourth (6 out of 23) were infected during the interview which provided a real time experience on the research question.

5. Conclusion

The migrant workers of Myanmar in Thailand are undoubtedly one of the most vulnerable population in the global south due to political turmoil in home country, workplace stressor, social isolation, undocumented migration status and the current effect of COVID-19 pandemic. Unfortunately, most of the challenges, they are confronting, seem to persist. Unemployed and undocumented persons tend to suffer from long and worse mental health issues in the uncertain situations like COVID pandemic. Our current study has not only identified the major mental challenges but also the mostly practiced coping strategies

of this migrant population. These findings can be used as the guiding principles for further longitudinal/follow up studies as well as adopting the prevention and intervention programs both at individual and social level. We strongly argue for incorporating effective health policy in Thailand to ensure social and institutional mental health care support for the migrant workers irrespective of their legal status.

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